

Reviewer's report

Title: Professional centred shared decision making: patient decision aids in practice

Version: 1 **Date:** 16 July 2007

Reviewer: France Legare

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General

Title: Professional centred shared decision making? Patient decision aids in practice

Review:

1. Is the question posed by the authors new and well defined?

Yes, the specific question that is being addressed by this publication is somehow new and well defined (To explore health care practitioner's perceptions and use of patient decision aids (PDAs) in routine clinical practice before PDAs are being introduced in routine clinical practice).

However, the objective of this study is located in the "background" section of the abstract. I would recommend that the authors copy-paste their clearly stated objective at the end of the "introduction" section.

2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work?

This is a qualitative study in which health care practitioners were asked to reflect on PDAs. They were also asked on how PDAs could be implemented in their practice. After a two week period for reflection participants were invited to take part in focus groups to discuss with individuals in charge of this study.

The context/setting is not sufficiently described. I would like the authors to provide more details about the context in which their study took place. Although I understand that the authors have removed all patient/personal identifiers so the participants can not be identified, it would be helpful to have a better understanding of the clinical practice and to some extent of the general socio-political context in which this study was conducted.

In the "methods" section, the authors referred to a "framework approach." I would like the authors to be clear about this approach. I would also like the authors to add their thematic framework in an appendix.

The sampling strategy is not completely described, or is not fully justified. It appears to me that this study might have been included in a larger study of implementation of PDAs in clinical practice. However, this is not clear. I would

like if the authors could be more specific about this. I would also like the authors to give details of the recruitment strategy (e.g. snowball, purposeful, etc.). How many participants were asked to participate and how many accepted? Does the sample include the full range of relevant, possible cases/settings? Did participants sign an informed consent form? Was there an ethic committee approval?

The data collection procedures are not clearly described. In other words, who conducted the focus groups? How many participants attended each focus group?

It is not clear if there were any verification procedures to help establish credibility/trustworthiness of the study (e.g., prolonged engagement in the field, triangulation, peer review or debriefing, negative case analysis, member checks, external audits/inter-rater reliability, etc.) I would like the authors to reflect on this. If no verification procedures were used, this should be discussed in a "limitations of the study results" section.

In summary, the "methods" section needs to be enriched.

3. Are the data sound and well controlled?

I would like the authors to provide some details on the participants. For example, age range, gender, number of years in practice, etc.

I appreciate the fact that the authors provide sufficient representative quotes to support their interpretation and conclusions.

However, there is a tension between the quotes from individuals and the results that are expressed as reflecting the practice level. I would like the authors to explain in more details if they considered their analysis of the verbatim at the group level or at the individual level. For example, I notice that Table 1 presents representative quotes from one group, FG1. In contrast, Table 2 presents representative quotes from multiple groups, FG2, 3 and 5.

It would have been helpful if representative quotes had been presented by main theme. For example, it is not clear if each Table is presenting quotes under one main theme or not. A title for each Table should be used. On the other hand, if each Table does contain specific quotes for one main theme, then perhaps, fewer quotes can be used.

In summary, I believe the "results" section could be improved.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?

Overall, yes.

5. Are the discussion and conclusions well balanced and adequately supported by the data?

The authors wrote: "Several recent studies have sought to address the apparent

lacuna in understanding HCPs views on PDAs in clinical practice [9, 13, 14, 23]. Findings of these studies tend to be conceptualised around ideas of ‘barriers’ and ‘facilitators’ to operationalising SDM [14, 21]. In these views issues of time and lack of applicability for particular consultations are routinely represented as roadblocks to the successful implementation of SDM. We do not dispute the importance of these observations in helping to explain many of the difficulties HCPs associate with introducing PDAs into practice, or in helping develop solutions to some of the practical barriers and the identification of training needs of HCPs. However, the expectation that SDM occurs only within the consultation setting and between GPs and patients limits opportunities for introducing SDM in practice based settings. Moreover, such accounts do not take into consideration variations between institutions and individuals in how SDM is experienced or that SDM language does not in itself guarantee that SDM is being adopted.” I agree with the authors but it is not clear to me how their study addresses the important question of “variations between institutions and individuals in how SDM is experienced...” As mentioned above, the authors should provide a better account on how they have analysed the verbatim: at the group level or at the individual level?

The authors need to add a “limitation of study results” section. The authors need also to be explicit about the likely impact of their own personal characteristics and position in the health care system on the data obtained.

6. Do the title and abstract accurately convey what has been found?

Yes. I like the title. This is an excellent eye-catcher.

7. Is the writing acceptable?

OK

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

1. Rewrite the methods section
2. Add more details about the context of this study
3. Add more details about participants
4. Improve the presentation of the quotes
5. Improve the “results” section
6. Add title to Tables
7. Add “limitation of study results” section.

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 whose findings are important to those with closely related research interests

Quality of written English: Acceptable

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

Declaration of competing interests:

I have published studies in this field. One of my publication in this field has been peer reviewed by one of the author, Dr RG Thomson (see ref. 21 in the submitted version 1).