Author's response to reviews

Title: PROTOCOL: Development, implementation and evaluation of a clinical research engagement and leadership capacity building program in a large Australian health care service

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Author's response to reviews: see over
Monday 31st August 2015

Dear Dr Partridge,

Thank you for considering our manuscript and for providing peer review. Please find herewith resubmission of our manuscript for consideration along with our responses to peer review below.

We hope that you will consider this revised protocol favorably for publication in Medical Education.

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RESPONSES TO PEER REVIEW

REVIEW BY TREVOR LAMBERT ON 17 JUNE 2015

PROTOCOL: Development, implementation and evaluation of a clinical research and leadership capacity building program as a knowledge translation initiative across an Australian health care service. Marie L Misso, Dragan Ilic, Terry P Haines, Alison M Hutchinson, Christine E East and Helena J Teede

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<tr>
<th>Peer reviewer comment</th>
<th>Our response to the comment</th>
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<tr>
<td>Thank you very much for your valuable observations and comments to improve our manuscript.</td>
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<td>The proposal describes a project to bring the benefits of clinical research closer to everyday clinical practice. This is a laudable aim and the proposal contains details of a multi-step approach involving needs assessment, development of educational strategies, implementation of the strategies, evaluation and feedback.</td>
<td>We have reworded the protocol to provide a more practical description of the program with minimal jargon.</td>
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<td>I found it a difficult read because there was in some places use of non-obvious jargon. Initiatives, push and pull factors, knowledge translation, synthesised evidence and similar phrases abound. It was hard for this reader to see the wood for the linguistic trees.</td>
<td>We have added a sentence to clarify this on page 6, line 12-14. We have clarified the aim statement on page 6, line 6 and elaborated on the measures of effectiveness (success or failure) in the abstract methods on page 3 and in the methods on page 16, line 14-25. We have reiterated these concepts in the discussion on page 18, line 4-15.</td>
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<td>This doesn’t particularly matter if the proposal is intended for the specialist reader, except that it does make it difficult to discern a research hypothesis and in particular how one would recognise success or failure in terms of meeting the objectives of the initiative.</td>
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<td>I felt that the proposal lacked a very clear definition of what the problem was that it was designed to solve, and how you would know that it had been successful in solving it.</td>
<td>We have clarified the problem and reason for the program in the abstract background on page 3 and in the background on page 8, line 9-12. We would also like to draw attention to the lack of empirical evidence on the most effective way to enable health professionals to lead clinically relevant research that we have described in the background section. As mentioned above, we have clarified the aim statement on page 6,</td>
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I found it hard therefore to answer to my satisfaction the question posed by the review process “Will the study design adequately test the hypothesis?”

We hope that the clarifications that we have made through the protocol make it clear that the hypothesis is that the program will enable, enhance and support a sustainable culture of health professional-led research and evidence-based practice across all levels of the healthcare setting and that it will be tested through measuring outcomes according to the research capacity building framework to determine if the program is suitable to achieve the hypothesis.

In particular, the scope seemed to hover between national and local, with a wide ranging literature review but a focus on local needs assessments, and

The wide ranging systematic review is intended to inform the development of the program in terms of strategies and content where appropriately aligned with the local needs assessment. It also allows us to position our work in the International context and ensure that we are not reinventing the wheel but rather adapting to the local context where possible. The local needs assessment will provide further definition about the content of the education elements and the required support strategies.

I was left wondering about the generalisability of results from the project, and indeed whether the aim was to promote a stronger appreciation of local research findings in local clinical practice, or whether something of wider relevance was intended.

Indeed the initial aim is to promote the value of local, in-house clinical research in local practice to develop, implement and evaluate the program. The subsequent step is to scale this up. Hence, the intent is to ensure the education and support in research capacity building will be generalizable at any level, whether national or international. Please also see the comments immediately above.

Perhaps around page 7 (the last part of the Background section) would be the place to explain in very clear English a) what the problem is b) what form, in general terms, the proposed solution

We have amended a paragraph according to this on page 8, line 7-14.
would be c) in general terms, how you would assess success.

A case study / example of a specific area which might benefit from better integration of research knowledge with current practice would help (maybe presented as a Box). I think a specific example would help the reader to appreciate how an intervention might be achieved in practice.

A scenario has been provided to demonstrate the benefit of enabling health professionals to lead and conduct research.

I’m also asked as a reviewer whether there are sufficient details provided to allow replication of the work or comparison with related analyses. Well, there is such detail, with the proviso that (perhaps necessarily) there isn’t very much detail about aspects of the study – for example, content of questionnaires yet to be designed.

We appreciate that it has been recognised that some of the steps and required detail is dependent on preceding steps. We have clarified where this is the case in the methods.

Standards for reporting, and the figures presented, are fine (this is also asked of the reviewer).

Finally, the reviewer is asked whether the writing is acceptable. As I mentioned above, I did find parts of the protocol difficult to read and understand. It would, I think, benefit from being read and commented on by non-specialist readers. I am sure having read through it several times that it describes a valuable project: but as written the proposal is difficult, in my opinion, for the general reader to assimilate quickly.

We hope we have addressed this suitably.