Reviewer’s report

Title: No pain no gain: critical features of peer assessment to improve adherence to clinical practice guidelines in physical therapy: a mixed methods design

Version: 2 Date: 21 June 2015

Reviewer: Prue Morgan

Reviewer’s report:

Thank you for the opportunity to review this interesting study that explores which elements of a peer-assisted strategy to enhance uptake of CPG in low back pain in a group of Dutch physical therapists.

It is well known that there are numerous barriers to the uptake of CPG. The findings are of interest to those working in primary care, professional development, and tertiary education of physical therapists.

There are a number of grammatical errors and typographical errors throughout. I would recommend that proofreading is undertaken by a native English speaking colleague prior to resubmission.

Overall an excessive number of references are used - these could be reduced to key references only.

Major compulsory revisions (with minor spelling/grammatical revisions identified by line number):

Abstract:

Background:
You need to make it clearer that this study is unpacking the elements of the PA program previously published in the RCT. This is not clear and is confusing to the reader throughout the abstract. Just present what is NEW information/processes

Methods
You didn’t actually analyse and decompose the PA program in this component of the study. Remove this sentence.

'and to motivate their choices' - I don't understand what you mean by this (line 50)

line 53 should read: 'analysed using template analysis'

Conclusion:

first sentence is too long. I don't understand what you are trying to say. It needs to be shorter and sharper.

Main manuscript:

Background:
The background is too wordy/long winded and not focused on the key arguments that support your study. I suggest editing and reshaping the background to illustrate more clearly what are known barriers and facilitators to CPG implementation. Furthermore, towards the end of the introduction we realise that the entire study is to investigate more deeply (via unpacking) elements of a previously trialled and published peer assisted training program. This needs to be more upfront in the introduction, and more explicit throughout the manuscript about what is new information and what is information from the prior publication describing the RCT.

Paragraph 1 - eg split this paragraph into firstly issues describing barriers and facilitators of CPG implementation and secondly development of accurate self perception.

Background:

line 79: clinical practice guidelines - need abbreviation after this as you use the abbreviation from here onwards.

line 88: a study of Rutten should be 'a study by Rutten'

line 90: should read 'overestimate' and 'underestimate'

line 108: 'is' should read 'its effectiveness'

line 114: should read 'mutually'

line 127: should read 'determined'

Method:

The peer assessment program: given that you are unpacking elements of a previously delivered program (the RCT), suggest condensing this section more fully.

Box 1 is confusing as it refers to previously published RCT. Need to be more explicit that this content refers to the previous manuscript, not this one (suggest in the title of Box 1 make this explicit)

- need also to include reference for 'Self Reflection and Insight Scale' in this Box.

The interview guide describes selection of a subset of participants based on average and deviant ranking results. Q3 of the interview guide asks interviewees to expand on 'task X, Y and Z to have the strongest learning value'. Why would you not also explore which elements had the least learning value?. How can we be confident that this sample represents the breadth of learning outcomes?

Results:

line 237: should read 'were' not 'was'

line 257: should read 'firstly' not 'first'

line 258: should read 'secondly' not 'second'

line 368: should read 'lose' not 'loose'

line 410: should read 'was perceived as difficult'
Discussion:
Again, suggest making it more explicit in the first paragraph (not the second) that the study outcomes are tied to a previously published RCT. Overall, the discussion could be condensed as it is too longwinded.
Interestingly you barely touch on the body of literature relating to the use of simulation as a tool in undergraduate health professional training programs. This should be considered as there are significant parallels between your program and simulation activities (low fidelity) delivered to students - eg the concept of simulation providing a psychological safe area of practice, where mistakes are not critical
line 491: remove 'of'
line 493: should read 'firstly' not 'first'
line 502: should read 'secondly' not 'second'
line 502: should read 'stressful' not 'stressing'
line 508: should read 'thirdly' not 'third'

Conclusion:
I struggled to understand the first very long sentence. Please rewrite into 2 or even 3 shorter segments.
line 526: should read 'the critical success of peer assessment can be attributed to...'

List of abbreviations
repeated lines 546-549 and again 567-570

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:
I declare that I have no competing interests