Reviewer’s report

Title: ‘What can I do that will most help researchers?’ A different approach to training the public at the start of their involvement in research.

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Reviewer: Paul Leighton

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This is an interesting paper that makes an important statement about the nature and form of training and support that is required to make public involvement in applied research both meaningful and productive. Pointing to the value of softer skills and to improving the social/communicative environment where public involvement activities takes places seems entirely sensible, and feels like a productive step forward in a setting where training too often focuses upon the inadequacies of public/patient partners in their knowledge of research (despite no prior research knowledge requirement for public involvement activity - a contradiction that the authors explicitly point to). Success in this agenda may open-up public involvement in applied research, making it more accessible, more quickly to participants beyond the 'usual suspects'.

It would be good to see this work published, but it will be more satisfying to readers if a little more detail is offered in some important areas.

It would be interesting to hear more detail about the failings of current training provision and the impact that this might have upon the delivery of research studies. Is inadequate training provision a barrier to more people becoming involved in research, is it a barrier to public involvement fully informing studies or is it both? What evidence beyond the anecdotal do you have to support this assertion - and even in your anecdotal evidence can you offer more detail about the identified need for training (pg 4 & 5) and about the impact of inappropriate public involvement ('difficult conversations'? pg 5).

I wonder if the authors can say something about non-experiential knowledge and its role in the provision of training to maximise involvement. I have been involved in a number of studies where patient and public stakeholders have offered practical skills and insight (in editing, in social media, etc.) to the delivery of a research project. Is there a place (or a recognition) that initial training might focus upon utilising these more practical skills and attributes as well as in developing the softer skills advocated here?

I think there is a slight issue of tone in the way that the agenda is presented - although rejecting a deficit model of training the general sense offered is that patient/public partners may lack some of the softer skills required for productive engagement. It is notable that little is said about a deficit in softer skills on the part of clinicians, researchers, methodologists, etc. until the end of the paper (pg12-13). I wonder if the distinction between public/professional needs in
communication skills might be made more explicit and offered earlier in the paper as an important context which has shaped the nature of the training programme.

A key frustration with the paper is that more detail and information about the nature, form and content of the training programme is not included. A figure or graphic demonstrating the topics covered, techniques used, roles fulfilled by the facilitators etc. would help the reader to get a much clearer sense of the training. What mechanisms exist to monitor and establish the success of the training provision? Without more detailed information of this kind it is difficult for the reader to fully appreciate the endeavours undertaken and the insight that the commentary is offering. Without such information it is impossible to think about how the learning described here can be used more broadly in public involvement training and support.

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