Reviewer’s report

Title: Competency, confidence and conflicting evidence: key issues affecting health visitors’ use of research evidence in practice

Version: 1 Date: 31 July 2008

Reviewer: Joyce Wilkinson

Reviewer’s report:

I have made some comments relating to specific points, which I think need to be amended and a few comments for your consideration, which I hope you find helpful.

P4 end of 2nd para: Ref [9] full details of reference are missing in ref list.

P4, last line ‘immunisation materials’ please clarify what you mean by this.

P5 2nd para, line 3: ‘competent practitioners’ I appreciate that this is a statement from the literature, but the term ‘competent’ might not be the most helpful/appropriate. Are those who do not manage to integrate evidence/research into practice incompetent? Effective might be a better term. Also, the paper you reference relates to EBM, which is a very specific process and is not the same as wider EBP. I’m not sure that you can compare the practice of Doctor’s using an EBM approach to HVs. Same applies to reference [20].

Same para. Reference [15] Funk et al’s BARRIERS studies are all quantitative (and a bit old now). There are qualitative studies into EBP that look at barriers/enablers, but you haven’t referenced any.

Same para, third last line – ‘fully effective’ would be a better term than ‘highly competent’.

P10, 1st para, last line: ‘how to apply research to patients’ is a phrase that doesn’t reflect the complexity of evidence into practice processes, nor the role that patient/parent choice plays in decision making. It is paternalistic and sounds as if practitioners are ‘doing’ something to patients. I don’t feel that this reflects what you are trying to present in the rest of the paper and feel that it should be amended.

P11, para 2, line 6. Format of ref for Guyatt should be the same as others in paper.

P12, 2nd para, first line – ‘competent’ same issue as above. ‘Effective’ might be a better term, otherwise the suggestion is that those not using research/evidence are incompetent, rather than limited by the barriers that your studies finds.

P13, para 2, line 3, ‘s’ missing from respondents.

P13, same para, line 9: it action from evidence that makes changes to practice. Dissemination is only one part of the evidence to practice process.

P14, para 1, line 6: ‘apply research’ as above, need to change term to better
reflect your meaning.

P14, para 2. I found the terminology and tone of this paragraph very different to the rest of the paper and I thought it was quite pejorative. It doesn't reflect the view that patient/parent choice can be seen as a type of evidence (e.g. Rycroft-Malone, et al, 2004; Stetler, 2003) nor that the evidence into practice process is multifactorial, complex and often dilemma ridden for parents and professionals. It needs to be modified.

P14, para 3, line 3: qualitative study, interviews etc. might have been revealing, provided examples from practice, but I fully recognise the limitations of time and resources in studies. Might be worth mentioning 'though since some of the Barriers’ studies authors recommend qualitative studies to provide something more that repetitive studies of barriers and facilitators.

P15, para 1: I think these are important points that you are making. In my experience, few HVs get to the CPHVA conferences because of 1. Interest 2. Time and 3. Finance. Often, those that most need to attend such events are either least willing or able to go. Also, while I recognise the importance of the role of ‘local champions’ or opinion leaders in disseminating information, my experience of health visiting was that most HVs worked in isolation (managed their own caseload and were fiercely protective of that autonomy) and tended not to be overly influenced by others’ views.

P15 conclusions: I agree entirely about the importance of the format of evidence, but be mindful that passive dissemination alone has been shown to be ineffective as a means of getting evidence into practice (e.g. Bero et al, 1998; EHCB, 1999; Grimshaw, et al, 2004; Nutley, et al, 2007)

A final and positive point – your study does highlight the need for developing a better understanding of ‘what works and for whom’ and the role that conflicting evidence plays when ignoring or rationalising non-use is not an option. I think (to date) and under-valued and under researched area. I think you should give this a stronger emphasis.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Declaration of competing interests:

NONE