Author's response to reviews

Title: Clinicians' evaluations of, endorsements of, and intentions to use practice guidelines change over time: a retrospective analysis from an organized guideline program

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Author's response to reviews: see over
Drs. Martin Eccles and Brian Mittman  
Co-Editors  
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Dear Drs. Eccles and Mittman:

On behalf of my co-authors, please accept the revised enclosed manuscript entitled:

Clinicians’ Evaluations of, Endorsements of, and Intentions to Use Practice Guidelines Change Over Time: A Retrospective Analysis From An Organized Guideline Program.

We would like to thank the reviewers for the time they took to provide excellent and comprehensive feedback. Below, we have summarized our response to each of the issues presented by them.

REVIEWER: DR. FEVERS  
MINOR ESSENTIAL REVISIONS

• The only data regarding research we have is the average number of hours spent on research. No data regarding type of research (e.g., health services versus clinical) or nature of involvement (e.g., principal investigator vs. co-investigator) have been collected. The wording has been changed in the methods section to better reflect the concept.

BF2. Guideline Review.  
• Additional information is provided in method section and results section regarding: number of clinicians invited to review, number who reviewed (was in original), and percentage who provided more than one review. We do not have reliable data to differentiate feedback received spontaneously from that received after the reminders and thus, it is not presented.

BF3. SD of mean 6 year score.  
• Added.

BF4. CAPGO Survey  
• Data was collected between 1999 and 2005 for this study using the CAPGO survey which had become institutionalized within the PEBG external review process. Clarity that the data during this time period is from the CAPGO survey has been made in method and results section.

BF5. It should be stated that the number of physicians involved in the survey (520) differs from the number of physicians involved in guideline review (756).  
• We are uncertain to what the reviewer is referring to with respect to 520 physicians involved in the survey. We do not see that referred to in the manuscript, table or figure. 756 physicians participated in the review process regarding 84 CPGs and yielding 4091 returned survey responses.

BF6. Abbreviation.  
• DSG acronym added.

BF7. Table 2.  
• Title fixed.
BF8. Figure label.
- The list of Figure titles are on a separate page as per manuscript submission requirements for the journal.

DISCRETIONARY REVISIONS

- We reported on those characteristics most relevant and for which we had data. We no longer keep records of physician age.

- We are in the process of submitting a separate publication looking at (i) the intensity of participation by clinicians and the impact on external review, (ii) predicting multiple responders vs. occasional responders, etc.. Originally, we considered integrating these data with the data in the current manuscript. Unfortunately, the length and scope became unmanageable. Thus, we are committed to keeping the scope as is. With respect to perceptions of non-responders, privacy legislation does not allow us to keep data for these non-participants.

BF12. CAPGO survey and other measures.
- The CAPGO survey, completed for each individual CPG, captures clinicians perceptions on 4 key domains (rigour, applicability, acceptability, and comparative value), a measure of endorsement, and a measure of intentions to use.
- Beliefs, misconceptions, and attitudes were captured in a separate survey (reference 25) and were captured once.
- Beliefs and misconceptions refer to attributes of an object. In contrast, attitudes refer to an individual's like or dislike of object. In this case, the objective under consideration is guidelines.
- We have spent more time in the introduction and in the methods describing each of these elements and the source of the data.

BF12 (repeat of numbering). Increase ratings for guideline quality over time.
- We are able to speculate but not confirm the reason why quality improved over time. See discussion section. We have added the idea of an educational effect. Thank you for the suggestion.
- The study which found no difference in quality of cancer guidelines over time is quite different from the current study. In the case of the former, the objects of study were cancer guidelines developed by many groups. In our study, we looked at guidelines within one context. We view this to be one of the major strengths of paper. Looking at knowledge and how the users of knowledge function within a health care context (in this case a cancer system) reflects the true environment in which evidence application can better studied. See modifications made in the introduction.
- A comment distinguishing between the AGREE Instrument and CAPGO has been added.

- The reviewer is directed toward the original discussion section where issue of declining applicability scores was addressed. We have juxtaposed our findings and the rationale with those discussed by the reviewer. We have added discussion about the common findings that applicability domains score poorly on the AGREE instrument.

REVIEWER: DR. RYCroFT-MAlONE
MAJOR REVISIONS
Points 1 and 2. Brevity AND perceptions versus objective differences AND confusion regarding the process, product and context.

- We have expanded on the issue of the importance of perceptions (as attitudes and beliefs) and have linked more explicitly to literature in the social psychology area. We have replaced the jargon inherent in the process, product and context ideas we were trying to communicate with a more straightforward arguments of (i) exploring beliefs, attitudes, and quality within one context. and (ii) context being a formal health care system where guidelines is a component. These ideas have been reframed in the introduction, the latter expanded upon in the method, and both addressed in the discussion sections.

- More detail of the modeling processes has been added to the methods section.

Point 4. Relevance of the study.
- More detail has been provided in the discussion regarding the relevance of the findings in practice. A brief comment regarding gender differences is also included in the discussion; this was an unexpected outcome and one that requires further study.

Point 5. Inclusion of a limitations section.
- Done.

MINOR REVISIONS

Point 1. Participants.
- Clarity regarding clinicians has been added in the methods section.

Point 2. Theories.
- This study was informed substantially by the social psychology literature but not driven by one specific theory.

Point 3. Summary statement.
- A summary statement has been added.

We hope that these revisions are found acceptable to the reviewers and members of the editorial staff. On behalf of my co-authors, we appreciate the time given to us to address the reviewer comments and we look forward to your reply.

Sincerely,

Melissa Brouwers, PhD