Reviewer's report

Title: Effect of a printed reminder for turning off mobile phone in the waiting room: a before and after study.

Version: 1 Date: 10 December 2008

Reviewer: Meredith Makeham

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The subject matter is of some interest as mobile phone interruptions are a common annoyance in many aspects of modern life, but there are a number of major difficulties in the design of this study and its rationale.

The following comments would all be Major Compulsory Revisions:

1. There is no evidence presented that patients receiving mobile phone calls during a consultation is likely to be related to a poor health outcome.

2. There is no background work done considering whether either the physician or patient felt that the health care being provided or received was in any way compromised by the patient receiving or making a call. In fact, the authors even suggest that some of the calls MADE by a patient during the consultation were to gather information required such as medication details. However calls 'made or received' are a single outcome measure in Table 2.

3. There is a general statement towards the end of paragraph 1 of the introduction that "Several studies suggested that communication during medical consultation has a significant association with patient outcomes" - this statement is so broad that it is basically meaningless, however the authors provide three references to support it.

4. This is followed by a subjective opinion statement from the authors that "almost everyone realizes it is discourteous to start a conversation during consultation". There is no consideration of whether a phone is left on despite a sign in the waiting room because for example the person is in a work or personal situation that requires them to be contactable at all times.

5. In terms of methodological design, the authors guess the number of phone interruptions "based on personal experience". Was this a pilot study of some kind? Is their recall reliable?

6. The data collection technique is unclear. I am presuming that the GP saw 498 patients, measured their call patterns, then displayed the sign, and measured the next 498 patient’s call patterns... The first sentence of the methods section is poorly constructed.

7. Who made the measurements of time? Was this the work of a single GP in the
practice? Did the GP stop during every consultation when a patient's mobile phone rang and collect the fairly detailed list of data and enter into Access? How long an interruption to the consultation did the data entry make? Did the GP perhaps report less in the 'after' group because of the time being taken in interruptions to record the data?

8. Was the GP measurement checked by anyone as to its reliability? eg the data is presented to the second in terms of time of call - based on a device in the GP's pocket. If there were several GPs collecting or if different GPs collected before and after, this could affect its validity.

9. Did the patients actually see the sign? They were not asked by the GP and this may be the reason the phone was on. Although the authors presume they saw the sign in the waiting room ("easily visible"), this is not measured and they may simply not have been aware of the request.

10. Table 2 of the results is inconsistent with the data presented in the text. Table 2 combines the outcome measure 'received or made', and the text in paragraph 2 of the results gives the same figure as 'recieving a call'.

11. There is no explanation of what would or would not have constituted patients excusing themselves for receiving or making a call, (this data could greatly vary from one GP to the next depending on their personal opinion of manners), or any discussion of how this is important to answer the research question.

12. The methods don't describe any collection of the data on the nature of the call, and yet data is presented on the number of calls related to medications and test reports, and that a large number of calls were from "relatives worried or inquiring about the medical consultation output".

13. The result that no gender difference was found "when comparing the exposed and non-exposed groups" in the first sentence of paragraph 3 in the results section is unclear as to whether the authors are refering to the proportion of calls answered, or to all aspects measured.

14. The next phrase doesn't seem to make sense "Although no significance was found among groups, the mobile phone was useful for identifying the names and doses of previously described medications..." etc - this was not measured based on methods and results presented, so what data was being tested for significance here?

15. The first sentence of the discussion makes a claim that the sign was "helpful to decrease the number of interruptions during consultation". However, this study was not measuring the number of interruptions per consultation, so this should be qualified as it is in the final paragraph. There is no evidence presented that the findings of this study could be generalised in any way.

16. We are presented with the proportion of patients that received or made calls in total, and it is problematic that this is mixed, with no explanation of whether a call made was actually at the request of the doctor to get information.
17. Overall, there are a large number of grammatical errors that would require editing before publication. They are too numerous to be listed.

**Level of interest:** An article of limited interest

**Quality of written English:** Not suitable for publication unless extensively edited

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

'I declare that I have no competing interests'