Author’s response to reviews

Title: Implementing cardiovascular disease prevention guidelines to translate evidence-based medicine and shared decision making into general practice: Theory-based intervention development, qualitative piloting and quantitative feasibility

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Author’s response to reviews:

Dear Dr Presseau,

Thank you for the opportunity to revise and resubmit this paper again. We have revised the manuscript in response to the helpful comments of the editor and reviewers, including:
1. Clarifying the absence of formal qualitative analysis in stage 2
2. Clarifying the average 8.4/10 rating in Stage 3 results

We have addressed each point below in further detail and hope you will find it suitable for publication in Implementation Science.

Kind regards,

Carissa Bonner on behalf of all authors

Reviewer reports:

Reviewer #1: The authors' revisions have improved the manuscript considerably. I was particularly excited about their distinction between implementation and de-implementation behaviours, which is (as highlighted) the key contribution to the broader literature. I have one outstanding concern which can be easily addressed by the authors without an additional round of review:
Page 9, Stage 2 methods: The author still have not provided sufficient detail on the approach to qualitative analysis. It appears from the description provided that there may not have been a qualitative analysis (this should not be interpreted as a weakness, but I want to ensure the methods are not being misrepresented). Taking field notes is a valid method of qualitative data collection (not data analyses). Further, the summary of each group discussion is also source of qualitative data. My interpretation from what is provided is that the authors have simply reported the outcomes of those discussions versus truly analyzing that data. This interpretation is supported by the fact that the authors have presented minimal results for Stage 2 and that they state in the limitations second that no formal thematic analysis was conducted). If this is correct, please revise the methods for Stage 2 to be clear that this was a co-design process only, for which you are reporting the outcome (versus a co-design with an associated qualitative analysis). If in fact the authors did conduct a qualitative analysis, they need to report who analyzed the data, what analytic approach was used (i.e., qualitative description, thematic analysis, content analysis), and the strategies employed to ensure reliability and validity. More detailed qualitative results should also be reported in this case.

RESPONSE: Thank you for your comment. Stage two methods have been revised considering the above feedback:

“Qualitative data were obtained via field notes to document any suggested changes or problems identified by users as part of the co-design process, with audio recordings used to clarify field notes if needed. A summary of each group discussion was written, and this document was scanned to identify changes to be made for the next website version. No formal qualitative analyses were conducted.” (p. 7)

Page 14, line 22- an average 8.4/10 rating for what? Satisfaction? Usability?

RESPONSE: Stage 3 Methods described the rating as: “an overall acceptability rating out of 10”. Stage 3 results have been amended to: “with an average 8.4/10 overall acceptability rating” (p. 11).

Considerations for the author:

The introduction could be further edited to make it more concise (simply changing several sentences from the passive voice to the active voice would achieve this).

RESPONSE: We have shortened long sentences and used more active language to address this, throughout the introduction (p. 4).

Reviewer #2:
Thank you to the authors for the clear, concise and comprehensive responses to reviewer comments. In my view the authors have sufficiently responded. The substantial revision to figure 3 was especially
helpful for clarity. I agree with the revisions made.

RESPONSE: Thank you for your commentary in helping this manuscript develop into a more publishable state.