Author’s response to reviews

Title: Are there valid proxy measures of clinical behaviour? Systematic review

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Author’s response to reviews:

Dear Editor,

Thank you for the comments of the two reviewers. We would like to thank both reviewers for their very positive comments and helpful suggestions. We have modified the manuscript in light of these suggestions and provide detail of the changes made below.

All authors have agreed this response and the re-submitted manuscript.

We hope that the paper is now acceptable for publication,

Yours sincerely,

Susan Hrisos on behalf of all authors.

Reviewer: Joze Braspenny

Reviewer’s report:

Reviewer comment: The review is very relevant in our time frame just as the authors reported in their Background. The research question has been answered using a solid method.

Perhaps in the discussion some attention could be given to the fact that medical records are can be good history keepers, while audio/video or a simulation patient just gives information on actual complaints/behaviour.

Author response: The following text has been added to the discussion section of the manuscript (page 23, Medical Record Review paragraph):

“Medical records may therefore be a relatively low-cost and accessible proxy measure for these clinical behaviours. Medical records may also be advantageous in that they can be good “history keepers” as they can store information from several consultations and a variety of conditions.”
Reviewer: Sally Green

Reviewer's report: Thank you for the opportunity to review this excellent paper which makes an excellent contribution to Implementation Science, both through its scientific content and in providing practical and helpful information to guide the methods of much future research. I am sure I will cite it frequently. All my suggestions fall in the category of Discretionary Revisions.

Reviewer comment 1. There is detailed description of the Quality Assessment Criteria used, and how they were applied, but no detailing of how or why these criteria were selected, nor the reliability of scores between reviewers. I can imagine these criteria being very helpful in other reviews of methods of measurement, and it would be useful to consider further reporting to allow this.

Author response:

1a. The following text has been added to the Quality Assessment section of the manuscript (pages 6 & 7) and an additional reference added to the manuscript:

“External validity relates to the generalisability of study findings. Thus we assessed this for included studies on the basis of:"

“Internal validity relates to the rigor with which a study was conducted and how confident we can be about any inferences that are subsequently made [Reference below added]. Important aspects of internal validity that are particularly relevant to the included studies are the reliability and validity of the measurement methods used to assess the performance of clinical behaviours. We therefore assessed internal validity on the basis of the psychometric evaluations performed by each study:"


1b. The following text was deleted as it is referring to a process of data extraction rather than scoring or grading of study quality. The process of data extraction is described earlier in the manuscript:

“The internal validity of all included studies was independently assessed by two reviewers.”

Reviewer comment 2. There is no mention in the review of the potential for publication bias. While the potential limitation of the search and retrieval based on inconsistent terminology is noted, there is no discussion as to whether publication bias was considered. The included studies presented various results, and so there does not appear, on the face of it, that there is systematic tendency in the literature to report only those studies demonstrating ‘positive’ results (or good performance of measures), but it may be a useful discussion point to mention this assessment, particularly in light of the AMSTAR criteria for systematic review appraisal.
Author response: The following text has been added to the Review Limitations in the Discussion section of the manuscript:

“We tried to minimise publication bias by searching not only the peer reviewed literature but also abstracts of conferences and unpublished theses. As we were unable to conduct a formal meta-analysis because of the heterogeneity in the designs, proxy measures and summary statistics used in the included studies, we could not use conventional methods of assessing publication bias [Reference below added]. Nevertheless, the included studies presented various results – seven studies (5; 6; 7; 9; 11; 14; 17) presented a range of both positive and negative findings, six studies (8; 10; 12; 13; 15; 18) presented positive findings only and one (16) presented only negative or inconclusive findings – suggesting that there is no apparent systematic tendency towards publication bias in the current review.”


On revising this manuscript we also noticed that we had omitted acknowledgement of one of the authors as having contributed to the abstraction of data from reviewed articles. We have therefore made the following amendment to the "Authors' contributions" paragraph:

All authors contributed to the conception and design and analysis of the study and approved the submitted draft. MPE, JJF, EK, SH and HD reviewed the articles and abstracted the data.