Reviewer's report

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

Version: 4 Date: 28 October 2014

Reviewer: Nanon Labrie

Reviewer's report:

GENERAL: Overall, I believe that the authors have successfully revised the paper following many of the reviewers’ suggestions, thereby improving the manuscript considerably. I think the present manuscript is well-structured and well-argued for. Moreover, I continue to believe that the authors address an issue that is both relevant and interesting to the readership of BMC Medical Education. However, I do believe that the authors should incorporate a number of essential (some minor and some major) changes to the manuscript, in order to render it suitable for publication. I will address these issues below.

1. MAJOR COMPULSORY REVISIONS

THEORETICAL FRAME/TERMINOLOGY:

In line 27 and line 77, the authors write “Argumentation theory is the study of argumentation.” This definition absolutely does not do any justice to the complex field of argumentation theory. Theory goes beyond studying a subject.

In line with this, line 441: delete “theory” (you cannot master a theory in that sense).

PERSUASION THEORY:

Reading the revised manuscript, I was wondering why the authors only refer to argumentation theory in the title and overall manuscript and not to persuasion theory. The course content seems to draw heavily on the former, but also on the later. I would suggest to refer to a “course in argumentation and persuasion”
VALIDITY OF CLAIMS MADE:

In lines 43-44, the authors claim that “argumentation as a communication process can contribute to reducing the search for a second opinion and to promoting adherence.” (again in line 417-418). This claim is not directly supported by the study findings and should therefore be removed from the abstract. In general, there is very little quantitative, empirical evidence (although there is some, also recently published) that argumentation can yield such effects. If this is a general claim, based on the results found by others, the authors should provide a reference. In line 414, the authors elaborate on this view. I would argue that the results of the present study, by nature, cannot “confirm the view of scholars such as …”. Perhaps select a different word here than “confirm” (support?).

Line 353: The doctor refers to “explanation” rather than argumentation. In other words, the doctor did not address his patients’ disagreement with explanations rather than arguments. This is conceptually different and one cannot speak of an argumentative/critical discussion here in an theoretical sense. The same goes for the term “understand” (somehow a result of “explain”). Understanding and being convinced is not the same thing.

I continue to have doubts about the conclusions that are drawn on the basis of the post-training interview data – despite the fact that the authors address some of the issues in the limitations section. In principle, I do agree with the authors that teaching argumentation skills to doctors is potentially relevant. But by asking doctors’ about the course contents, the authors simply made the doctors repeat what they were taught in the class. This causes a certain circularity to the claim that teaching argumentation to doctors is successful/important. Basically, you tested whether doctors could repeat what you told them before and illustrate this with practical examples. In fact, you would actually need further (quantitative/empirical) data to strengthen your claim.

2. MINOR ESSENTIAL REVISIONS

Line 439: Elaborate on this claim.

Line 499: Elaborate on this claim.

COMMAS: I believe the paper could still benefit from extensive language editing. Amongst others, the placing of commas is oftentimes incorrect and should therefore be checked throughout the document.

Some examples of incorrect comma placement (line numbers, not a complete list): 30, 36, 40, 42, 48, 78, 94, 191

Missing commas (line numbers, not a complete list): 79, 163, 175, 272

TYPOS/ERRORS (not exhaustive):

Line 22: patients (plural)
Line 37: remove period
Line 89: differences of opinion.
Line 169: “the” missing
Line 171: “retraced back”. Do you mean “went back”, “reviewed”? 
Line 199: “hereto” seems incorrect in this context
Line 243: fallacies
Line 243: Van (capitalized) 
Line 257: “ex-cathedra”. Do you mean “front lecture”? 
Line 278: delete “namely”
Line 297: diagnoses (plural)
Line 309: return rate
Line 346: “discuss” requires an object
Line 347: “it” missing (better: reformulate sentence)
Line 406: nevertheless found
Line 449: admit
Line 454: pondered on
Line 465: delete “nonetheless”
Line 447: “somehow” sounds informal
Line 467: why “indeed”?

STYLE:
Line 39-40: reformulate, sentence is somewhat vague. 
Section “selection of participants”: avoid paragraphs of one single line. 
Line 157: remove “however”
Check for consistency in the use of past/present tense.
Avoid the use of “/”

EXAMPLES: In the main section of the paper, in which the course content is described, I believe it could be fruitful to provide examples (for each of the sections). This will make the text more lively and its contents more understandable. In line 231, the authors correctly refer to the theoretical foundation of the course contents. However, in what way was the module based on this theory? (Also, rephrase: “the theory was borrowed from X”)

3. DISCRETIONARY REVISIONS

TABLES: I still wonder whether all tables are indeed necessary.

CULTURE: A small remark: while I agree that cultural factors probably play a
role, also in other countries, shared decision-making is typically not a standard practice yet. While doctors are nowadays trained to engage in SDM, many doctors still use a more paternalistic approach by default/habit.

TITLE: While I believe the title is certainly catchy, I was wondering why you opted to use the metaphorical expression “building bridges”? I do not feel this fully captures the content of the article. Perhaps it would be nice to shortly refer back to the title (and how it should be interpreted) in the conclusion section?

Secondly, and in line with what I pointed out in the above, perhaps you could mention ‘persuasion theory’ in the title.

REFERENCES: A minor detail: In line 83, the authors refer – amongst others – to some of my (co-authored) work. However, I would not necessarily consider myself strictly an argumentation scholar, as my work is predominantly focused on the application of argumentation theories in the context of interpersonal health communication. In addition, a paper that should be of interest (perhaps even more so than the ones cited) as a reference in the introduction section of the paper, is the systematic literature on the role/use of argumentation theory in doctor-patient communication that was published in Health Communication (Labrie & Schulz, 2014). This systematic review provides an overview of the studies that have so far been conducted in the field and that, for instance, describe the possible effects of argumentation (such as adherence, etc.)


In line 225, you may also mention:


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