

methods and comprehensiveness of databases, HSR can serve a meaningful role in cardiothoracic surgery.

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Commentary: What do you think of health services research and practice guidelines?

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Shemanski and associates¹ wondered how surgeons use evidence from health services research and practice guidelines to inform clinical decision-making. Through interviews and using qualitative research methods,² the authors identified 5 themes and potential variation in surgeon perspectives across age and practice type. These findings led the authors to question whether surgeons routinely use health services research and practice guidelines to inform clinical decisions. The authors plan to test this hypothesis using a survey. Their overall goal is to better disseminate scientific evidence and practice guidelines to inform clinical decision-making.

A strength of their investigation is the diversity of perspectives provided by the study population. The fact that some participants equated administrative database analyses with health services research suggests a poor understanding of a well-established field of scientific inquiry.^{3,4} Others showed a good understanding that science incrementally builds knowledge to improve clinical decisions. Some participants said surgeons sometimes use research findings to bolster preferences and biases. Finally, participants identified



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CENTRAL MESSAGE

A mixed-methods examination of surgeon perceptions of health services research and guidelines will allow us to better leverage our scientific knowledge and clinical acumen to improve patient outcomes.

common and legitimate concerns about trials (eg, feasibility, generalizability) and observational studies (eg, bias). The authors' planned survey may reveal findings that support their presumption of an opportunity to better disseminate scientific results. In addition, the survey may reveal other opportunities, such as increasing scientific literacy, improving the quality of thoracic surgical health services research, overcoming surgeon-level barriers to trial participation (eg, perceived lack of equipoise), and partnering with cognitive psychologists to further investigate how thoracic surgeons integrate scientific evidence into clinical decision-making.

Mixed perceptions about practice guidelines align with findings from another study. In addition to concerns over the timeliness of updates, generalizability of trial results to routine clinical practice, and a suboptimal guideline–user interface, other

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barriers to guideline adoption include the lack of local organizational support from clinical and administrative leadership and limited access to recommended care.⁵ Nearly 2 decades ago, researchers identified facilitators of guideline-adherence, including (1) engaging local stakeholders during national guideline development; (2) dissemination through provider-specific communications and education; (3) implementation with patient-specific reminders, physician prompts, performance feedback, and easy access to reference materials; and (4) accountability for process measures and outcomes in the form of peer pressure, incentives, or sanctions.⁶ Adopting these facilitators may positively influence surgeon perceptions about practice guidelines.

Shemanski and colleagues have made an important contribution advancing our understanding of how thoracic surgeons view and use health service research and practice guidelines in routine clinical practice. They have used qualitative research methods that are less well known to

surgeons but increasingly used by surgeon-scientists to generate new hypotheses.² Through these and other efforts, we will learn how to better leverage our scientific knowledge and clinical acumen to improve patient outcomes, eliminate health inequity, and increase value.

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Commentary: Defining HSR: Health services research or healthy skepticism remains

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Shemanski and colleagues¹ endeavor to understand the underpinnings guideline-discordant care in thoracic oncology by understanding thoracic surgeons' perceptions of administrative database research and application of published guidelines in clinical practice. This qualitative analysis included structured interviews with 27 thoracic surgeons annotated by demographic and practice data that were then analyzed using mixed-methods approaches. The authors identify a few salient

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CENTRAL MESSAGE

Concern exists among thoracic surgeons about the relevance of database research and clinical practice guidelines. More robust methodology would support its incorporation into clinical practice.

themes: surgeons believe that selection bias and lack of detailed clinical data limit the application of results from database research to clinical practice, database research may be best used to generate hypotheses that may then be tested using more rigorous methods, and there are mixed opinions about the utility of clinical guidelines in shaping clinical care. Finally,