Reviewer’s report

Title: Implementing clinical guidelines in psychiatry: a qualitative study of perceived facilitators and barriers

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Reviewer: Jennifer Wisdom

Reviewer’s report:

This manuscript addresses a critical issue in psychiatry: barriers and facilitators to implementing clinical guidelines. The study design – data collection from two clinics with differing implementation models – provides a unique perspective from which to study this issue. The manuscript, however, does not appear to capitalize on that perspective. The manuscript as written raises substantial questions regarding the structure of the study, the involvement of the researchers with the intervention, and the valid interpretation of the data.

Major compulsory revisions.

1. Overall, the manuscript would benefit from more organization and structure, more detail about activities conducted, and at the same time, a streamlining to reduce redundancy.

2. The introduction contains much of the appropriate literature. The authors may want to consider incorporating the work of Dean Fixsen and the National Implementation Research Network, who have written extensively on implementation of evidence based practice in mental health environments.

3. The authors’ first three research questions on page 6 are strong, but the final question is not really addressed, except perhaps in the discussion. Since you are not measuring how well these other strategies apply, the question is unanswerable in your current framework.

4. The nature of the clinical guidelines should be elucidated further, with a description of whether the guidelines include medication, psychosocial, and/or other interventions, as this directly impacts the interpretation of staff responses. The nature of the implementation processes and how they differ should be clarified.

5. Additional details are needed regarding data collection. The authors suggest three focus groups, but describe the participants of only two. In addition, it appears that the pre-implementation focus group in the implementation clinic was actually a part of the intervention, which helped orient staff to the intervention and provide an opportunity for reflection. The use of the focus groups as intervention or data collection or both should be described carefully. It is not clear whether the same individuals participated in pre- and post-intervention focus groups, and whether any of the focus group participants also participated in interviews. It appears the evaluators who conducted the focus groups also participated in the
intervention, which was not addressed as a concern regarding the reports from staff. It is not clear whether the same interview guides were used in all three focus groups and all interviews; if not, it is not clear how questions differed across groups and setting.

6. The results section needs additional organization and structure. Perhaps a model would be useful in outlining the general issues raised (here Fixsen’s work may be useful). Headings should be formatted consistently. The analysis needs additional work to clarify which issues were concerns in which clinics. All quoted material should be relevant, add information, and clarify the issue; quoted material that merely rephrases previously stated material should be removed. All quoted material should be identified by participant type (e.g., physician, nurse) and clinic (e.g., intervention clinic, control clinic). Statements in the results section should be reviewed for organization (e.g., on p. 12, it is not clear how lack of trust in guideline recommendations is related to resources), unsupported statements (e.g., on p. 13, “Good leadership influences change effectively through support and modeling, rather than authoritative direction of the implementation process” appears to be an opinion or information that should be cited rather than an observation from the research), and clarity (e.g., p. 14, the “audit and feedback” portion of the intervention was not sufficiently explained in the background and methods section).

7. The discussion section is not well organized. Further, it is not clear on what basis the authors have determined strategies were successful – no data are presented on how well the guidelines were ultimately implemented, so referring to strategies as “successful” is over-reaching. Not all statements are well-supported, e.g., p. 23 on peer review activity.

8. The table, as structured, is not clear. It is not clear whether categories across from each other (e.g., staff burnout, clear roles) are supposed to be related.

9. The authors should clarify whether intervention, interviews, and transcription were in English or another language and describe efforts to ensure adequate translation if necessary.

Minor Essential Revisions
1. In addition, editing would be useful to reduce some awkward phrasing and grammatical errors.

Discretionary Revisions
1. None.

The authors are to be commended for addressing a challenging and important topic. The manuscript in its present form, however, is not suitable for publication.

Level of interest: An article of importance in its field

Quality of written English: Not suitable for publication unless extensively edited

Statistical review: No, the manuscript does not need to be seen by a
statistician.

Declaration of competing interests:
I declare that I have no competing interests.