

Reviewer's report

Title: Critical success factors and barriers associated with implementation of decision support after a training workshop: a retrospective qualitative analysis

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Reviewer: Elizabeth Murray

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General

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This paper reports the results of semi-structured interviews with 20 people who had been trained in Consultation Planning (CP), and 6 physicians who had seen patients that had undergone CP.

Introduction.

There appears to be some confusion in the introduction to this paper. The authors start by referring to literature on decision aids, but refer to them as decision support interventions. This may seem like a semantic quibble, but is important. The Cochrane systematic review referred to reviewed decision aids, and defined decision aids as: "interventions designed to help people make specific and deliberative choices among options (including the status quo) by providing (at the minimum) information on the options and outcomes relevant to a person's health status." The Consultation Planning intervention referred to in this paper does not fulfill this definition. The description of the CP suggests it is an intervention that aims to ensure patient goals are met, and patients enabled to play an active role in consultations with their doctor.

Much of the introduction is used to describe the CP process and training. I think it would be better to have a shorter introduction, which laid out a) the rationale for CP; b) "what do we know already" (i.e. the literature on CP and related interventions); c) what is not known and why we want to know it. The description of CP and the training is important – it could be presented as a box, or as part of the Introduction.

Aim of the study.

The aims of the study need to be clarified. It would be helpful to see them presented in the standard format, with an overall aim and subsidiary objectives. This would help with the subsequent presentation of the methods and results. Judging from the title, the overall aim appears to have been to explore barriers and facilitators to successful implementation of CP after training. The subsidiary objectives appear to be related to:

- a) describing the implementation of CP in various health settings following training;
- b) determining trainee perspectives on barriers and facilitators to implementation of CP;
- c) exploring trainee perspectives of the strengths and weaknesses of CP;
- d) exploring physician perspectives of the strengths and weaknesses of CP.

Methods.

The methods section is inadequate. I wonder if the authors have read the major texts on qualitative research, and understand how to present their work so that the reader can assess whether the chosen methodology was appropriately carried out. As a guide, I suggest they divide the methods section with sub-headings. These should include: a) sample; b) recruitment; c) development of the interview schedule (how done, how piloted, whether amended after piloting); d) how the interviews were carried out (who by, whether recorded and transcribed, use of field notes); e) analysis. The section on analysis is particularly troubling. The authors have not used grounded theory, as there is no attempt to build theory from these data. At best, they have used a thematic analysis. The reader needs to know who was involved in analysis, how the coding was done, and by whom, whether it was done contemporaneously with data collection (and if not, why not), how they searched for deviant cases and deviant data. Without this information, the reader cannot judge the trustworthiness of the analysis.

In terms of sample, this would be a good place to describe the two types of organizations – clinics and resource centres. What is a resource centre? Why were patients attending these centres?

The interview schedule is certainly not appropriate for interviews that are going to be analysed with grounded theory. Grounded theory requires a more open style of interviewing. The interview schedule reads

as a semi-structured interview, which fits with the use of a thematic analysis.

Results.

At present, the results read very much like a quantitative report. The characteristics of the respondents are adequately described, except for the omission of data on time since training.

The main qualitative results start with section 1.3. The results appear under-analysed and highly descriptive. The authors also make the mistake of treating the data in a semi-quantitative way – the important feature is not how many trainees report a particular issue, but how important underlying themes and concepts emerge from the data.

Discussion.

The confusion between quantitative and qualitative methodology persists in the discussion. The main finding is not that 13 out of 20 trainees implemented CP. The main findings are identification of factors associated with implementation of CP, according to the perspective of trainees.

The discussion should be restructured in line with standard practice:

- a) main findings
- b) how this fits in with, and develops, previous literature
- c) methodological strengths and weaknesses
- d) implications for practice, research and policy.

The section on limitations reinforces the impression that the authors are not familiar with qualitative methodology. The main limitation is not the number of interviews carried out. There are many limitations (see e.g. comments on methods section above) which need addressing.

References.

The references are notably lacking references describing qualitative research. I suggest the authors read the seminal texts on qualitative methodology. This will help them rewrite the paper, making the most of the data they have obtained.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

The paper needs rewriting in line with the comments given above. The aims and objectives need clarification, the methods section needs considerable elaboration, the results are under-analysed at present and largely descriptive. The discussion needs rewriting, and references should include reference to texts on qualitative methodology.

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

Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.