Reviewer's report

Title: Measurement of a model of dissemination for health care: Toward a testable theory

Version: 2 Date: 27 January 2012

Reviewer: Rebecca Lawton

Reviewer's report:

Major compulsory revisions

The slow implementation of evidence based treatments/interventions in healthcare is a ubiquitous problem. A testable model of implementation that might help those responsible for speeding up the pace of change to choose amongst implementation strategies is a worthy pursuit. I therefore read on with enthusiasm. The authors provide a useful rationale for the need for their research decrying the lack of a clarity and ill defined terminology in the field of implementation research (no argument there), however, they then fall victim to the same error using 'dissemination', 'implementation', 'adoption' and 'change' without defining what exactly these terms refer to and how they differ. This lack of clarity should be addressed.

The introduction goes on to refer tho the underpinning model by Greenhalgh and colleagues that guides their own research and which the authors set out to operationalise, in the current paper, in the context of two guidelines in mental health. The authors need to do more here to explain to the reader exactly how they anticipate that the operationalisation of this model (originally designed as a checklist) will aid the implementation process i.e. how will it be used, at what point in the implementation process and by whom.

The second question that came to mind as I read on through the description of the development of questionnaire and interview items was whether or not the authors had reached a stage, or indeed thought it was possible to reach a stage, where the model was sufficiently operationalised so as to be testable and in what way one would test the model. As it currently stands, the model represents a set of factors that might help or hinder the implementation of an evidence based guideline. Some of the factors are characteristics of the ‘thing’ being implemented (which may not be modifiable by those tasked with making the change), others relate to the environment for implementation (and appear to be somewhat amenable to change) and some are relatively fixed factors of the individuals whose behaviour is the focus (e.g. personality characteristics). Readers may struggle to grasp the value of this work unless it is clear to them how the operationalisation of the constructs allows them to test the model. The authors should spell out what exactly these tests of the model might entail and how this can be achieved with a measure that contains a mixture of qualitative and quantitative items.
Minor essential revisions

I think the authors need to be a little more tentative about the translation of their measures into other contexts, given that it was mental health professionals who provided feedback on item redundancy etc. in the context of two mental health guidelines.

The authors do acknowledge the question of validity of the transtheoretical model of behaviour change, but it would also be useful to recognise the many social cognition constructs that might impact on the implementation of a new practice, but which are not necessarily reflected in the model (see Michie, S., Johnston, M., Abraham, C., Lawton, R.J., Parker, D., Walker, A. (2005) Making psychological theory useful for implementing evidence based practice: a consensus approach. Quality and Safety in Health Care, 14, 26-33 and subsequent publications). For example, memory and decision making; emotion; professional role, beliefs about the consequences of the specific change etc.

There are minor grammatical and typographical errors as follows:

Abstract, last sentence of results - remove second 'further'.
Background, line 3 - error in 'or address of.....'
Page 4, 1st paragraph - last sentence needs rewriting
Page 6, 1st paragraph - change 'to' to 'of' in '........means to assessment.......'

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

'I declare that I have no competing interests'