Author's response to reviews

Title: Improved quality and more attractive work by applying EBM in disability evaluations: a qualitative survey.

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Author's response to reviews: see over
Reviewer’s report

**Title:** Improved quality and more attractive work by applying EBM in disability evaluations: a qualitative survey.

**Version:** 1  
**Date:** 5 June 2014  
**Reviewer:** Ivar S Kristiansen  
**Reviewer’s report:**

1. The authors do not define EBM. This term is used by so many people in so many contexts that it is not easy to know what people are talking about. Because no definition is presented and the authors do not discuss the concept of EBM, the starting point of the study is unclear.

2. The authors seem to lack a critical look at their own study topic, and the paper leaves the impression that the authors are on a “EBM missionary trip”.

3. The conclusions seem weak and loose.

**Reply:** we have clarified what is meant by EBM in this context, and added some extra information in the introduction. (introduction: Within the field of disability evaluations EBM, the systematically finding appraising , and using up-to-date research findings to support decision making, has been advocated in several studies [6-8].) We do not agree with the reviewers comments that we are on a “EBM missionary trip”. If the reviewer means that we think that EBM is one of the tools available to physicians to work in an evidence based manner, we fully agree. Given the fact that this is a qualitative study about experiences by physicians we think our conclusions are clear.

Reviewer’s report

**Title:** Improved quality and more attractive work by applying EBM in disability evaluations: a qualitative survey.  
**Version:** 1  
**Date:** 10 July 2014  
**Reviewer:** Anne-Marie Bergh  
**Reviewer’s report:**

See attachment  
**Level of Interest:** An article of importance in its field  
**Quality of written English:** Needs some language corrections before being published  
**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
Title: Improved quality and more attractive work by applying EBM in disability evaluations: a qualitative survey

REVIEWER COMMENTS

This paper discusses the opinions and experiences of physicians conducting disability evaluations for an institute involved in employee benefit schemes. The physicians, who had been part of an EBM training intervention of 6 months, participated in group discussions at the end of the training. The discussions focused on how participants saw themselves in 6 months’ time in terms of practising EBM and what would be needed to achieve these goals. This paper addresses the issue of what is needed for training participants to translate their newly acquired knowledge and skills into practice, and moreover what would be needed to support physicians to sustain their ‘EBM behaviour’. Long-term training outcomes in terms of patient benefits and physician behaviour change are seldom evaluated. This study points in that direction.

Parts of the manuscript could benefit the reader if they are revised.

Major revisions

1. The title and abstract need revision if some of the suggestions below are accepted.

Reply: OK we have restructured the abstracted following the suggestions below.

Introduction

2. I found it difficult to follow the Introduction and would have liked to see more on other studies that have been published. What did they evaluate and what were the results? In the second paragraph on page 3 I picked up four different aspects combined in one paragraph (with further reference to the aim of the study in the next paragraph):

- Sentence 1: The bigger study reported on by the authors in other publications
- Sentence 2: Methods or aim of (sub-)study reported on in this manuscript
- Sentence 3: Aim of study
- Sentence 4: Report on another study evaluating an EBM intervention

The following is a suggested sequence of paragraphs for the presentation of information that may be helpful for the reader:

- Introductory paragraph
- More information on the bigger study (by the authors) and its findings.
- New paragraph with more information on other studies and what they evaluated and how.
- What makes the current study different from the others? Aim of current study and central question.

Reply: we thank the reviewer for his/her insightful comments and have changed the structure and content of the introduction as suggested, including more information on the bigger study and other edits as can be seen in the introduction.
3. Alignment of the aims, central question, discussion questions and the presentation of results

The aims of the study are dispersed across two paragraphs. I tried to figure out what the focus of the study was by underlining pertinent words in the two paragraphs and compared those with the two questions that were posed to participants in the discussion sessions.

