Reviewer's report

Title: Implementation of a behavioural medicine approach in physiotherapy: a process evaluation of facilitation methods

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Reviewer: Bev Holmes

Reviewer's report:

Thank you for the opportunity to review this well-written paper, which deals with the important topic of sustainability of implementations. I am impressed with the theoretical approach and the framework employed, and the way the study builds on previous work. This is a potentially fruitful area of study given that physiotherapists are "their own bosses" and supervisor or employer expectations and control - normally a major factor in implementation - are not a factor here.

It's clear from the paper that a lot of solid work has been done on this project. As I read, though, I found myself wanting more information I considered key to understanding the impact and implications of the work and its contribution to the literature. Please see related comments below:

* If I am understanding things right, a previous study showed that initial uptake of the intervention was good but that behaviour change wasn't sustained - and that therefore this project studied another implementation of the same intervention to determine what about it might have factored into lack of sustainment. Further, that the current project studies only the implementation over six months. If that is correct, how confident are you that the behavior change related to this particular study would not have been sustained, and that the same factors are at play as were in the first study? I'm not understanding why you didn't also check this one at three and six months post-implementation. Further, because there is no information about the interview questions, it is hard to tell what the participants in this study might have had to say about whether they would sustain the behaviour change. Were they asked their opinions at all about sustaining interventions? For example on page 19, you say "When the implementation intervention ended, the physiotherapists still perceived a need for time management support to maintain the new behaviour." This was helpful as it became clearer that you seemed to be asking them about sustainability, but I'm not sure to what extent the questions were focused on that as opposed to implementation.

* Sustainability of practice change is a key issue and I commend you for tackling it. I think the reader needs to know more about the various timeframes and what it means to have something sustained. It sounds like the implementation (and the study) took place over six months. At what point can it - or anything - be considered "embedded" or "the way we do things now"? And to support getting to that point, how long are the elements of any facilitation event important? In the conclusion you note that "The lack of continued support after the implementation intervention period seemed to be one reason for the failure to maintain the behavioral change over time" (I'm assuming that refers to the previous study). How long does continued support need to be provided?
Related to intrinsic motivation, I found myself wanting more information on what the physiotherapists thought of the behavioural medicine intervention. Were they taking part in the study because they understood the evidence of benefits for patients? Surely belief and commitment would have a huge impact on implementation and sustainability. What case was being made to them about the behavioral medicine intervention as opposed to the implementation intervention? On that note, a little more about the behavioral medicine approach would help...why is it complex to implement in the "real world"? That would help us understand why physiotherapists may or may not undertake it. You do get at some of this on page 8 when you talk about using previously identified determinants for using the BM approach, but I feel the reader needs more. What if the physios didn't like the BM approach itself...did you ask them after? I was interested to read on page 23 that "[in the previous study] The physiotherapists’ self-efficacy alone seemed insufficient to provide the 'tip-over' effect for clinical behavior change to be maintained." To what extent would the intervention itself (in this case, the behavioral medicine approach and its benefits) weigh in here...if it brought about improvements in patient care (and was easier and better for the physiotherapists) would the tip-over be easier?

In the results, the same confusion between implementation and sustainment arises for me. For example on page 12, "the physiotherapists emphasized it was important that the facilitator was able to tailor the..." etc. Were they commenting on the initial implementation or for sustainability? Or both?

It's a bit confusing (necessarily so!) that you have the implementation of a behavioral medicine approach for patients, AND behaviour change related to the physiotherapists. Making the distinctions clear up front would help. An example - I wasn't sure whether you involved the physiotherapists in the behavioral medicine intervention for patients as well as the implementation intervention (I think the latter is a strength of the study - did you discuss and explore the results afterwards with the same group?).

It would be helpful to understand what "some" and "most" mean in terms of the study population, and if there were differences that could be important. For example did physiotherapists who had colleagues also involved rate things differently from those who were doing this on their own?

It would also be helpful to hear you say more about the important differences between context (e.g., high work load) and facilitation methods; I would think the former would have a huge impact on sustainability of an intervention (not to mention initial implementation).

I'm wondering if some of my questions - and the answers - have something to do with the fact that this is "part of a quasi-experimental trial" (page 5, line 55)? For example are there parts of that study that need to be better explained for a full understanding of this study (e.g., did the physiotherapists involved in this study know about the behavioral medicine intervention in general). Again, I commend you for tackling an important area of study - sustainability of interventions - and hope that my comments suggest what might make the paper stronger.
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