Author's response to reviews

Title: The effect of attitude to risk on decisions made by nurses using computerised decision support software in telephone clinical assessment: an observational study

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Author's response to reviews:

Thank you for these reviewers' comments. We have addressed them below.

Reviewer Steve George
There were no changes to be made based on these comments.

Reviewer Marie-Pascale Pomey
This reviewer points out three issues which need clarifying in the paper. We agree with these and have made the relevant changes.

1. We need to explain the context of the study more in terms of the type of decision making by these nurses

The reviewer wanted to know more about the types of decisions made by the nurses and questioned why we did not refer to Dawn Stacey's interesting work on call centre nurses supporting value-sensitive decisions. We have added some sentences to the introduction and discussion to offer more information about this.

Introduction:

The study was undertaken in NHS 24. As well as offering a 24-hour service, NHS 24 is the frontline service for all out of hours general practice services and therefore a large proportion of calls to it are typically made in the evenings or at weekends. Nurse advisors use CDSS to clinically assess and triage callers and can advise them to self-care, to contact their general practitioner or out-of-hours service immediately or later, or to attend accident and emergency departments urgently or as an emergency via a 999 ambulance. That is, they offer advice on the urgency with which help should be sought, pass that call on if required, or offer advice about the management of a health problem. Typical examples would be a parent of a young child calling to ask whether the child needs to see a doctor immediately, or an adult calling to ask for advice on managing a
self-limiting condition. To help nurses develop the skills required for such telephone triage, NHS 24 runs an extensive in-house training programme covering the use of the CDSS system, and the identification and response to potentially high risk clinical situations.

Discussion:

This contextual difference may account for differences between findings for the two services. Indeed the findings may be specific to other contextual issues such as the type of decisions being made. The majority of the decisions here were made in the context of triaging for out of hours general practice services rather than, for example, supporting a patient to make values-sensitive decisions [17].


2. The conclusions need to be changed to reflect the limitations of the instrument used to measure risk attitude

We have rewritten the conclusions of the abstract and reiterated them at the end of the discussion.

Abstract conclusion:

Much of the variation in decision-making by nurses using CDSS remained unexplained. There was no convincing evidence that nurses' attitudes to risk affected the decisions made. This may have been due to the limitations of the instrument used to measure risk attitude.

Discussion conclusion:

Our conclusions are that we found no convincing evidence that nurses' attitudes to risk affected their decisions. However this may have been due to limitations in the way in which we measured attitudes to risk.

3. Clinical vignettes or interviews may be a better way forward.

We have added a sentence to the discussion:

We suggest that future quantitative work in this area will benefit from a deeper understanding of the risk environment as perceived by telephone assessment nurses. The use of observation of nurse advisors, or clinical vignettes, to determine nurses' attitudes to risk may be a more useful way forward than the instrument used here.