Reviewer's report

Title: Identifying context factors explaining physician’s communication behaviour: an explorative study in general practice

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Reviewer: marcel reinders

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Major compulsory revisions

1. The authors have analyzed 17 consultations of GPs in order to identify contextual factors of communication skills. This seems to be a very interesting area for research and made me very eager to know what these factors are and how to handle these. The first two paragraphs of the Background however seem to discuss the problem of transferring that what is learned in the vocational training to daily practice, which is of course also very relevant, but is not the subject here. Therefore I would suggest starting the Background with the third paragraph “in the past few years …”, which sounds very relevant to me.

This also applies to the Abstract/ Background, in which there seems to lack a logical step from sentence 2 to sentence 3 “although communication skills …”. Unless the authors want to make a point that communication do yield much improvement to communication skills, and it is just because we are observing with the wrong materials, that we are measuring otherwise, I tend to struggle with this opening paragraph.

2. The presentation of the results could be improved by structuring with subheadings. Now each paragraph ends with the conclusions of the discussion group, which represents the procedure in time sequence, but is difficult to follow. Please check that all items in Table 3 are also discussed in the Results (which is not the case now).

3. Please explain if saturation was reached and how. My first impression was that observing a sample of 17 consultations was probably not much, but elaborating on how saturation was achieved, might be helpful to convince the reader. Unfortunately, a lengthy paragraph in the Discussion mentioned that indeed there might be more factors to be found, if more samples were taken. Please explain, whether the achieved saturation is likely or not. I would suggest to look at the existing literature, and compare if items were still missing that others may have found indeed.

4. At numerous occasions, the authors refer to what is (page4): criteria from formal training, recommended skills, generic communication standards, criteria taught; state of the art (abstract)….. I am afraid that from these remarks the readers are given a false idea that these criteria really exists, while in reality communication might not be captured in uniform criteria. So, probably there is no gold standard with which deviations can be found (conclusion). Otherwise, if the
authors do have a clear idea of what this standard is, please explain.

5. The authors have focused on low scores on the Maas-Global instrument, which they used to discuss whether these were real flaws or that these could be justified by contextual factors. This looks very relevant to me, but as it is, it also seems like a validation study of the MAAS-Global Instrument to me. Although in the Discussion page 13 this is mentioned (‘update of the MAAS’), in the Background section this could be brought forward already as well.

6. Could the authors suggest in the Discussion section what the precise consequences of the relevant contextual factors are for the vocational training of the GPs, because this seems to be lacking.

Discretionary revisions

7. Page 2 Abstract/methods: First sentence: ‘highly’? What does that imply?

/results: First sentence: ‘visits’? What does that mean, visits to the doctor?

8. Page 3. Last paragraph: ‘From this we hypothesize…’. To me it is not clear how the authors come to this hypothesis.


10. Page 4. last sentence: This sentence is a bit awkward; when (if), whether…

11. Page 5. first sentence: Reality of GPs: what does that mean?

12. Page 5. first sentence: I am not sure if ‘daily practice’ can be used as ‘daily general practice’.


14. Page 6. line 3: I am not sure if the Maas Gobal is used to guide patient centered communication, but the authors of course may be right here.

15. Page 6. first paragraph: I am not sure if the readers all know what behaviour indicators are, when we are talking of communication skills. Please explain what behavior indicators are.

16. Page 7. Results, first sentence. I guess deviations in communication skills are actually low scores on the MAAS, please say so.

17. Page 7. Doctor related factors: First sentence; …,or referring… is awkward.

18. Page 7. third paragraph: a related factor is a related contextual factor I suppose.

19. Page 7 last sentence: I guess this is a bit obvious isn’t it, but if it was not always observed, what could be the explanation for that?, otherwise delete.

20. Page 8. A First sentence… this sentence opens a bit awkward, perhaps it should be rewritten.

21. Page 9. Second paragraph: These consultations….The latter? ; and, excuse me for not knowing, what are single consultations?

22. Page 10.Third paragraph: Together synergistically, I am not sure if that isn’t double.
23. Page 13. Last sentence: From this… Future research and further research should probably be combined.

24. Page 14, third paragraph: This could have made a difference… this sentence is difficult to comprehend. Please clarify.

25. Discussion: Patient related contextual factors are found, that have great effect on communication skills of GPs. If this is the case, this opens up a very interesting area for discussion. Maybe the physician is not solely responsible for the quality of the communicative aspects of the consultation, but the patient is responsible too. Would this not be something for a paragraph in the Discussion section?

Minor essential revisions

26. Page 2 (and throughout the manuscript): The authors seem to use communication skills, communication performance and communication behaviour all for one meaning, which is not the same to my opinion. The authors better refrain to one definition.

27. Page 3 Background/second paragraph: ‘firstly, it has been…’ seems to give no explanation, but simply repeats the problem definition.

28. Page 3: Background/second paragraph: ‘secondly, the transfer is…’. Perhaps the authors claim here that communication skills can be taught at school and then transferred in practice. Maybe the reality is that GP residents predominantly acquire communication skills by learning by doing, and the institutes just ought to provide theoretical frameworks like patient-centeredness, shared-decision making, bad news telling etc.

29. Page 4: First and second paragraph: In the past few years… has been made [28]. Perhaps the authors could discuss all referred studies together and be more concise.

30. Page 5. Methods: Each with a different…. Probably it would be useful to start here with the number of observers and the number of observed videotaped consultations.

31. Page 5. Methods, first paragraph. In the Dutch....”I do not think this adds much to the methods section.

32. Page 5. The study regulation: Perhaps the authors can take this section out and put it in one sentence after the main manuscript.

33. Page 5. Last paragraph: Problems (samples?) were selected… I don’t know how this fits in, together with criteria 1:) a broad range.

34. Page 6. last sentence: after analyzing…. Perhaps the authors should clarify why 8 consultations were seen and then sets of three, I guess there must be a well planned idea behind it.

35. Page 8. How can the observers conclude that physicians were older and more experienced, just by observing what they looked like?

36. Page 9. Consultation related factors, First sentence (awkward): what is a marked difference in a qualitative study?
37. Page 10/11 Discussion: After a very nice and clearly written opening paragraph, the rest of the discussion seems to be very long with several overlaps.

38. Page 11, second and third paragraph: I would suggest here to use one or two sentences for goals and context factor, and then one or two sentences for what the authors added or confirmed to that.

39. Page 11. Last sentence: Although the initiative….. This is confusing to me. Should the doctor yes or no explore all emotions etc if it comes down to ‘easy stuff’?

40. Page 12. Second paragraph. I would suggest leaving out this whole paragraph, which is mostly about contextual factors the researchers did not look upon. If the authors do like to report on this matter, I am afraid that it would not contribute to the rigorousness of the study.

41. Page 12. Last sentence; page 13 first two sentences. The former also applies to the clinical practice guidelines etc. I am afraid this is beyond the scope of the study.

42. Page 14. Limitations. The authors seem to be ambiguous about whether saturation is reached or not. If more contextual factors might be revealed, please check some more consultations. Otherwise mention the method as itself as a limitation. Perhaps even a systematic review could provide more evidence on contextual factors

43. Page 14. Conclusions….. yet displayed adequate overall professional performance. I guess this conclusion is pretty strong, considering the fact that 3 observers scored 17 consultations of unknown GPs. I expect that the inter-observer variability that usually comes with this kind of scoring does not allow for strong conclusions like this.

44. Page 15. Conclusions, Last sentence. Future research … Perhaps this sentence belongs to the Discussion rather than that it is a conclusion.

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**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