Reviewer's report

Title: Building bridges to patients: design and pilot evaluation of a training session in argumentation theory for chronic pain experts

Version: 2
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Reviewer: Noelle Junod Perron

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N. Junod Perron

The article is very nicely written and suggests an interesting and creative approach in providing communication tools to manage chronic pain patients. However, the intervention was very limited in time and its impact was not evaluated beyond satisfaction, strengths and weaknesses. Although the authors make this clear (it was a pilot study), I would have been interested in knowing more about how the training impacted on participants’ practice. The study is interesting from a conceptual and pedagogical perspective, less from a methodological perspective (outcomes).

- Major Compulsory Revisions

1. Background: it is not clear to me in which way argumentation is different from the communication tools taught or used for paradigms such as patient education, patient centeredness or shared-decision. It would be important to know more about the concept of argumentation, its theoretical foundations and how it relates to the approaches mentioned above. If it is used in education, law and politics, references of studies having explored its use in such fields are most welcome.

2. p 6-7 The authors should justify why they did not design a pre-post intervention study and did not submit the questionnaire on communication behaviors after training.

3. P7 – the interviewing guide that was used to collect information during the semi-structured phone interviews should be described or inserted in the method section.

4. 3. page 7, lines 135-138: the description of the qualitative analysis is not sufficient. I expect to have more information about the type of analysis conducted, how categories of codes were established, whether there was disagreement, how it was solved, use of a software?, how the profile of the investigators might have impacted on the analysis, whether the findings were discussed and validated with the participants, etc…

5. 4. p7, design principles of a course lines 141-182. As an educator, I would like to have a more clear view of how the course was constructed. In addition to the text, I would like to have a more detailed description of the content and structure
of the course: instruction methods used (role play, simulated patients, small group etc...), the clinical scenarios used, a timetable, the role, profile and type of training of the trainers/facilitators. This information could be put into a box.

6. Strengths of the training course – lines 231. When reading the quotes, it is not clear enough which thoughts, skills and perspectives were new and derived from the course and which ones were already present before the course. It also appears that the participants elaborated more on the cognitive than behavioural aspects. Is it because of the type of questions used in the interviews or because of a more analytic than behavioural approach used during the training? This should be made more explicit and addressed in the discussion.

7. Discussion: if there is a literature about argumentation in different fields, it would interesting to comment the findings in the light of prior studies or other educational developments.

8. Discussion – limitations: I would add that the study did not evaluate transfer from practice to practice.

- Minor Essential Revisions
9. p.6 Methods – selection of participants line 90: the title should also include the setting

10. p.6 Methods – selection of participants-lines 98-102: the values in brackets do not appear clearly (means?)

11. Methods- Table 1: is there any information about participants' involvement in prior communication skills training before attending the course?

12. Methods-materials and procedures p 6 lines: I would suggest the authors to either describe the items of the second questionnaire in the same order as they appear in Table 2 (with numbers) or refer directly to Table 2. At this stage, I have the feeling that not all items described in the method section are displayed in Table 2.

13. For table 2, the title should mention that the assessment was made before the intervention Result section – Tables 2 and 3: since it is unusual to see likert scales used in this way (10 on the right and 1 on the left), it is important to mention for each table that Likert 1=... and 10=... or 1=... and 5=....

14. P10 lines 213-221: the authors do not need to repeat all the results displayed in Table 3. A short summary is sufficient.

15. Qualitative results: I would advise the authors to describe their findings by using words such as... participants reported that... some felt that... others described and using past tenses. It would help the readers to understand what statements belonged to the participants.

- Discretionary Revisions
None

**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.