Author's response to reviews

Title: The development and evaluation of a five-language multi-perspective standardised measure: Clinical Decision-making Involvement and Satisfaction (CDIS)

Authors:

Mike Slade (m.slade@iop.kcl.ac.uk)
Harriet Jordan (harriet.jordan@kcl.ac.uk)
Eleanor Clarke (eleanor.j.clarke@kcl.ac.uk)
Paul Williams (paul.1.williams@kcl.ac.uk)
Helena Kaliniecka (helena.kaliniecka@gmail.com)
Katrin Arnold (katrin.arnold@bkh-guenzburg.de)
Andrea Fiorillo (anfioril@tin.it)
Domenico Giacco (giaccod@gmail.com)
Mario Luciano (mario-luciano@hotmail.it)
Anikó Égerházi (egerhazi@dote.hu)
Marietta Nagy (nagy.marietta@med.unideb.hu)
Malene Krogsgaard Bording (mafk@rn.dk)
Helle Østermark Sørensen (heoes@rn.dk)
Wulf Rössler (roessler@dgsp.uzh.ch)
Wolfram Kawohl (wolfram.kawohl@puk.zh.ch)
Bernd Puschner (bernd.puschner@bkh-guenzburg.de)
The CEDAR Study Group (bernd.puschner@bkh-guenzburg.de)

Version: 4 Date: 28 February 2014

Author's response to reviews: see over
Dear Dr Henderson

Title
The development and evaluation of a five-language multi-perspective standardised measure: Clinical Decision-making Involvement and Satisfaction (CDIS)

Authors
Mike Slade, Harriet Jordan, Eleanor Clarke, Paul Williams, Helena Kaliniecka, Katrin Arnold, Andrea Fiorillo, Domenico Giacco, Mario Luciano, Anikó Égerházi, Marietta Nagy, Malene Krogsgaard Bording, Helle Østermark Sørensen, Wulf Rössler, Wolfram Kawohl, Bernd Puschner and The CEDAR Study Group

Thank you for inviting submission of a second revised version of the above manuscript. We have amended in the light of the reviewers’ helpful comments, as follows:

Reviewer 1
- The manuscript in its present form is still very long. I understand that the authors want to report what they did in detail, which is legitimate. Also, I understand that an online journal might have fewer problems publishing such a long article. However, as a reader I find some of the information overwhelming and I think that shortening would increase comprehensibility a lot.

We have carefully edited the entire Methods section to reduce the word count from 2,808 words to 1,863 words.

- It is not clear how the rating of psychometric properties of existing measures was operationalized (Table 1). What did the authors consider “poor”, “doubtful” or “adequate”. This seems to be similar to the COSMIN rating scale or the quality criteria developed by Terwee et al.

We now reference the (Terwee) criteria we used (p11, para 2; reference 40), and have amended the categories presented in Table 1.

- The authors did add a rationale why a new measure is needed; however this is still quite basic. It might be helpful to formulate the “five principles” differently: not at the end of the Introduction after the aims, which I find unusual, but rather as gaps / issues to consider when developing new measures. This might help improve the rationale why the authors developed the new measure.

This has been amended as suggested (p7, para 2ff).

- Introduction, page 6, second paragraph, second sentence: How can “involvement in shared decision making” influence the optimal decision making style?

We have deleted this phrase.

- Please check the reference list carefully, e.g. reference 20 is the same than reference 60.

The reference list has been carefully checked and amended as requested.

Reviewer 2
• Suggest the authors rephrase sentence on p6 (para 2, line 2) to refer specifically to ‘preference’ for involvement in decision making and preference for available treatments, including highlighting that shared decision making is the optimal approach when available treatment options have similar effectiveness, but different risk profiles and consequences in the short and long-term, which individuals are likely to value differently.

This has been amended as suggested (p6, para 2).

• The sampling for recruitment stated on p9 “using local community-based non-forensic secondary mental health services” is still somewhat ambiguous – would the following be a better description? secondary care settings such as outpatient departments/clinics attached to a hospital

This has been amended as suggested (p9, para 2).

• The method section is overlong, and would benefit from shortening to enhance readability. Could some of this information be located in a web appendix? For example, details of ethics committees, details of the different measures used to assess validity on pp10-11 (or presented in tabular format).

We have edited the entire Methods section to reduce the word count from 2,808 words to 1,863 words. The original editor required that we include details of ethics committees.

• On the pp15/16 “A decision was defined as a topic which was (a) discussed, with the result that (b) either changes were made or there was agreement that no changes should be made”. This is vague and it would be most helpful to readers if the authors provided a definition that captures the range of ‘changes’ that would be considered a decision such as changes related to medication (type, dosage, frequency, discontinuation), social care/living arrangements, psychological therapies, self-management support/coping, frequency of appointments, return to employment etc

This has been amended as suggested (p14, para 1).

• “Satisfaction sub-scale had internal consistency of 0.89 (0.86-0.89 after item-level deletion)” is stated in the abstract – would it be preferable to omit the text in brackets in order to avoid confusion as no items were removed?

This has been amended as suggested (p3, last para).

• Correct typo on page 19 “preferred syle” – should be preferred style

This has been amended as suggested (p16, last para).

Editor comments
• In accordance with BioMed Central editorial policies (http://www.biomedcentral.com/about/editorialpolicies#StandardsofReporting), could you please ensure your manuscript reporting adheres to RATS guidelines (http://www.biomedcentral.com/authors/rats) for reporting qualitative studies. This is so your methodology can be fully evaluated and utilised by other readers of your manuscript. Please ensure that you include a statement within the manuscript text to acknowledge that your writing adheres to the RATS reporting standards.
This is not primarily a qualitative study. Our study is structured into three stages, comprising (qualitative components shown in bold) Stage 1 (218 papers reviewed, **17 participants in interviews / focus groups**), Stage 2 (**38 participants in focus groups**, 61 participants in quantitative pilot) and Stage 3 (443 service users and 405 staff participants in formal quantitative evaluation). Our data are primarily (both in sample size and importance for the study) quantitative. Furthermore, both reviewers indicated the manuscript should be markedly shortened. We have therefore used elements from the RATS Guidelines, as follows:

**Relevance**
Research question is explicitly stated (p8, para 4) and linked to existing knowledge base (Introduction).

**Appropriateness**
Study design is described (Methods) and justified (p12, para 3).

**Transparency**
Sampling: inclusion criteria and sampling strategy are given (p9 para 2).
Recruitment: outline details of recruitment are given (Methods Procedures).
Data collection: the study group and setting and the focus of the topic guides are clearly described (Methods).
Ethics: all ethical committees are listed (p8, last para), and informed consent is noted as being obtained from all service user participants (p9, para 1).

**Soundness**
Analysis is briefly described, including quality assurance processes such as double rating, team discussion and use of native speakers (p14, para 2). We do not formally present the results of the qualitative data because (a) this would markedly add to the length of an already long paper (b) this would make the overall narrative of the study more difficult to follow, and (c) this would have low scientific value as the aim of the qualitative components was simply to ensure conceptual equivalence across sites prior to the main part of the study presented in Stage 3. The strengths and limitation of the study, and its linkage with existing knowledge, are presented (Discussion).
Journal guidelines have been followed.
We now note that the RATS guidelines informed the qualitative aspects (p14, para 2).

Changes are highlighted in yellow in the manuscript. We hope that these changes make the paper suitable for publication in *BMC Health Services Research*.

Yours sincerely

Mike Slade
Professor of Health Services Research