Reviewer's report

Title: How can continuing professional development better promote shared decision-making? Perspectives from an international collaboration

Version: 1 Date: 10 February 2011

Reviewer: Rebecca Ryan

Reviewer's report:

Major Compulsory Revisions
None.

Minor Essential Revisions

Abstract
1. Background (paragraph 1): I would prefer that this first sentence be more moderate. While SDM may often not be implemented, it is an aim of many systems and perhaps the authors might consider rewording this slightly. The published protocol for this study I though had the balance right – that SDM is seldom translated to clinical practice.

2. As a general point, in the title, abstract and throughout the paper - it was not really clear to me until I read the published protocol that this research was specifically focused on SDM in primary care. I think this point needs to be highlighted so that it’s clearer to readers. Alternatively, if the focus of the research has shifted since writing the protocol then this should probably also be mentioned (eg that the scope has widened to other settings).

Main text
3. Paragraphs 1 and 2: Would it be possible to provide slightly more information on key concepts early in the paper, perhaps in these early paragraphs? In particular, I thought that the following would be helpful for readers and might also engage people from a wider readership:
   • making explicit the definition of SDM;
   • providing a brief context about aiming to work towards the delivery of patient-centred care; and providing a clear link for readers between patient-centred care and SDM as one possible way of working towards its delivery

Again, I thought the protocol for this research did this well and perhaps a few key sentences from the protocol could be adapted for the introductory section of this paper.

4. Paragraph 4: Generally I think the description of the meeting’s components is clear. One suggestion I’d make that might help readers to follow the different
components of the research would be to identify the discussion of the environmental scan as a third major component of the workshop.

The reason I suggest this is because the scan is a major piece of work, was one of the major aims of the research protocol, and much of the discussion and recommendations/ future directions from this meeting stem directly from it – yet it is not really highlighted in the description of the meeting itself. Separating the scan out as a component that’s a bit more readily identifiable might help readers to identify its importance early on in this research paper.

5. Paragraph 4: Although it is detailed in the protocol to this study, it might also be helpful to readers of this paper if the authors were to elaborate slightly on exactly what the focus and aims of the environmental scan was – eg was it assembling (sampling) the broadest range of programs possible, the most comprehensive list possible – so that readers don’t have to refer to the protocol unless they are after very specific information about this piece of work.

6. Paragraph 4: If the term ‘syntheses’ is to be used to describe the presentations made by individuals from different countries it would be my preference that this term be consistently used throughout, including in Appendix 1 (where ‘presentations’ is used). Using one of these terms throughout the paper would be easier for readers to follow.

7. Paragraph 9 (under Country presentations): Sentence 4: Could be clarified slightly to assist readers who are not expert in this area. For example, will providers be assessed against particular SDM standards in order to assess their performance and calculate payment based upon this?

8. Paragraph 9 (under Country presentations): Sentence 5: This sentence could also benefit from a little more information. In particular, some details about what physicians are expected to inform their patients of would be helpful (eg about clinical decisions? About risks and benefits?)

9. Paragraph 10 (under Preliminary results of the environmental scan): Sentence 1: It was my understanding from the protocol that both SDM programs and stand-alone activities would be considered in the environmental scan. This section implies that only programs have been considered in the research. If that’s the case then it might be worth mentioning that activities weren’t considered eligible in the end when it came to actually conducting the research.

10. Paragraph 10 (under Preliminary results of the environmental scan): Final sentence:
   i. This sentence might be more meaningful to readers if it were possible to add some more details about the ‘various formats’ in which the different programs were presented – specifically, how does this point differ from the range of formats described in the previous sentence?

   ii. I am also not clear about why the programs using different formats was a limitation of the scan: did this mean it was harder to identify programs; harder to compare them directly; or something else? It would be helpful for this to be
iii. The fact that data was only extracted by a single person in the end (whereas the protocol specified that two people would perform this) might be mentioned as a specific difference between the protocol and the research undertaken.

11. Paragraph 11 (under Group discussion): Sentence 5: I am wondering if it would be possible to provide some explanation of ‘structures or platforms’ since I am not totally clear about the meaning of these and others from outside this field might also lack familiarity with these terms.

12. Paragraph 14: (Conclusions): Point (iv): Can ‘constructing a grid for accrediting SDM-CPD programs’ be explained briefly – here or perhaps where this point comes up in Appendix 3. It might only need the addition of a couple of words to make it clearer to readers exactly what this means. To me it suggests a kind of checklist (developed from the framework of accreditation standards) – but I am not sure that I have not misunderstood this.

Tables/ Appendices

Appendix 1:
13. As for my earlier comment on the country presentations/ syntheses: it would be easier for readers if one term was used consistently to describe these, throughout the text and the tables.

Appendix 3:
This table has a lot of interesting content. I’d like to suggest a couple of points for clarification or where additional descriptions might be helpful for readers to get the most out of the material.

