Reviewer's report

Title: Implementation of a cystic fibrosis lung transplant referral patient decision aid in routine clinical practice: An observational study

Version: 1 Date: 20 August 2014

Reviewer: Angela Buchholz

Reviewer's report:

The manuscript entitled “Implementation of a cystic fibrosis lung transplant referral patient decision aid in routine clinical practice: An observational study” is a well written and clearly structured manuscript addressing the important topic of how to promote uptake and sustainability of Decision Aids (DA) in routine practice, which I recommend for publication. The authors report on an observational study surveying the implementation process of a DA in Canada. I only have a number of minor essential revisions.

Minor Essential Revisions

1. The reporting concerning the barriers survey (page 6) is a little bit confusing. The authors write that the questionnaire has been validated using PCA (implying some sort of sum scores or otherwise dimensional outcome reporting), but the questionnaire seems to be analysed item-wise, in addition the 5 response categories have been collapsed into 3. It is also not clear from the methods section, how many items the questionnaire actually contains. It would be helpful for understanding when information regarding the amount of items and the interpretation and reporting of the questionnaire would be added to the methods section.

2. It would be interesting to add more information about barriers on the organizational level (and the interaction of personal and organizational barriers. If the information is not available, it should be mentioned as limitation that personal and organizational barriers cannot be analyzed and interpreted separately.

3. The authors provide reasons of those 2 clinics who fully declined to participate in the study, but they do not report reasons for the remaining 3 clinics who did not participate but provided data on the DA uptake. In my opinion, it would be interesting to present their reasons too (or add this to the study limitations if the information is not available).

4. The evaluation of the workshop is not described in the methods section but in the results. Please add a short description to the methods section.

5. As for the knowledge test after the workshop: was there a pre-test? Does a median score of 7 mean a good, average or low achievement of the WS goals? How are pre-post differences?

6. 31 health professionals (HP) participated initially in the study. However, a flow chart or something would be very helpful to understand and interpret the results:
a. From which clinics were the participating HPs (E.g., were there Clinics who planned to participate in the study but did not engage HPs to take part in the intervention?)

b. How large are the clinics, i.e. how many CF physicians and nurse coordinators build the basic population? Without this information it is hard to judge whether 31 is a good or bad response and also, whether there are differences in response rate between the participating clinics

c. Were there also HPs who participated in more than one intervention, i.e. conference calls AND the workshop? How many HPs completed the survey but did not participate in an intervention?

7. If the response rate of HPs is low (what cannot be judged at the moment), this should be added as limitation.

8. What about the 2 nurses following the online tutorial? If the authors felt that the sample size is too small to report on results, this should be mentioned in the result section.

Discretionary Revisions

1. With a sample size of N = 12 workshop attendees it would be more suitable to use absolute numbers instead of percentages (or both, numbers and percentages). The evaluation measure of the workshop should be mentioned in the method section if it is part of the results presented

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**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.