Reviewer’s report

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

Version: 2
Date: 31 October 2013
Reviewer: Richard Thomson

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Dr Darren Flynn and Professor Richard Thomson

Major Compulsory Revisions

1. The description of the sampling frame on page 9 “community-based non-forensic adult mental service users” is unclear. Does this refer to primary (general practice and/or voluntary/community services) and secondary care settings such as outpatient departments attached to a hospital? In the discussion, page 30 the alternative phrase “specialist mental health services” is used, which suggests participants were recruited exclusively from secondary care settings.

2. What specific changes were made to the wording of the original SWD items? It appears that following evaluation of psychometric properties; two scales (SWD and CPS) were selected and adapted for users of specialist mental health services (see comment 1) and associated staff. However, the SWD was developed for a clearly defined population with reference to a specific index decision (women 40 years old or older who wanted more information to help them make decisions about management of menopause with and without HRT). Given the diversity in the sampled service users (e.g., adults with varying severity of schizophrenia / other psychotic disorders and mood disorders, including unspecified others and varying experience of hospital admission) and associated staff, combined with the lack of specified index decision(s) when completing the scales, it would be useful for readers to know more about the distribution of the types of decisions (and associated diagnostic groups) that were under consideration when the respondents completed the CDIS. This may account for the lack of convergent validity of the CDIS service user version. Would it be possible to conduct tests using clusters of decisions?

3. As undertaken with the initial validation of the SWD (MDM, 1996;16:56-64), would discriminant validity be better tested by performing principal-components analysis of the CDIS items and the other staff and service user measures? This would serve two purposes: (1) identify any low items loadings in both versions of the CDIS (providing a further rationale for removal of items from the CDIS, if applicable – see point 4); and (2) demonstrate the absence of any cross-loading of CDIS items on items in the other measures (i.e., provide further empirical evidence that CDIS is assessing unique constructs)
4. The phrase ‘Satisfaction sub-scale had internal consistency of 0.89 (0.86-0.89 after item-level deletion)’ is stated in the abstract and p24 in the results. Please clarify if / which items were removed from the service user version of the CDIS?

5. The need to assess a further important psychometric property should be acknowledged in the discussion; i.e., sensitivity to change / responsiveness (i.e., ability to detect meaningful changes following delivery of interventions to engage patients and staff in shared decision making), including the use of convenience sampling. As this measure is stated to be useful for research - what would be considered meaningful changes in the CDIS?

6. Notwithstanding the potential value of the service user and staff versions of CDIS, a brief synopsis in the discussion on the advantages that they have over existing measures would be helpful for the reader to position this work in the context of the wider literature. The discussion would also benefit from referencing studies that show positive associations between involvement in decision making and positive outcomes in mental health settings.

Minor Essential Revisions

1. A brief description of shared decision making (definition and synopsis of guiding principles) early in the paper would be beneficial for readers who are unfamiliar with this model of healthcare.

2. It should be made clear in the introduction which of the references cited are from work conducted in mental health and non-mental health settings

3. On page 6 of the introduction – the following sentence is stated “The optimal decision-making style varies across individuals and decision types [3]”. This would benefit from expansion; i.e., preference for information, available treatment options and involvement in shared decision making, including the distinction between types of decisions such as those which are preference-sensitive versus those that are not - effective care [clearly one superior treatment option]

4. In the sample description is the term “mental retardation” appropriate?

5. It would help to know how long the time was between index decision and completion of the scales for both patients and staff.

6. Re predictive validity on p19 it is stated that “Satisfaction was expected to predict implementation, whereas involvement was not.” What is the justification for this statement with respect to involvement?

Discretionary Revisions

1. The decision making process from literature review of current instruments used to underpin development of the CDIS appears to have been informed by consideration of their psychometric properties alone – were service users and staff involved in this decision making process?

2. The third and fourth sentences in the results section of abstract are quite long. Consider breaking them down into multiple sentences to enhance ease of
3. Similarly the text in methods (pp17-18) and sections of the results, specifically sections reporting on the psychometric properties would benefit from less detail (and placement of footnotes beneath tables to specify which tests have been performed).

4. The inclusion criteria of severity assessed with the TAG would appear to contradict the statement ‘presence of a severe mental illness for at least two years’ – should this be simply stated as TAG score of # 5 indicating presence of a mental health problem that warrants specialist treatment by an appropriately qualified professional (as stated on page 16)?

Level of interest: An article of importance in its field.

Quality of written English: Acceptable.

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

Declaration of competing interests:

In terms of competing interests, Dr Flynn and Professor Thomson have recently submitted a grant application for funding to investigate shared decision making about treatment and care for adults with depression in the primary care setting.