Reviewer's report

**Title:** Shared decision making for patients with type 2 diabetes: A randomized trial in primary care

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**Reviewer:** Margaret Holmes-Rovner

**Reviewer's report:**

The manuscript, “Shared Decision making for patients with type 2 diabetes: A randomized trial in primary care”, aims to evaluate feasibility and effectiveness of 2 decision aids in rural primary care clinics. The randomized trial design is not able to evaluate effectiveness as the study was unable to recruit adequate numbers of patients. That leaves the main value of the manuscript being to report on feasibility. This aim is not fulfilled in the current manuscript due to under-reporting of the details of the project.

Major compulsory Revisions:

The feasibility issues are potentially very interesting and instructive. However, there are no data and no description about feasibility. In “Limitations and strengths” (p 12), the authors indicate some of the challenges, and make reference to some unpublished observations. These are not helpful to the reader. They need to be described in some detail. If these are qualitative data, they may potentially be instructive. If the authors have interviewed site personnel about the approach to integration of the DAs into practice, or can describe the protocols or clinical processes, the data may be instructive and allow description that would substantiate the comments in the manuscript.

Likewise, the section on implications for policy is interesting, but not well substantiated by the data. On page 14, the authors say, “One has to be careful not to draw overenthusiastic inferences from a small trial”. However, the actual data reported actually favor the control group most frequently as reported, so there does not appear to be any reason to be optimistic. They also say, “Conservatively, this trial supports the feasibility of SDM in nonacademic primary care clinics when designed for use during the consultation...” No data are presented about feasibility. This must be addressed convincingly to support such a statement. The authors then go on to suggest that SDM, while supported in policies they cite, should not be legislated. That is an important and provocative statement. However, the data to support it must be presented in detail, and connected more clearly. Why not? What about your data suggest that SDM with decision aids is not ready for full implementation? The authors cite recruitment challenges and low fidelity. These need to have accompanying data and discussed more directly. The authors further articulate a concern that clinicians should not be held accountable for implementing patient-centered care. Why not? What have they learned that they can share based on their research with
the research community?

The empirical results, as the authors indicate, do not contribute substantially, due to the problems with lack of power that resulted from recruitment problems. In addition, as presented, they are difficult to follow. For example, on page 6, it is not clear whether the fidelity checklist is the same as the OPTION score, etc. Throughout the paper, there is no indication of the frequency of missing data. Other similar conventions of full reporting of trials are also not followed. Until the study is fully described, the contribution of even the low-power results cannot be evaluated. If the study is a failed experiment, due to problems with feasibility, lack of physician ability to implement SDM as indicated from OPTION results, then this should be reported clearly. Failed experiments are very important and instructive to the field. However, a full description needs to be provided. The authors may be in an excellent position to indicate next steps to fully answer the question about whether SDM with DAs is feasible outside academic settings.

**Level of interest:** An article of limited interest

**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.