Author's response to reviews

Title: Nurse- and peer-led self-management programme for patients with an implantable cardioverter defibrillator; a feasibility study

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Author's response to reviews: see over
Dear editors,

Enclosed you will find the revised manuscript “Nurse- and peer-led self-management programme for patients with an implantable cardioverter defibrillator; a feasibility study”. Three points were raised by your Editorial Board Member: a) which lessons were learned from delivering the intervention in this pilot specifically, b) what is the justification for some of the adaptations to Lorig's intervention that were made, and c) what was the actual experience of running the intervention. In this cover letter a point-by-point response to these concerns is given. We particularly added information to the Discussion.

Concerns Editorial Board Member:

- Lessons learned from delivering the intervention

In the discussion section we summarised the lessons learned from our feasibility study. First, we now added that our study showed that the intervention seems applicable and feasible in a homogeneous group of ICD patients (pg. 13/14, Discussion, lines 1-3, “From this feasibility … The CDMSP was feasible…”). Second, we now recommend adding specific instructions to the protocol for dividing activities between the two leaders to decrease role ambiguity (pg. 14, Discussion, lines 6-9, “… Adding specific instructions … Furthermore, becoming more experienced…”). Third, based on our experiences we now recommend to lead each CDSMP class by one team of leaders, to optimise continuity and to provide peer leaders more possibilities to be a successful role model (Discussion, Future research section, pg. 14, lines 6-11 and pg. 15, lines 1-4, “… Obviously, it is recommended … However, to assure continuity … The fact that some of the patients…”). Finally, we now recommend to work with a team of leaders consisting of a professional leader and a peer leader based on our study results (pg. 15, Discussion, Future research section,
lines 9-16, “... Both professional and peer leaders were positive ... Therefore, in future projects ... However, the final choice...”).

- Justification for the adaptations to Lorig’s intervention
We made two important adaptations to the CDSMP by Lorig and colleagues. These are now added on pg. 14-15. First, we led the sessions of the CDSMP by several pairs of leaders to “gain sufficient insight in the feasibility of the programme” (we added this at the bottom of pg. 14 and on pg. 15, Discussion, Future research section). Second, we led the CDSMP class by a team of a cardiac nurse specialist and a CVD patient, instead of two trained lay leaders to “facilitate implementation in regular health care in the Netherlands and to control continuity of the programme if the peer leader should experience physical problems due to the disease” (pg. 15, Discussion, Future research section, we added lines 5-16).

- Actual experience of running the intervention
We summarised the actual experience of running the intervention as satisfactory based on the results of our feasibility study (on performance according to protocol, patients’ attendance and adherence, and opinion about the programme) in the Conclusions section (pg. 16, Conclusions, lines 3-7, we added “In summary, we may ... Furthermore, attending...”).

Finally, we slightly changed the transition to the section in which we recommend to study the effectiveness of the programme among partners of ICD patients (we added this at the bottom of pg. 15, Discussion, Future research section, “Finally, in addition to assessing ... as well in the caring process”).
We hope the response to the concerns is satisfactory and that you will consider our paper for publication in BMC Nursing.

On behalf of the co-authors,
sincerely,

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