Author's response to reviews

Title: Teachable moments and missed opportunities for smoking cessation counseling in a hospital emergency department: a mixed-methods study of patient-provider communication

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Author's response to reviews: see over
Dear Dr. Morrey and Dr. Forero,

Thank you for the opportunity to revised our manuscript for consideration in *BMC Health Services* (please note our revised title). We are grateful for the opportunity to further revise our manuscript. Our changes are minimal, and are described in detail below. We have also placed our changes in bold font in the revised manuscript.

Referee 1 indicated that we had suitably addressed her suggestions for improvement and had no additional requests.

Referee 2 wrote: “The response to the point about the association of clinician experience and its association with providing a teachable moment should be removed from the discussion (starting on page 15 line 22). The authors are making comparisons and conclusions of an association based on 2 cases.” We have removed the following from the discussion section: “while the differences between Example 1 (teachable moment) and Examples 2 and 3 (missed opportunities) lend support to the notion that relatively more experienced providers are better equipped to offer teachable moments for smoking cessation counseling in the ED.” The sentence now reads: “Second, our sample size was too small to identify meaningful patterns in the data” (p. 15 lines 17-18).

The editors had four helpful suggestions:

1) REFEREE 2, comment 1 (page 3 of the authors response); Some of the explanation provided by the authors in response to this comment, should be included in the text. (Page 5, lines 12-16). For example, I suggest something like: “...The original purpose of the study was to examine patient provided communication about pain and analgesics in the ED. We explored and conducted a secondary analysis on the responses associated with smoking behavior from the information recorded during the history-taking portion of the ED encounter. Therefore, we conducted ...etc...”

Thank you for this suggestion. We have included the following text on p. 5 lines 12-16: “The original purpose of the study was to examine communication about pain and analgesics using audio-recordings of patient-provider communication in a hospital ED. For this article, we conducted a secondary analysis of communication about smoking behavior during the history-taking portion of the ED encounter. Specifically, we examined...”

2) Somewhere in the discussion section (page 14, lines on wards, maybe in the limitations of the study section) the authors should discuss the fact that “in some cases, providers did or did not offer a TM response to patient's admission of smoking.

Was this caused by lack of awareness about the secondary purpose of the study (i.e. the study was about pain and analgesics not smoking related pain)? Could this explain the high level of missed opportunities due to the fact the this was not the primary purpose of the study?

Because this was a naturalistic study, the providers’ lack of awareness of the secondary purpose of the study would not have had any impact on our study outcomes. Our goal was to understand how ED providers communicate with patients in a real-life setting. Therefore, blindness to the secondary purpose of the study is an important prerequisite to our findings. In fact, it would have been more concerning if providers *had* been alerted to the goals of the study because they may have then altered their communication to talk about smoking and offer teachable moments in light of this knowledge (i.e. the Hawthorne
effect). In that case, we would not be able to say much about how providers actually talk to patients about smoking in a naturalistic setting, without being prompted by researchers.

3) As the authors indicated in the abstract (page 2, lines 18-19): "Providers missed opportunities for smoking cessation counselling 70% of the time". This may be caused by a number of reasons, including lack of awareness/preparation about smoking cessation during the data collection period of the study. Please revise the abstract and discussion accordingly.

As described in point 2) above, we do not feel that this is warranted.

4) Maybe the title should be: EXPLORING MISSING OPPORTUNITIES ABOUT TEACHABLE MOMENTS FOR SMOKING CESSATION IN THE ED: A MIXED METHODS STUDY...ETC...?

We have changed the title to: “Teachable moments and missed opportunities for smoking cessation counseling in a hospital emergency department: a mixed-methods study of patient-provider communication.”

We have also ensured that the revised manuscript conforms to the journal style.

Thank you for this opportunity to revised our manuscript for consideration in BMC Health Services. If you would like us to make additional changes, please let us know.

Sincerely,

Mara Buchbinder