Paragraph 2 (p 3): At the end of this program, we evaluated whether the participating physicians could picture themselves as being active EBM practitioners in the future, exploring the perceived motivators and preconditions to support us in the promotion of a more evidence-based disability evaluation practice in the Netherlands. We were also curious to know whether their answers and perceptions would shed light on what aspects our future training and implementation efforts could be improved.

Paragraph 3 (pp 3-4): Given these differences in tasks, we wanted to study if the themes mentioned above are similar for physicians performing disability evaluations after participating in an EBM course [6,8]. In this survey, nested in an RCT, we wanted to explore experiences and opinions regarding EBM practice in disability evaluation, by physicians who participated in a comprehensive formal education in EBM. This group of physicians was not only aware of the theoretical possibilities of EBM, but also had time to experience opportunities and problems in practice. The central question in this study is: which opinions do these physicians have on motivators and preconditions promoting or hindering implementation of EBM in clinical practice?

Paragraph 3 (p 5): Group interviews using focus group methodology were used to discuss opinions and experiences regarding EBM. … “How would I like to see myself as a physician practicing EBM in six months time?” and “What do I need to realize this?”

To me is seems as if the aims followed a particular ‘sequence’ (also if compared to the personal action plan that participants had to complete):
- Their own future as EBM practitioner
- Factors that may promote or hinder their future efforts to implement EBM in their own clinical practice
- How the physicians’ experiences and perceptions did/could inform future training in EBM for disability evaluation and other efforts to implement EBM

Reply: we agree with the reviewer that the introduction was not well structured. We have revised the introduction and put emphasis on the main aim of this study and which has been described/answered in the introduction, results and conclusion: “which opinions do these physicians doing disability evaluation have on motivators and preconditions promoting or hindering implementation of EBM in daily practice”? We feel that this aim has been adequately addressed throughout the paper.

Results

1. Page 7, par 2, sentence 1: This sentence looks as if it rather belongs to the Discussion section.
Reply: We agree that it should be clear that only results should be included here. Donabedian’s scheme was judged helpful to organize the comments within this topic put forward by the physicians.

In the light of my comments above about the alignment of the aims, central question and discussion questions I would like to suggest a different way of presenting the results that are more directly aligned with the study aims (although it is acknowledged that findings could be presented in different ways).

1 I have discomfort with the use of the verb “evaluated” in conjunction with the verb “explore”
EBM entails that physicians “keep up to date”

(1) Quality effects of keeping up to date (at the time of the discussions – the ‘now’, physician experiences)
   • Organisational service
   • Personal (better decisions, job satisfaction, work more attractive)
   • Colleagues (appreciation, consultation and collaboration)
   • Clients

(2) What would be needed to continue practicing EBM? (the future)
   • Sufficient personal motivation and professional competence
   • Sufficient support -Easier access to EBM resources -Management and organisational support (including time and way of reporting)

Reply: thank the reviewer for his suggestions. We prefer to keep our own structure and feel the above has been addressed, albeit in a different way, in our results.

6. Methods

Were the written action plans of the physicians used as a data source or not? Also give a reason why (or why not).

Reply: These action plans were used by the participants in order to feed the discussion. They were not used themselves. We wanted to explore the discussion about these plans among participants, not the plans themselves which were often very specific to a particular situation.

7. Discussion

If the Discussion section follows the structure of the aims more closely (ending with the strengths and limitations) it may be easier for the reader to appreciate the argumentation.

Reply: we agree and have changed the discussion by changing the order of the discussion, putting strengths and limitations at the end.

Editorial matters
I am not that familiar with the house style of the journal, but noticed the following:

8. Use of the present and past tense

Most of the results are reported in the present tense. Because the findings of qualitative studies are not generalizable to the population, having findings in the present tense gives the impression of a generalisation, whereas the results report on things that have been said in the past.

*Reply: we follow the structure and reporting of the present tense as we and others have done in similar publications. We prefer to keep it as it is.*

9. Verbatim quotations

It was difficult to read the text because all quotations were presented as part of a paragraph. I am familiar with the rule of thumb that if a direct quotations in more than 40 words, it is presented as an indented paragraph and if a direct quotation is interwoven in normal text paragraphs it forms part of a sentence.

