Author's response to reviews

Title: Effect of a printed reminder in the waiting room to turn off mobile phones during consultation: a before and after study

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Author's response to reviews: see over
The Editor

Re: Submission of manuscript for publication

Dear Sir,

Thanks for the opportunity to continue in the peer review process. We have included the comments in the revised manuscript and are providing a point-by-point response to the concerns.

Reviewer’s report: Meredith Makeham

Reviewer’s report:

2. Are the methods appropriate and well described?
Satisfactory, but suggest further editing to the 2nd paragraph 1st sentence to state there was a 20 day pilot period with x GPs... rather than “a short pilot period”. There could also be further clarification of exactly how many GPs collected the data in each arm of the study, and whether they were the same doctors throughout. The second last sentence of para 3 of the methods is ambiguous as it could mean that two GPs were present timing the calls for each measurement – suggest further clarification there. In last para (statistical methods) I am unsure of what the authors meant by “transferred to SPSS for data cleaning purposes...”.

Response: all commentaries have been included in the text

3. Are the data sound?
The authors have added discussion of limitations – I would suggest that they add some information to address the point made in my previous review that there was no reliability checking of the GP measurements. There could be some description of this limitation in the paper’s discussion. The author’s response to this point (item 8 in previous review) that “both GPs were trained and standardize the way in which measurements were done” has not been added to the paper that I can see, and it could improve the methods section if there was a description of this point.
Response: all commentaries have been included in the text

Reviewer: Rohan Jayasuriya
Reviewer’s report:
- Major Compulsory Revisions
  1. The limitations of the study are not yet well discussed.[ refer to points made earlier]
  a) the authors response relates to response for d) below
  b) agree with the authors that if they asked the patients it would bias the results, mention should be made that the data could have been collected in an exit
survey which would have overcome the bias.

Response: we agree with the reviewer that a survey could have been useful. Unfortunately, we did not such survey.

c) the methods section in the revision states "only data from first visits were considered". If that is true, Table 1, provides a different story, as it states that 32% and 29% of the participants were first consultations. A little more clarity is required. Are they first ever visit to the practice (new patients) or first visit during the period of the survey (both new and old patients). The proportion of new patients in each group should be stated, as that could be a factor to consider.

Response: “first consultations” means that it was they first ever visit to the practice (new patients). This is described in table1 with a different wording.

d) authors responded: “this is a limitation of before and after studies. We included more details in the manuscript that describe methodological issues. Although a number of factors could have influence the behaviour, most of them were controlled or reported as limitations “.

The point made was that as data on many factors were not collected , statistical difference in the two groups may be due to other factors which were unevenly distributed in the two groups and not due to the intervention. If the authors claim that “most of them were controlled” then this must be stated in the methods section as “we controlled for …by…” . Usually control is by design (randomization) or by analysis. Obviously, it is not by design, then a Chi Square test does not allow control for covariates. Suggest authors consult a statistician to resolve this issue.

Response: we agree with the reviewer that a before and after design cannot control covariates. Therefore unknown factor cannot be adequately controlled. However, known reasonable factors such as age, gender, first ever visit to the practice, average waiting time for patients in the waiting room, and first cause of consultation (Respiratory-related encounter) were explored.

3. Authors state “we agree that this is a preliminary investigation with external validity limitations” I think authors need to also state the internal validity limitations, which are more serious.

Response: internal validity limitations were also mentioned: “The lack of random assignment could not evenly distribute unknown confounding variables between groups, and our statistical associations do not imply causality (17). Cultural differences may generate varied impact in doctor-patient communication and behaviors. We did not carry out a survey asking participants if they had seen the sign, how many had mobiles, or had them switched off because this may have introduced some communication bias taking into account the fact that a number of participants are related to other patients that attend the office."
Although the staff was instructed to avoid commenting on the study, the temporal effect of change due to other factors such as reception staff alerting patients or “messages” in the media could have introduced a bias. We did not include a period where the intervention was taken out to evaluate if the interruptions returned to the usual level. Although physicians were previously trained, bias may have no reliability checking of the GP measurements. Finally, we did not collect information on how often the consultation was interrupted by the physician.”

4. There are many grammatical errors. An editor could help improve the paper.
   - Minor Essential Revisions

The authors should improve the discussion. The Beck et al paper is not very central to this study.
Response: we include some other references which were discussed.