Author’s response to reviews

Title: Getting messier with TIDieR: embracing context and complexity in intervention reporting.

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Author’s response to reviews:

Response to BMC MRM reviewer comments on the manuscript BMRM-D-17-00214:

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We are pleased that you have invited us to submit a revised version of our paper for BMC Medical Research Methodology. We have re-drafted the paper to address the helpful changes suggested by the editor and two reviewers.

We reprint each editor/reviewer comment and follow it with our response, indicating where we have revised the manuscript.

Editor Comments:

1. Background - it seems that the position of the fourth paragraph should be exchanged with that of the third paragraph.

We have exchanged the third and fourth paragraph, as suggested. (page 6 line 11 to page 7, line 10)

2. Check for typos in the first paragraph under case studies - TIDieR templates.
The TIDieR template was used as a tool for intervention description in six projects, summarised in table 2. The interventions were: (i) A Diabetes Prevention Programme (DPP) for patients with a diagnosis of impaired glucose regulation (IGR), where blood glucose levels are above the normal range but are not high enough for a diagnosis of type 2 diabetes. The programme consisted of telephone behavioural and motivational support from a health advisor over nine months (Telephone DPP) [26]; (ii) Primary care referral into diabetes prevention programmes: a nurse facilitator attended selected GP practices, searched the electronic records for patients at risk of diabetes, made appointments with patients to discuss their condition, and referred appropriate patients to a local diabetes prevention programme (GP referral DPP) [27]; (iii) Community referral into diabetes prevention programmes: a community organisation and a local authority health improvement team approached members of the public in community settings, completed diabetes risk scores, offered blood tests to those at risk of diabetes and referred eligible people to local diabetes prevention programmes (Community referral DPP) [27]; (iv) A commitment based intervention to promote behaviour change for weight loss among overweight adults attending weight loss groups in low socioeconomic areas (SMART-C booklet); (v) An audit and feedback intervention in primary care which implemented audit, health professional education and processes of care (such as medication reviews) to improve management of patients after an episode of acute kidney injury (AKI) (Primary Care Management of AKI Intervention) [28]; (vi) A primary care intervention to reduce the risk of harm from acute kidney injury (AKI) in people taking certain groups of medicines, by providing information on which types of medications to stop taking temporarily whilst ill (AKI sick day guidance) [29]. TIDieR descriptions of the six interventions are included in Appendix 1. All the projects were undertaken by the National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care Greater Manchester (NIHR CLAHRC GM) which is a partnership between providers and commissioners from the NHS (including Clinical Commissioning Groups (CCGs) and hospital trusts), industry, the third sector and The University of Manchester to help facilitate research getting into practice [30].

3. Table 2 - Were all acronyms in this table mentioned in the preceding text? How about CCG?

We have now added CCG to the text of the paragraph that is re-printed above table 2, and expanded the acronym (the text is printed above under comment 2). There are no further acronyms in table 2 that are not mentioned in the text. (page 9 line 9)

We have added CCG to the List of Abbreviations. (page 25 line 3)

4. Section on TIDieR as a research design tool - page 19 - consider re-writing the first sentence; it is hard to read the way it is constructed.

We have re-written this sentence, and it now reads (page 20 line 8-10):
The process of using TIDieR to elicit the views of different stakeholders can expose disagreement about how the intervention is described and what constitutes its essential ingredients.

5. Section on TIDieR as a research design tool - page 19 - first paragraph - the phrase "diabetes nurses" - are these nurses with diabetes or nurses caring for patients with diabetes?

We have re-written this phrase, so the sentence now reads (page 20 line 15-17):

Specifically, nurses and dieticians from the specialist diabetes team felt that their expertise was essential for this first step, compared to health advisors who felt their non-clinical skills could in fact be better suited to behavioural and motivational guidance work.

6. Table 3 - first row, second column - do you want to pose the question as "Who completed TIDieR?" or "Whose voice does this description of TIDieR convey?" If you choose the former then is it "compiled" as in the text or "completed" as in the table?

We have adopted the suggestion of the editor, which is a more accurate description than our previous version. It now reads: (page 20 table 3, first row, second column)

Whose voice does this description of TIDieR convey?

7. Table 3 - second row - Add a few sentences to discuss whether and to what extent the "stage of implementation" is standardized across countries and research contexts. Is your suggestion feasible to widely implement?

We have changed the text of Table 3. 2nd row, final column (page 20) as follows:

Increases rigour of reporting. Conveys what stage the intervention has reached using a continuum of implementation research ranging from proof of concept studies through to those focused on implementation at scale and longer term sustainability.[32]

We have changed our definition of ‘stage of implementation’ to those that have been elaborated in a WHO typology of implementation projects, and we have added this as a new reference (page 31 line 19):


We feel this typology is capable of standardizing the stages of implementation across countries and research contexts.

We have changed the text related to table 3 (page 24, lines 4 to 8):
An additional item ‘Stage of Implementation’ would convey what stage the intervention has reached, using a continuum of implementation research suggested by the World Health Organisation, which has stages ranging from proof of concept studies (is it safe and does it work?) through proof of implementation (how does it work in real-world settings?) to studies focused on implementation at scale and longer term sustainability.[33]

And we have altered the abstract (page 3 lines 6 to 8) to say:

- An additional item, ‘stage of implementation’ can convey what stage the intervention has reached, using a continuum of implementation research suggested by the World Health Organisation.


We have changed ‘Equator’ to ‘EQUATOR’. We considered changing Delphi to delphi, but on checking we think the capitalisation is correct (page 24, lines 23-24).

Reviewer reports:

Naoimh McMahon (Reviewer 1): My previous comments have been fully addressed by the authors.

Thank you.

Garry Tew (Reviewer 2): The authors have responded well to all of the reviewers' comments and improved the focus and quality of the manuscript. I only have a couple of minor comments:

- The wording of the final sentence of the abstract is a bit awkward. Please consider rewording and listing the four recommended changes after "applied health research:"

We have amended the final paragraph of the abstract as follows (page 3 lines 1-12):

We found TIDieR to be a useful tool for applied research outside the context of clinical trials and we suggest four revisions or additions to the original TIDieR which would enable it to better capture these complexities in applied health research:

- An additional item, ‘voice’ conveys who was involved in preparing the TIDieR template, such as researchers, service users or service deliverers.

- An additional item, ‘stage of implementation’ conveys what stage the intervention has reached, using a continuum of implementation research suggested by the World Health Organisation.

- A new column, ‘modification’ reminds authors to describe modifications to any item in the checklist.
• An extension of the ‘how well’ item encourages researchers to describe how contextual factors affected intervention delivery.

- point (i) of "case studies" section: delete "IGR" at the end of this sentence?

We have deleted ‘IGR’. (page 8 line 14).

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