Moving the transcript reference for a quotation to the end of a quotation will enhance the reading flow. This is the convention I found in a few other published articles in this journal.

*Reply: OK we have edited the paragraphs to enable better reading.*

Although I understand the rationale for using “...” at the beginning of some of the direct quotations and “... ...” in the middle of quotations, these dots break the reading flow too much. I suggest that “...” is only used in the middle of quotations and that the dots at the beginning and end of quotations be taken out. The sentence starting with the quotation gets a capital letter, unless it is only a phrase and not a sentence.

*Reply: OK we have changed the quotations as suggested by the reviewer.*

10. References

References are not in the house style of the journal.

*Reply: OK we have changed the style of the references in line with the Journal*

Minor essential revisions

1 Title page, author affiliations line 3: Inconsistent use of capitals and lower case for the name of the group: “Cochrane Occupational Safety and Health Review Group”

*Reply: OK we changed this*

2 Some paragraphs are very long and could be split

*Reply: OK, we have split several long paragraphs as can be seen from the text.*

3 Page 3, lines 2-4 ( & page 5, line 4): “evidence-based medicine” and “continuous medical education” are normally not spelled with capitals, even though their acronyms are in capitals
Reply: OK we changed this
4 Page 3, line 13 (par 2): Shuval publication has multiple authors (e.g. Shuval and colleagues, Shuval et al)

Reply: OK we changed this
5 Page 3, 4 line from the bottom: “nested in an RCT” – remove, as it is discussed in the Methods section

Reply: OK we changed this
6 Page 5, par 2: The first sentence is not clear

Reply: OK we changed this
7 Page 5, line 25 (last par): “six months time” – there should be an apostrophe after “months”: “six months’ time”

Reply: OK we changed this
8 Page 6, line 2: Who took the notes?

Reply: one participant in each group took notes - we added this in the text.
9 Page 6, paragraph 2: Were the plenary sessions only audio-recorded or were notes also taken?

Reply: the audio recordings were used for the analyses
10 Page 6, lines 9-11 (par 3): The first part of this paragraph up to “(SMK)” fits better with the previous two paragraphs where the recording of the sessions is discussed (e.g. together with notes taken)

Reply: we agree, we shortened the text as well.

11 Page 6, lines 14-18 (par 4): Give a reference for axial, open and selective coding

Reply: we have no reference as we included input from several courses, which is why we have explained what we mean with each term.

12 Page 6, last line: Spelling error “qualitative”

Reply: OK we changed this

13 Page 7, line 4: “a” should become “an” – “in an evidence-based way”

Reply: OK we changed this

14 Page 10, line 7: singular-plural incongruence – the following correction suggested: “…learning process of the physicians is encouraged and their understanding is enriched,…”

Reply: OK we changed this

15 Pages 11 and 13: headings 3 and 3.3 have periods at the end

Reply: OK we changed this

16 Page 13, last sentence before 3.3 looks as if it belongs to the Discussion.
Reply: we agree, it should not be mentioned here, it's a bit overdone so we removed it.

17 Page 16, 3 last line: “We think” sounds a bit awkward when there is also a reference to another publication. One could use a conditional verb in the sentence, e.g. ”When physicians are able to raise the level of medical content of their profession by using the medical literature, it could enhance their job satisfaction [12].”

Reply: we agree, compliments to the reviewer (!). We have changed this according to the reviewer’s suggestion.

18 Page 17, line 16: “We think” could be deleted and the sentence will still have the same meaning.

Reply: OK we changed this

19 Page 17, last sentence not very clear – suggestion for change: “Similar facilities set up for general practitioners in the UK and the Netherlands have been evaluated positively [17,18].”

Reply: we agree. We have changed this according to the reviewer’s suggestion.