Author's response to reviews

Title: Developing evidence-based clinical practice guidelines in hospitals in Australia, Indonesia, Malaysia, the Philippines and Thailand: values, requirements and barriers

Authors:

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Author's response to reviews: see over
Response to Reviewer Comments:
Thank you for this opportunity to respond to the reviewer comments.

Reviewer #1:
Thank you for taking the time to review this paper. I appreciate your feedback and suggestions for improving the paper.

1. I enjoyed the paper and in particular the list of headings under "results and discussion". I feel that any paper using qualitative research methods should discuss the extent to which the results are capable of being generalised or whether they simply reflect the prejudices of the small population who were questioned.

   Thank you. I have separated the results and discussion and added comments about the generalisability of the results in the discussion section.

2. I also feel that it needs to be more focused on what sort of guidelines are being considered. Medical guidelines are heavily focused on therapeutics, whereas nursing guidelines are more prescriptive and have an administrative function. In fact, the philosophical approaches of the various health professions can be quite different, and this is inevitably reflected in the kind of guidelines each produces.

   This is an interesting point. In general we are discussing multidisciplinary guidelines, though as the results under the heading “Multidisciplinary” highlight, this perspective was not shared by all respondents. Previous research I conducted with colleagues (Turner T, Misso M, Harris C, Green S: Development of evidence-based clinical practice guidelines (CPGs): comparing approaches. Implementation Science 2008, 3:45) has established that all the existing handbooks to evidence-based guideline development agree that the process and the output should be multi-disciplinary, however you are quite right that this is often not the case.

3. The paper does not contain any examples of guidelines, how they were developed and how their recommendations relate to the evidence base. The absence of an evidential translation between the clinical evidence and the recommendations made is very important to my mind and even well regarded international guidelines fail in this respect eg the ACCP guidelines for thromboprophylaxis. In addition, guidelines can provide advice that is not supported by evidence and in fact the evidence may be the reverse of what is recommended - for example, the continuing presence of β-blockers in guidelines on the treatment of hypertension in a setting where the clinical evidence suggests they do not work, or the questionable guidelines supporting thrombolysis in the acute phase of stroke. How do these circumstances come about? The authors approach but do not get to grips with the problems inherent in obtaining agreement amongst the individuals in guidelines committees over specific provisions in controversial areas, where the need for compromise and agreement leads to a "watering down" of recommendations, leading to the production of guidelines that are unlikely to be followed in practice. Was there any evidence of such processes in their work?

   Yes, you are right. Our initial plan in the hospitals in South East Asia was to review the guidelines they had developed and establish the link between the research used and the recommendations produced, as you suggest. However levels of guideline development were so low, or so poorly documented, that
this wasn’t possible, hence we had to change direction and explore why guidelines weren’t being developed.

4. Overall I think this is a worthwhile contribution to the field but would prefer the discussion to be more focused on the underlying questions of the need for guidelines and their weaknesses.

Thank you, I have added some discussion of this in the new discussion section. I certainly agree that there is a bigger discussion to be had.

Reviewer #2:
Thank you for your thoughtful suggestions for improving this paper. I appreciate your time and input.

Major compulsory revisions:
1. The research aim is not clear and differs in different sections of the paper. Eg Only 1 of the 3 identified themes addresses the aim given in the abstract.

Thank you for noticing this oversight. I have edited the abstract to make this clear.

2. There needs to be more details on aspects of guidelines and guideline development in maternal and neonatal hospitals in these countries and reasons why these countries and hospitals were chosen for the research. Is there a national and international body that may write guidelines for the maternal and neonatal field? Are individual hospital expected to write their own guidelines?

Thank you for this suggestion. I have added two sentences in the first paragraph in the methods section to explain this in more detail.

3. Needs more details of respondent characteristics - No. of doctors, nurses, allied health from each country and whether rural or metro, gender

Good idea. I have added a paragraph to the results section with more details.

4. There is not enough discussion of the results given, possibly separate results and discussion. The discussion section also lacks details of strengths and weaknesses of the study, comparisons to other studies, implications for practice, implications for research and future research.

Good point. I have separated out the results and discussion. I have added several paragraphs in the new discussion section on other similar research, limitations of the study and next steps.

5. The use of quotes in the conclusion is not recommended.

I have moved the quote out of the conclusion.

6. The box of key points needs to be referenced in the body of the text somewhere.

Good idea –I have done this in the first section of the results.

7. The title needs to be more relevant to the text. This paper discusses many aspects such as the value of guidelines and the clinician’s requirements for guidelines that are not represented with this title. Possibly include the clinical area that the studied guidelines are based.

Good point, I have reworded the title. I have not included the clinical area only because the title is getting very long and I think most of the findings are likely to apply beyond the clinical area.
Minor essential revisions:

8. Provide more details for all quotes. Ie – Senior doctor, Australia, rural, female.

Thank you for this suggestion. I have added the country and gender of each of the quoted participants. I have not added the location (rural, etc) as in some cases this would identify the participant (eg where there is only one senior male doctor in the country’s rural hospital).

9. Discuss the value of guidelines in the conclusion

Good idea – I have added a discussion of the value of guidelines in the conclusion.

10. Suggest separating key points box into 2 boxes (what guidelines do and barriers) and ensure they are referenced in the text.

Thank you. This box is now referenced in the text in the first section of the results. I have not split the box into two as I prefer it as an overall summary of the results.

11. Provide the interview protocol as an appendix. Was the questionnaire piloted? Include some examples of the question domains in the text. Were field notes taken? Was data saturation achieved? And at what point in the project?

Good idea, I have added a box with the interview protocol at the end of the paper. Only very limited field notes were taken. I have added a paragraph describing the questions and piloting to the methods section. At each of the sites, the final interviews did not generate any new themes.

12. As Australia is very different economically and culturally to the other included countries it may be useful to separate the results for these 2 groups to a greater extent.

This was considered, however the economical and cultural differences between the hospitals in South East Asia are often just as large as those between SEA and Australia, so it didn’t feel appropriate. Most issues were shared across all settings, where differences were found between SEA and Australian contexts these are discussed in the text.

Discretionary revisions

13. A summary of the major themes at the outset of the results section may be helpful.

Good idea, I have added this.

14. Standardise the use of “” on quotes. Use on all or take them all out.

I have used quotation marks where portions of quotes are incorporated in my paragraphs of text and no quotation marks where the quotes are standalone. I am happy to be guided by the editors as their preferred approach.


Thank you, this is a useful reference.