

## **Reviewer's report**

**Title:** Training of family medicine and internal medicine residents in the US in implementing clinical practice guidelines: a survey study

**Version:** 1 **Date:** 29 December 2008

**Reviewer:** David Aron

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

This paper addresses the issue of teaching about clinical practice guidelines in internal medicine and family medicine residency training programs. This is an important issue, but I have serious concerns about the validity of many of the inferences, in part because of the deficiencies of the questionnaire, and in part related to the population surveyed.

1. the questionnaire appears to assess only the degree to which teaching practice guidelines occurs independent of anything else. (this is not a particularly interesting question.). Moreover, there appears to be an assumption that such teaching occurs only independent of patient care. (this is not stated explicitly, but the survey is inadequate both in terms of its questions and target population to address the degree to which teaching about guidelines occurs in association with patient care.) My experience as both a preceptor in general medicine and in my specialty tells me that that teaching about guidelines routinely takes place in concert with the care of individual patients. I have never seen a program director observe my teaching. How would they know the extent to which i refer to practice guidelines?
2. 5-7% cited lack of access to guidelines as a barrier. One wonders how this can be true for ANY residency program in the United States unless it means something rather narrow, e.g., guideline based decision support. However, there is no way to tell from the questionnaire.
3. too much is made of statistical significance concerning differences that are both small and possibly meaningless, e.g., OR of 1.05, 0.99, etc.
4. The reference for the ineffectiveness of didactics relates to continuing medical education. is there a similar one for residency education? what if the topic relates directly to the residents' patients?
5. the controversies surrounding guidelines are not addressed at all, e.g., conflicts of interest from professional societies, bigPharma, etc.

**Level of interest:** Reject as not of sufficient priority to merit publishing in this journal

**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.