Reviewer’s report

Title: Teachable moments for smoking cessation counseling in a hospital emergency department: a qualitative study of patient-provider communication

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Reviewer: Susan Flocke

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Teachable moments for smoking cessation counseling in a hospital emergency department:
a qualitative study of patient-provider communication

BMC review guide questions 1-9.

1. Is the question posed by the authors well defined?
The question is reasonably defined. The methods used to address the question are not a good fit see #2.

2. Are the methods appropriate and well described?
Several issues with this study are puzzling. First the sample for this study is limited to individuals visiting the ER for back pain. This study relies on the context of an ER and the ‘opportunity’ to discuss smoking cessation, however, misses the main thrust of much of the research on teachable moments to date: there is something about that context, setting or situation of relevance that can be used to transition the talk to smoking and cessation. A sample of individuals with respiratory problems, shortness of breath, suspected MI or a condition that could be clearly caused by or made worse by smoking would have made much more sense for this study. I am not aware of any biologic connection between back pain and tobacco use and the authors do not provide one. Second, the authors indicate that this is a qualitative study, however, the approach to the research question and the methods used are quantitative. The a priori defined categories of what is considered a teachable moment in the ER context is fine, but this is not a qualitative approach. The exploration of patterns across the 11 TM cases is limited to the identification of a few topics discussed. There is no deeper analysis to uncover patterns or underlying meaning. The limited sample size comes into play here with no room for additional sampling to search for confirming/disconfirming cases.

It is not clear if and how conversation analysis was used to analyze the data. The findings reported only represent topics discussed.

3. Are the data sound?
The sample is inappropriate for the question at hand.
This strongly shapes the way in which smoking discussions are initiated – as one
might expect in this context, the topic came up as part of a routine checklist of social behaviors – tobacco, alcohol, etc. and not as something relevant to the reason for being in the ER.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
   Yes, generally.

The analyses of the 11 TM cases seems incomplete. How do the other features of the cases the authors found as a teachable moment fit together? It seems like the analysis of these cases do not go beyond this first pass.

5. Are the discussion and conclusions well balanced and adequately supported by the data?

There is a fair amount of literature about smoking cessation in the ER context, including work focused on the teachable moment concept that should be included in the discussion of these findings.

The discussion points of this paper suggest that their work is novel and a substantial contribution to the teachable moment literature in the ER context. Because of the poor fit of the sample for the question, these findings contribute very little to the current literature.

6. Are limitations of the work clearly stated?

These data are not well suited to address the question posed by the authors. If the question was when and how do smoking discussions occur during ER visits for back pain – the sample and general approach is reasonable.

Both the characteristics of the sample and the sample size are acknowledged as limitations. The implications of these limitations on the validity of the study findings are understated.

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?

See #5 above.

8. Do the title and abstract accurately convey what has been found?

The title is inaccurate.

The abstract is reasonable.

9. Is the writing acceptable?

The Introduction is poorly organized to make a case for this study. Overall the writing is acceptable.

Minor comments:
Introduction.
"Yet little is known about how health care providers talk to patients about smoking during the course of routine care." --There are several studies that address this.
Methods.
‘prescribing provider’ – what does that mean? did all patients receive meds for back pain? How does this shape the meaning of smoking e.g. is smoking a risk factor for taking some of the kinds of meds prescribed for back pain?

Discussion.
‘Most patients in the sample were uninsured and came from lower socioeconomic status backgrounds, suggesting that they may not have had access to smoking cessation counseling in primary care settings’ – this is a pretty sweeping statement and should be revised.

‘Second, while the examples presented lend support to the notion that relatively more experienced providers are better equipped to offer teachable moments for smoking cessation counseling in the ED, our sample size was too small to identify meaningful patterns in the data’ – I do not see where these associations examined and reported.

Level of interest: An article of limited interest

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