Reviewer's report

Title: Adjuncts or adversaries to shared decision making? Applying the Integrative Model of Behavior to the role and design of decision support technologies in health care interactions

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Reviewer: Jamie Brehaut

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Review of Frosch, Elwn, Legare Implementation science

This paper seeks to describe a methodology for applying Fishbein’s integrative model to the question of whether decision support interventions are effective in changing specific behaviours relevant to shared decision making. The authors note that research into shared decision making has focused on cognitive outcomes, while relatively little work has specified actual behaviours that should be affected by decision support technologies. The goal of this approach is to provide a standardized methodology for evaluating DSTs and the mechanisms by which do or do not affect patient behaviours.

Major compulsory

My major concern about this paper is that it is not clear what it adds over and above existing literature. The innovation of this work is showing that it is possible to take this methodology and apply it to the SDM world. I would have been more disposed towards a methodological paper like this if the authors had not already written and published (or nearly published; Frosch et al in press) the study that is summarized here. That is, there is benefit to a ‘proof of principle’ paper, showing that this approach can be applied to SDM, but the proof of principle has already been established by the Patient Education and Counselling (PEC) paper. Assuming that the PEC paper comes out before this one (which could be a big ‘if’, given the different formats), the added value of the current paper seems to come from additional methodological detail, helping others who might wish to take this approach with the logistics (‘what do I do if I can’t be specific about my behaviour?’ ‘what kinds of questions do I ask to assess subjective norms?’). However, there are other sources for these details, as the authors point out, such as the Jill Francis handbook. Given that the proof of principle has already been made, and the methodological detail is provided elsewhere, there seems to be relatively little left here that is new.

The potential usefulness of this kind of methodology to push forward the SDM literature is great. If the authors can create a solid case for what this document adds to the existing literature, and the comments below are appropriately dealt with, I would consider publishing it. At the moment, however, the issue of what is new here precludes me from giving a more favourable rating.
Minor essential

P3, “…are perhaps perceived in a different way.” By whom? I don’t understand this sentence.

P3, refs 6-17. Separate out the one that describes the measure

P4, “whether or not the actually prepare patients to engage in SDM…” do you mean “engage in specific behaviours conducive to DSM”?

P4, “ or are based on other assumptions”. Unclear what this means; what sorts of assumptions?

P4 “ To that end…patient perspective.” Sentence seems awkward; do you mean the ‘essential patient behaviours’?

P5 “ In formulating this model…” Unclear from the text why you consider this an important distinction.

P5 and 6. Do we need these 9 elements written in the text, and then 8 of them repeated shortly thereafter? Could they be condensed into a table? These behaviours are key; they are what enable the authors to consider using this approach, and so it might be worth spending more time on why they are justifiable as behavioural proxies for SDM.

P6. “To date… remains unclear.” Awkward use of numerals

The choice of theory should be better justified. If distilled constructs from many theories is your goal, why not choose the Michie constructs? (Michie S, Johnston M, Lawton R, Parker D, Walker A. Making psychological theory useful for implementing evidence based practice: a consensus approach. Qual Saf Health Care 2005;14:26-33). And I wonder if inclusion of the model graphically would be useful; it is not clear from the textual description how this theory differs from the theory of planned behaviour; indeed, the literature you cite is largely about TPB and not the Fishbein variant.

The section on the challenge of behavioural and contextual specificity is helpful.

Discretionary

P6. “…but also as effective interventions to change the behaviour of patients…” How do you really mean _change_ behaviour here? Most recent examples of this method with practitioners involves a change, i.e. they are doing something and we want them to do something different. Here, patients are largely doing nothing (just listening to the physician’s recommendations), and you want them to ADOPT a behaviour, or several. I’m wondering if ‘change’ is really the right word here.

Level of interest: An article whose findings are important to those with closely related research interests
Quality of written English: Needs some language corrections before being published

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