Author's response to reviews

Title: Process evaluation of Appreciative Inquiry to translate pain management evidence into pediatric nursing practice

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Author's response to reviews: see over
September 12, 2010

Dear Drs. Eccles and Mittman;

Please find attached our resubmission of the manuscript entitled ‘Process evaluation of Appreciative Inquiry to translate pain management evidence into pediatric nursing practice’ for publication in Implementation Science. We have provided an itemized response below to the reviewers’ comments. All changes are highlighted in the revised manuscript. We would like to extend our thanks to the reviewers for their thoughtful reviews of our manuscript.

Please do not hesitate to contact me by email at tricia.orr@utoronto.ca if you have any questions regarding this resubmission.

Sincerely,

Tricia Kavanagh, RN, PhD (on behalf of authors)
Reviewer: Mari Botti

Minor Essential Revisions

1. The AI intervention was clarified as consisting of two components: (a) staff participation in four facilitator-led sessions based on the 4-D Cycle of the AI process and (b) staff implementation of an action plan to enhance evidence-based pain practices on their unit, as generated in the last AI session (pp. 2, 6). Reference to the ‘AI intervention’ in the paper therefore includes both components. Where appropriate, the authors make specific reference to the individual components (i.e., AI sessions or implementation of the action plan).

Reference to the larger study was omitted to avoid confusion (pp. 2, 5). The methods (p. 6) are described only as they relate to the study purpose. Figure 1 was modified to exclude information related to the larger study.

2. Any reference to ‘session’ was modified to ‘AI session’ throughout the paper. An explanation of the AI sessions was provided on p. 6. The original definition of ‘frequency’ was revised to ‘the total number of times each AI session was delivered in a given time period’ (p. 8). The distinction between the AI process and AI sessions was moved to the Data Collection section and enhanced by providing examples of each (p. 7). A sentence was added indicating that the AI process was distinguished from the AI sessions in the interview guide (p. 7).

3. A sentence was added indicating that the interviews were conducted six months after the delivery of the AI sessions to allow the participants sufficient time to implement the action plan on their unit and provide a preliminary exploration of sustainability (p. 7). The interviews focused on participants’ views of the acceptability and fidelity of intervention implementation; outcomes measurement was conducted within the larger study and omitted from this manuscript to avoid confusion. However, a section was added under Implications on the limitation of conducting retrospective interviews (p. 25).

Discretionary Revisions

1. Reference was not made to the success of the practice outcome or effectiveness of AI as a KT intervention, as the purpose of this study was to determine the acceptability, feasibility, and fidelity of the AI intervention. Given the exploratory nature of this study, it was considered appropriate to maintain that, given the encouraging results of the implementation process, a larger multi-site evaluation of the AI intervention is warranted (pp. 25, 26).
**Reviewer: Jennifer Yost**

**Major Compulsory Revisions**

**Background**

1. Appreciative Inquiry emanated from the work of Cooperrider and Srivasta, on which this study was based. Appreciative Inquiry is considered a flexible process that is more than a research method or technique (Cooperrider & Srivasta, 1987; Cooperrider et al., 2005). Moreover, the AI process has been organized and referred to as an intervention in both theory and practice (e.g., Bushe, 1995; Cooperrider et al., 2005). In this study, the 4-D process was used to create a specific and measurable intervention to translate pain evidence into practice. As such, the authors believe it is important to retain the terms ‘AI intervention’ and ‘KT intervention’ to be consistent with the original conceptualization of AI upon which this study was based. However, to improve clarity, the authors described the AI intervention as consisting of two components: (a) staff participation in four facilitator-led sessions based on the 4-D Cycle of the AI process and (b) staff implementation of an action plan to enhance evidence-based pain practices on their unit, as generated in the last AI session. (pp. 2, 6). The term ‘AI intervention’ was therefore used to refer to the whole intervention, while the term ‘AI sessions’ was adopted to refer to the four facilitator-led sessions on the AI process.

2. See above response.

**Methods**

3. To avoid confusion (i.e., that ‘repeated measures’ referred to the AI sessions rather than the actual repeated-measures taken in the larger study), the purpose of this study was stated without reference to the larger study. The design, methods (pp. 2, 5, 6) and Figure 1 were modified to relate only to the study purpose.

**Methods – AI Intervention**

4. A sentence was added indicating that the participants selected the specific topic of evidence-based pain assessment documentation in the Dream phase based on a desire to enhance the quality of documentation practices on their unit (p. 6).

**Methods - Data Collection**

5. Figure 1 was referenced under the section on Data Collection (p. 7) and modified to exclude the methods and data collection (i.e., repeated measures) used in the larger study. A sentence was added to the manuscript on the timing of the interviews (p. 7).
6. The authors indicated that all participants in the AI intervention were involved in the interviews (p. 7).

Results

7. The AI intervention was described as involving two components, as described above. The authors distinguished between the ‘AI sessions’ and ‘AI process’ where appropriate throughout the manuscript (e.g., pp. 4, 7, 10).

8. The AI intervention was clarified as consisting of two components, as described above. The acceptability, feasibility and fidelity of implementing the whole AI intervention were explored in this manuscript and the authors therefore believe it is important to report the results relating to both components.

Minor Essential Revisions

Methods – Data Collection

1. The interview guide was not provided as an Appendix; however, examples of the topics covered were mentioned in the manuscript (p. 7).

Results – Sample Characteristics

2. Results pertaining to staff continuing education were omitted to avoid confusion.

Discretionary Revisions

Background

1. A detailed explanation of the theoretical relevance of AI as a KT intervention compatible with the PARiHS framework was provided in a previously published paper, as referenced in the current manuscript. Given the focus of this manuscript on the practical application of AI, rather than its theoretical relevance, the authors feel that the brief summary provided is sufficient (p. 4). Interested readers are directed to the relevant source.

2. The definition of KT used in this study was provided (p. 4).

Study Objectives

3. Definitions of and relevant references for acceptability, fidelity, and feasibility were added (p. 5).