Author’s response to reviews

Title: General practitioners’ experience and benefits from patient evaluations

Authors:

Hanne N Heje (hh@alm.au.dk)
Peter Vedsted (p.vedsted@alm.au.dk)
Frede Olesen (fo@alm.au.dk)

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Author’s response to reviews:

Dear Editor

Thank you for your patience with this our manuscript! We have once again made some changes to the manuscript following the referees’ comments. I hope you find that this has improve the manuscript.

We went through the questionnaires again and made a modified qualitative analysis of the GPs’ reported changes in practice following the patient evaluation. We hope this is in concordance with the referee’s (Chang Shim) request.

Beneath this letter please find our answers to the comments made by the referees during their review of the previous edition of the manuscript.

We really hope that you will find the manuscript ready for publication in its present form and thank you for the fruitful process.

Best regards

On behalf of the authors

Hanne Heje

Referee 1:

Discretionary revision:

Tabulation of specific improvements made by the practice would made it easier to the readers.

We went through all the questionnaires once again to re-read the GPs’ descriptions of changes made following the patient evaluation. The GPs were asked if they had made any changes (or had specific not yet carried-out plans to do so) and under which heading they would categorise the changes (already tabulated in Table 4). Beneath these questions the questionnaire contained a few
empty lines on which the GPs were encouraged to describe the changes in their own words. 264 of the responding 474 GPs took this opportunity (some have described several changes but some of the GPs who answered that they had made changes and marked under which heading they were to be categorized did NOT describe the changes further and such do not count among the 264). This produced a very diverse data material. Through my years of GP research – and from being one myself – I know my fellow GPs to be of very few words when in writing. Therefore, many of the descriptions are very brief and often only in keywords. Despite that we underwent this data a qualitative procedure of verbatim transcription, thematising and careful reduction and produced a table which will be submitted as an additional file. I think it may be an inspiring supplement to the manuscript.

Referee 2:

Major compulsory revisions

Discussion, first sentence. In what way was there a significant impact on GPs? They were satisfied, which is concluded further down, but what kind of impact was there?

We added a small passage elaborating on the kind of impact that the GPs experienced. But by doing so we may have added redundant information to the discussion section. It has proven very hard not to do so during the process of producing a reader-friendly manuscript...

Discussion: There is still a lot of repetition of results. The authors could take out numbers and shorten the discussion by referring to the result-section. An example from the first paragraph; conclude that a majority of respondents were positive to the project. This would be a summary of the first half of the paragraph, which can then be left out.

We agree that there is indeed some repetition of results. This study have produced many bits of results and having just reread the manuscript, we find that it would have been quite confusing and continuity-spoiling to read the discussion without a brief re-presentation of the result-bit in focus of each specific paragraph of the discussion. On this basis I we chose not to change much.

Discussion paragraph 11: “we may have overestimated the impact of the feedback meeting…” Here one limitation with the study is highlighted. The authors seem to have designed, carried out and evaluated the project. So the evaluation may be biased by the aim of the project (which is different from the
aim of this study) and the desirability to have succeeded with the project. Add to limitations.

The referee is quite right in that it is not methodologically correct to have the project group evaluate the outcome of their own project. We tried to elaborate a bit on that in the limitations-section.

Limitations: Parts of the limitation is about the whole project as such having limitations, not specifically the evaluation. These limitations could be presented more briefly and in one paragraph. Some however, as the bias of inclusion in the project, of course have an impact also on the evaluation.

The DanPEP-study had limitations of which only those relevant for the present study have been included in this manuscript. Discrete revisions have been made to the limitations-section.

Minor essential revisions

With the information on The Danish general practice I interpret that it is in her role as manager that the GP is approached in this study (rather than the role as doctor). Could be made clear if that is the case. Other countries may have other professions managing a GP practice, and hence being responsible for quality improvement.

Interesting point! This is made more precise by minor changes in the attached file describing Danish general practice.

Introduction, last sentence. It is nor all clear what the authors want to say with this sentence. Could be deleted?

Yes, to be honest – it could and has been.

Discussion paragraph two: I am not sure that having learnt something necessarily involve a reflective process.

Well, unless the GP answer “no”, we think that to extract from this complex process one need to reflect at least a bit.

Commentary to paragraph three: I don’t see the contradiction. The majority have learnt something, but increasing awareness is another thing. They could have had a great awareness beforehand (hence hard to increase), they learnt
something else that had nothing to do with awareness, or, as the authors suggest they did not disseminate results (and possible reflections)

We agree with the referee in that there may be no contradiction. We chose the verb “contrast” to underline the complexity of the results and that they may be difficult or even impossible to interpret out of the context of that specific clinic.

Paragraph seven: I don’t follow the last conclusion. How would we know that more supervised follow up activities would lead to less deterioration in job satisfaction? Do we know the reason for the deterioration in the first place?

We think that these GPs may have been close to burnout before entering the project presented to them as an improvement project. Having raised an expectation that they may be catalyzed forward we have no right not to try and do so.

Paragraph eight: seems out of context

This paragraph has now been moved to a more relevant context.

Limitations: The arguments for not conducting multivariable statistic tests are rather weak (especially “limited population” as it is stated earlier that it was a high number of participating GPs).

We absolutely agree with the reviewer and actually a small number would some time be an argument for conducting a multivariate analysis. However, we did not express this clear enough because we did not mean a multivariable model but including even more variables. Although including many variables, we only included those relevant to the hypotheses we had made. We now have rewritten this sentence so that it cannot be misunderstood.

Referee 3:
1. It is still difficult to understand what a “nested study” is, please explain this further.

We used this term to explain that in a few counties we divided the GPs in two groups with and without a reminder to the non-responding patients thus studying the effect of a reminder procedure on the response rate. To avoid any epidemiological confusion we changed the word “nested” with “concomitant”.

2. The issue of generalization needs to be further elaborated in the Discussion part.

We added a bit on the generalization issue.
3. Due to the large number of hypotheses-tests there is a substantial risk of type-1 errors. This problem is touched on in the limitation part but still not sufficiently discussed.

We agree that we need to take into account multi significance. We have mentioned this in the discussion as an limitation. We now include a discussion where we include the Bonferroni criterion (alpha/number of variables).