**Reviewer's report**

**Title:** Adapting the SLIM diabetes prevention intervention to a Dutch real-life setting: joint decision making by science and practice

**Version:** 1  **Date:** 29 September 2012

**Reviewer:** Jan L Jensen

**Reviewer's report:**

Thank you for this work. It is an important project that assesses how research interventions can/need to be adapted to be used in standard practice. It is appreciated that this was approached in a systematic a priori fashion.

This paper does need some work however. The paper is quite long, and would be improved with overall editing to make it more concise, so the main points are not lost.

The method used for this project seems to be a substantial deviation away from the Delphi process, in that the participant group is heterogeneous, a working definition of ‘expert’ didn’t appear to be used to select participants, and there wasn’t an a priori defined definition of consensus. In particular, in Round 1, a single person scored some of the elements. This isn’t really ‘consensus’ if it is a single person scoring. This is a serious limitation to this Delphi study. If fact, I'm not sure if the goal of the study was actually to achieve consensus on including or excluding any of the SLIM elements, but rather to explore how to adapt each to practice (i.e., was there really the intention to exclude any of the SLIM elements from use in practice, or rather to adapt those that could not be used directly?). This objective should be made more clear.

The authors may wish to consider re-shaping this report to be a description of implementation of a study intervention (more of a discussion paper), rather than a Delphi study. However, if the authors wish to report it as a Delphi study, please see notes below.

**MAJOR COMPULSORY REVISIONS**

Please report if approval was obtained from a research ethics board, and if participants provided informed consent prior to participation.

**ABSTRACT:** 1. State whether the categories were pre-defined or came out in the analysis. 2. Give the number of elements in each category. 3. Provide the number of elements in which adaptation involved adapting the SLIM protocol vs. how many required adaptation of real-life working procedures.

**INTRODUCTION:** 1. Revise the goal of the paper to more clearly state the objective of the study was a) to identify which elements could be implemented into practice without adaptation, and for those that couldn't be directly implemented b) which it was possible to adapt for implementation, and for those
METHODS: Expert panel - explain how the expert committee selected those who were invited to participate. Was it by discussion and consensus among the committee? Recommendation from someone else? Was a minimum years of experience or level of education/training required by the committee? How did the committee decide on the number of each type of participant to be on the panel (health care professional, SLIM researchers, health promotion expert). Were all invited to participant in the same manner for all rounds? Describe consent procedure used.

Preparing round – how were the elements of SLIM identified? Were they already listed in the previous research, or did the identification of specific elements occur as part of this work. Define what exactly you mean by ‘element’.

Round 1 – How many elements were in the micro list? Or are each of the following an ‘element’ or a category of elements: target population, techniques, intensity and delivery mode. Provide the tool the participants used to do the scoring.

Round 2 – describe the scoring used by the SLIM developers. If they did not numerically score, use a different word than ‘score’.

Focus group – how data was collected and analyzed must be described much more fully.

Consensus levels – describe more fully what you mean by the ‘quality of arguments’. A limitations section must be added to the discussion section that describes the limitation of a single reviewer assess all data.

RESULTS: Response - the change in process from an in-person focus group to email response should be addressed in the limitations. What effect do you think this had on the quality of data received?

SLIM elements – most of this information on SLIM should be moved to the introduction and methods section. What is a SLIM ‘archive’?

Round 2 – Proposed Adaptations – is the ‘new SLIMMER manual’ a reference for health care providers of the SLIM interventions, adapted as a result of this study? Clearly explain this. Is this report the SLIMMER study? (as later referred to in the Discussion section, p. 17). If so, this term should come up much earlier, in abstract, objective of introduction, and perhaps title.

DISCUSSION: Page 18 – you address that you use qualitative consensus levels instead of quantitative ones, but HOW this was done should be explicitly described in the methods section.

A limitations section is required in the methods section.

MINOR ESSENTIAL REVISIONS

ABSTRACT: 1. spell out SLIM the first time it is used. 2. Define what an 'element' is.

Page 14 Under Political and Financial Considerations, first line. Should the word
not be ‘fit’ rather than ‘fitted’
Page 15 – the wording of this sentence needs editing: ‘…it was tried to over come the resisitance.’

Level of interest: An article of limited interest

Quality of written English: Acceptable

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

Declaration of competing interests:

I have no conflicts of interest to declare.