Author’s response to reviews

Title: Role of professional networks on social media in addressing clinical questions at general practice: a cross-sectional study of general practitioners in Australia and New Zealand

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Author’s response to reviews:

Dear Dr Tovah Honor Aronin,

We are grateful for your consideration of our manuscript (FAMP-D-18-00414) entitled ‘Role of professional networks on social media in addressing clinical questions at general practice: a cross-sectional study of general practitioners in Australia and New Zealand” for consideration in the research articles section of the BMC Family Practice.

My co-authors and I greatly appreciate the time and effort that you and the editors put into the review of our manuscript. We have revised our manuscript taking into account the suggested recommendations.

We address each comment and issue raised by the editor and reviewer and have highlighted the changes in the manuscript. We also attach a clean copy of the manuscript.

All authors have read and approved the final manuscript and declare no conflict of interest. These results have not been published anywhere nor are they under consideration at any other journal.

Thank you for considering the revised manuscript. We are looking forward to hearing from you.
With kind regards,

Dr Loai Albarqouni, Prof Tammy Hoffmann, Dr Katrina McLean, Dr Karen Price, and Prof Paul Glasziou
Dear authors,

thank you for submitting the improved version of your manuscript. However, there are still major issues to be resolved before it can be considered for publishing.

You stated the aim of your study to be "to characterise the clinical questions asked and answers provided by general practitioners and posted to a popular professional social media network". Yet, you have concluded that social media can play a unique role and that disseminating evidence can be used to enhance the uptake of evidence to practice (see abstract). I don't think that these conclusions come from your results and correspond to your aim. The statement about the unique role is too general, we don't exactly know what is an unique role here. Also, you did not study the enhancing of the uptake of evidence to clinical practice. I agree that this might be a logical consequence but it does not belong to the conclusions.

Comment: Thanks.
Change: We revised the conclusions in the abstract. The conclusions section now reads “In this sample of Australian and New Zealand GPs, who were members of a GP social media group, GPs asked clinical questions that can be organised into a limited number of question types and topics. This might help inform the development of GP learning programs.”

Also, the discussion is a bit weak. In its first part, you compared your results to the literature and then you tried to put the results of your study to a wider context and list the possible implications of your study. Some of these implications are not based on your results, such as the aforementioned claim on enhancing the uptake of evidence to clinical practice and a claim that a high interest was seen (I don't see any evidence to support that the interest was high, there was no possibility to compare).

You only talk about advantages of use of social media. But how about the disadvantages: possibility of delivering wrong clinical practice to a large group of people, lack of validity of answers, no control over the quality of answers etc. These should also be mentioned among the possible implications of the use of social networks.

Overall, in the discussion and conclusion, you should primarily focus on the aim of your study and organise these two sections accordingly.

Comment: Thanks.
Change: We revised these two sections per your suggestions.
The two sections now read: “Our findings that the majority of questions asked were about a limited number of question types and topics suggest that questions raised on social media networks may be helpful in guiding the development of GP future continuous learning programs (e.g. tailored according to identified information needs) and research activities (e.g. by identifying research-practice evidence gaps)[20]. Although professional social media networks might be useful in providing evidence-based answers to clinical questions, the quality of the evidence underpinning the answers provided in social media should be questioned. Disadvantages of using the social media network in answering clinical
questions might include: (i) GP members are responsible for discerning relevant answers and ascertaining the validity of the answers provided; and (ii) the possibility of delivering and perpetuation of unsound answers to a large group of GPs. Therefore, methods to enhance active dissemination of question-specific evidence-based information (such as by Facebook group administrators or evidence champions) are warranted[21].

Conclusions
In this sample of Australian and New Zealand GPs, who were members of a GP social media group, the majority of clinical questions asked were about a limited number of questions types and topics which may help inform the development of GP future continuous learning programs and research activities. The validity of the evidence underpinning the answers provided for clinical questions asked in social media needs to be considered. “