14. Answers to 1.1
i. Bullet points 1 and 2: ‘Better report methods’ and ‘improve methods’ seems a bit duplicative; can they be combined to a single point? Providing a brief example or two might also help to make these issues a bit more concrete.
ii. Bullet point 3: Could more details or an example be provided for ‘being more systematic’ – what aspects of this are particularly important for this scan?
iii. Bullet point 6: Can this point be made more specific or an example provided? It isn’t clear to me what subgroups would be looked at.

15. Answers to 1.2: Bullet point 3: is an important point but would better be expressed as a sentence to fit with the language of used throughout the table. For example, it might read ‘There is a need to evaluate the benefits of SDM training as a stand-alone program vs SDM training with another program.’

Discretionary Revisions

Abstract
16. Conclusions (paragraph 4): The current conclusion is certainly one of the points to come out of this meeting – but I am not sure it is the main point. I realise that the word count for the Abstract is very restrictive but would it be possible to include a little more of the content of the research conclusions from the paper in the Abstract here? They are interesting points to come out of the research and if possible it would be good to have them presented in the Abstract.

Main text
17. Paragraph 9 (under Country presentations): Sentence 3:
   i. Providing a few examples of barriers to the practice of SDM would be interesting and important to help readers get the proper sense of the area at this point.
   ii. In this same sentence I am not clear about what ‘preventive measures’ would be exactly in this context. Could this be reworded or clarified slightly?
   iii. Similarly in this sentence it would be helpful as a reader if a little detail on current research initiatives was provided – for example, are these initiatives to specifically overcome barriers to SDM? Or more general research projects?

18. Paragraph 10 (under Preliminary results of the environmental scan): As a general comment on this paragraph: Is there any way that a brief indication of other key aspects of the environmental scan could be added – for example, what were the aims of the programs (if there was a range of specific aims)? What was their content? These are interesting aspects of such interventions – and if they were not reported or data collected on these then perhaps that might also be mentioned.

19. Paragraph 11 (under Group discussion): Sentence 3 onwards. The remainder of this section summarises the material presented in Appendix 3 and is an interesting summary of the main findings coming out of the meeting. I have a bit of difficulty following the relation between the two at times. If it is an easy thing to do it might be worth reordering the description in the text here to more closely follow the order of the questions and answers presented in Appendix 3 – it might just help readers to follow the material and to make the links a bit more obvious.

20. Paragraph 13 (under Workshop evaluation): This section would benefit from a brief summary of the evaluation, for example highlighting key next steps or anything surprising that was raised by participants.

21. Paragraph 14: (Conclusions): Final sentence: ‘reflect on’ seems slightly out of place, could this be worded differently – for example, ‘consider’ or ‘prioritise’?

22. As a general comment that may or may not be possible to consider in this manuscript: There is not much mention of the role of patients and their input into or preferences for SDM. While the focus of this research is on CPD – which doesn’t directly involve consumers - I do think the paper might benefit from some mention of the role, views or preferences of patients for SDM.

   For example, would any consideration be given to input from consumers on core
competencies (to be developed and for consensus to be reached on); or are consumers’ views and preferences reflected (indirectly or directly) anywhere in the background to this research (eg within individual CPD programs included in the environmental scan). Even a brief mention of this issue I think would really be a valuable addition to the paper.

Tables/ Appendices

23. Answers to 1.2: Bullet point 2: perhaps some examples of the types of variability in programs would be interesting to readers, to make it a more concrete point – eg variability in aims, content, delivery, formats, duration, etc?

24. Answers to 2.3: Last bullet point: perhaps an indication of what CME stakeholders would be interviewed about would be useful.

Minor issues not for publication

Abstract

25. Instructions to authors state that abbreviations should not be used in the Abstract – this may make it difficult to be within the required 100 words but the authors should try to be consistent with the guidelines if at all possible.

Main text

26. Paragraph 6 (under Keynote presentations): It might be appropriate to capitalise ‘Institute’ throughout this paragraph for consistency.

References

27. There are several inaccuracies or missing details from the reference list and these need to be corrected before publication. Please check against the guidelines for authors, and in particular the following issues:

i. Citations for several of the papers are missing key details – such as year of publication, volume and/or issue numbers for journals. See references 2, 4, 5, 8, 9, 16, 17 in particular.

ii. Reference 11: is missing year of publication; square brackets also need to be removed.

iii. Reference 19: please check the guidelines for citing a book with institutional author.

iv. Reference 21: has some unnecessary repetition in the citation, please check the guidelines for authors.

v. Reference 26: please remove the extra hyphen in the title.

vi. Reference 31 and 4: citations of Cochrane reviews. A mixture of details have been provided (one is missing date, one is missing issue number), please amend these citations and make them consistent.

vii. Reference 34: please check the author guidelines for citing a book and amend.
28. Appendix 4: Punctuation needs to be used consistently in this table (ie full stops at the end of all sentences – or not).

**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.