

## **Reviewer's report**

**Title:** A Description of a Knowledge Broker Role Implemented as Part of a Randomized Controlled Trial Evaluating Three Knowledge Translation Strategies

**Version:** 1 **Date:** 19 October 2008

**Reviewer:** Joanne Profetto-McGrath

### **Reviewer's report:**

#### General Comments:

This is an interesting, well-written article and provides an important contribution to better understand the role of Knowledge Brokers in Knowledge Translation and Evidence Informed Decision Making. There is no doubt that this paper should be published. The authors provide a good summary in the background section relative to knowledge brokers and point to the paucity of literature in the health care literature re their impact which reinforces the importance of this work. My criticisms are minimal in scope but are important nonetheless and I hope that the authors find them useful in improving their paper. Thank you for the opportunity to review this paper!!

Major Compulsory Revisions (author must respond to them before a decision on publication can be reached. Eg., additional necessary experiments or controls, statistical mistakes, errors in interpretation.)

I don't have any revisions for this category.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

I HAVE SEVERAL SUGGESTED REVISIONS THAT I TRUST THE AUTHORS WILL SERIOUSLY CONSIDER.

Page 7: In the second paragraph the authors indicated that there was one decision maker from each participating local or regional PHD, but later in the paper there is reference to whole groups. This difference is confusing to the reader and may be useful to include information as to how many organizations # public health departments # decision makers. Perhaps a figure might help to visually illustrate this.

In the last sentence of the paragraph under methods, the authors make a statement that requires support from the literature.

Page 9: The authors refer to a "one day long regional workshop" leading this reviewer to think that there was only one of these during the duration of the study, yet later in the paper (p. 14 & p. 13) the authors workshops suggesting more than one workshop. Whether there was one regional workshop overall or the same workshop in several regions needs to be clarified.

Page 9: The authors state that “Twenty percent of KB time was spent facilitating knowledge and skills....” This statement indicates that there both qualitative and quantitative data analysis were completed to determine both what and how much the KB did. I wonder if it would be helpful for readers to know how these were arrived at.

Page 10: An assessment tool was developed and used to identify strengths, knowledge and capacity for EIDM. The development of this tool was guided by Dobbins’ framework and a tool by CHSRF. If space permits I think it would be helpful to describe the tool to some extent. I would also suggest restructuring this page to clearly reflect the three areas of assessment - individual, organizational and context or environmental levels.

On this same page the authors indicate that “the initial assessments were repeated periodically throughout the one year intervention.” My question - What criteria, if any, did the KB use in deciding when to repeat these?

Page 15 – The term client is used in the subtitle. This is the first time this term is used and I am not clear whether it is used to refer to participants? Please clarify.

#### Quality of written English

Comments: There are some areas in the paper where rewording would enhance conciseness and clarity of the material. The sections of the paper are pasted below according to their location in the paper with the changes CAPITALIZED for ease of recognition.

Page 5:

A key attribute of the KBs IS THEIR skill in the interpretation and application of research.

Page 12:

...the tailored messages sent to participants in both the tailored messages and KB INTERVENTION groups OF THE RCT. The KB was responsible for disseminating these summaries ELECTRONICALLY AS WELL AS IN HARDCOPY to participants in the KB group, along with other relevant evidence as needed or requested. The KB also sent THE FULL TEXT ARTICLES OF THE SYSTEMATIC REVIEWS TO THOSE IN THE KB INTERVENTION GROUP.

THE KB ALSO OFFERED a site visit to each public health department in the KB group. The purpose of the site visit was for the KB to build a trusting relationship with the health department, as well as to learn more about the local context...

Page 13:

...In many cases, the KB participated in team program planning sessions and assisted WITH the interpretation of evidence from the tailored messages and its incorporation into local program plans. As well THE KB CONDUCTED TRAINING SESSIONS IN MANY HEALTH DEPARTMENTS to assist participants and their colleagues in developing their capacity as critical

consumers of information.

Discretionary Revisions (recommendations for improvement that the author can choose to ignore)

I don't have any.

**Level of interest:** An article of outstanding merit and interest 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.