

## Reviewer's report

**Title:** Is the involvement of opinion leaders in the implementation of research findings a feasible strategy?

**Version:** 1 **Date:** 19 November 2005

**Reviewer:** Cathy Borbas

### Reviewer's report:

#### General comments

Since I consider all of the authors expert in this area, I am somewhat hesitant to comment. However I will offer my experience from the field. Overall, I think getting these tools into routine use would be an enormous contribution. Most of what I see in grant proposals and in the field are designated or self designated leaders. Thus the informal nature of this leadership is lost and therefore no theory to support these interventions. I think this may contribute to the low success rates of many projects. Therefore, finding a gold standard instrument and increasing its use would be quite a contribution.

The findings generally go in the direction I would have suspected. The best opinion leader identification is found when the surveyed groups and conditions under study are minimally generic and very, very specific. Informally we have found that these leaders also have the best coverage. When asked about Bronciolitis, we found general practice Pediatricians could not only identify general practice opinion leaders but called us and could not understand the questions on the form! When they did answer it, they nominated specialists. When we presented the results, the general pediatricians didn't agree with the specialists' guidelines!

Can't comment on some categories of physicians since they don't seem to quite correspond to American physician groupings. For example, what is a junior hospital doctor?

What is the literature supporting your nursing ideas? I have never seen a nursing opinion leader study.

Your response rate seems very good compared to most current survey data studies. It might be improved by having the cover letter come from a physician or someone else than the study members.

Regarding of the coverage rate, we have found that the coverage only extends to the specific specialty group of the opinion leader. In our recent TRIPP 11 stroke grant, we used Hiss and identified only Neurologists and asked them to identify internal medicine and ER physicians to assist them. This did not work at all There were discontinuities every time the patient was handed over to another specialty As Ann Greer says the opinion leader must "walk in the shoes of his/her group". I have found this to be gospel. If done over I would have used the Hiss to identify ER, Neurologists, IV and family practice opinion leaders and attempt to gain their agreement on the guidelines we were using before beginning the study.

You have a pilot for a wonderful, ambitious study with many excellent questions. I would also be interested in more surgeon comparisons and more specific procedures and surgeon involved. My general experience has been that surgeons around specific procedures were the easiest to identify and have broad coverage. Of course this would be very consist with your findings.

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

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

**What next?:** Accept after discretionary revisions

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

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