Reviewer's report

Title: Preferences, predictions and patient enablement: a pilot study

Version: 1 Date: 29 May 2013

Reviewer: john howie

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General observations

1. The concept of 'enablement' developed from an attempt to create a patient satisfaction measure in relation to a study about consultation length. Of around 30 questions, none seemed to predict consultation length, but six questions identified doctors whose consultations were longer than others. These six questions became the PEI, which continued in subsequent studies to identify doctors who consulted in different styles from others, and it appeared reasonable to regard this cluster as an outcome measure, which we subsequently found was related to, but different from the two then most used satisfaction measures, namely MISS and CSQ.

2. We (myself and my research team who were co-authors of our various outputs - several quoted by the authors of this paper) have always advocated that more work needs to be done to understand the meaning of 'enablement' and the means by which it takes place; so we agree with the authors that this is an important field to be working in.

3. On the whole, we are (pleasantly) surprised that 'enablement' seems to be both internationally applicable and also to be withstanding the test of time; or perhaps it is simply that it is difficult to find a better measure in a very difficult field.

4. The authors quote Teresa Pawlikowska's work. She has produced a PhD Thesis entitled 'Patient Enablement - a living dialogue' in which she teases out the determinants of 'enablement', and her findings both confirm the importance of the issues the authors raise in this paper, and in some ways explain why what the authors reasonably hypothesise to be the intuitive correlations do not come through in the pilot work reported.

5. To summarise her work (perhaps too simplistically) she argues that in an important number of consultations, 'enablement' isn't an issue that is applicable. She argues that 'enablement' is about addressing concerns and anxieties, (implicitly rather than expectations), and that it is interpersonal and consultation skills that mediate positive outcomes.

This research.

6. The research asks a good question and the Background section is good and
well-written. The issues raised about expectation fulfillment and satisfaction are thought-provoking and of interest in their own right.

7. The study is a small one, with a rather small sample - especially when there is no accompanying attempt to define case-mix a bit more sensitively. Our own work using the PEI has found (for example) age, gender and mental well-being scores to be important determinants of 'enablement', and the sample is really not large enough for that to be meaningful in this pilot study. In addition some doctors enable well and others do not; we felt that about 50 consultations (and certainly at least 25) were necessary to categorise doctors, and there is no comment about this issue in the manuscript.

8. Defining appropriate methods for the study reported will have been a challenge in itself. Perhaps there should have been an attempt to validate their instrument using an interview study and/or video-recording of some consultations (this may have been done, but it is not clear to me in my reading of the report).

9. I thought the discussion of the results was really interesting, especially as the results were thought at first to be counter-intuitive. In particular, I liked the way the authors thought through alternative explanations, and proposed further work.

10. I find it very hard to give a recommendation. The issues are certainly important; the research itself is less convincing - partly because the scope is that of a fairly small pilot study, and partly because I think Pawlikoska's work has moved the field further, on to some extent by-passing this particular project.

Personal case-study

11. I am currently being observed because of benign kidney tumours. After a recent follow-up scan, I was told they were growing and a case-conference was being held to discuss what should happen next.

My preference was for no action to be taken and a further review held in a year; my expectation was that surgery would be suggested.

The reality was that a further biopsy was advised.

Although the preference was not met, the solution has been 'enabling' as it seems a sensible and better compromise. How would this scenario have played out in the current study? I suspect it would have added to the unexpected findings, and that the measures used would not have helped increase understanding of the meaning of 'enablement'.

Suggestion to the authors

12. Stick with this area of interest;

- contact Teresa Pawlikowska (last contact teresa.pawlikowska@warwick.ac.uk)

- try some video work to test out further thoughts in the field.

Hope all this helps

John Howie
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 declare that I have no competing interests