Reviewer’s report

Title: What Factors Affect Patients' Recall of General Practitioners' Advice?

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Reviewer: Philip W B Watson

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Re: 'What Factors Affect Patients' Recall of General Practitioners' Advice?'
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This paper sets out to explore factors predictive of recall of GP advice after a short and long delay between consultation and recall assessment.

My impression is that the findings of this paper provides additional evidence that the more problems patients bring to a medical consultation, the poorer the recall of advice provided will be. In this sense it reinforces the existing research/literature base and may be worthy of publication on the condition that the points outlined below are addressed.

Abstract:

In the abstract, it details two odds ratios for one predictive factor (i.e. The number of instructions) in the results section. This needs to be clarified. (Minor Essential)

In the results section of the abstract it doesn't detail the direction of the determinants/predictive variables. (Minor Essential)

Background:

On a general note, I felt the text needed broken down into more sentences rather than overusing semi-colons. Moreover, when quoting numbers under 10 in the text, they should be written as words (e.g. four as opposed to 4). (Minor Essential)

The background sections frequently refers to the review paper by Kessels. However a more comprehensive and contemporary review of factors predictive of recall is available by Watson and McKinstry (2009). (Minor Essential)

In paragraph five in the background section in parentheses it notes 'category of information'. I wasn't sure what this meant? (Discretionary)

In paragraph seven it states that a short consultation time would lend itself to less specificities to be imparted. I would have thought that it would lend itself to more being discussed given time limitations. (Discretionary)

Methods:
I feel the ‘patient’ paragraph of this section needs reworded as I found it difficult to understand. (Discretionary)

The paper doesn't specify exactly what the criteria was for determining what would be regarded as 'correct' recall of information. The paper doesn't specify inter-rater agreement statistics. (Major Compulsory)

When patients didn't recall- did they simply not recall at all or did they recall wrong/inaccurate advice? This could be of clinical interest. (Discretionary)

Results:

In the 'sample' section there is repetition re: 'the youngest and oldest participants'. (Minor Essential)

The re-test interval used for the purpose of analysis was very variable- and may be worth highlighting this point in the discussion in the context of results interpretation. (Minor Essential) The authors have conducted a number of binary logistic regression analyses- due to the predictor variables not being continuous variables – however, conducting multiple tests will inflate the probability of statistical error and this should be highlighted. (Minor Essential)

Discussion:

Given one of the primary findings of this paper was that if multiple pieces of advice are given, the level of recall is poorer, I felt that the recent paper by McKinstry et al 2011 in Postgraduate Medical Journal should be referenced. (Minor Essential)

I felt the point raised about patient explanations needed to be clarified/expanded upon in relation to how this would impact upon recall. (Minor Essential)

I also wasn't sure about the point made about having many life experiences could compensate for deficits. Further explanation needed. (Minor Essential)

Towards the end of the Discussion section it should read ‘ as stated by Ley’ - not Levy. (Minor Essential)

The last sentence of the limitations paragraph should not start with 'Then'. (Minor Essential)

Conclusions:

I did not think the miniskirt analogy was appropriate, and should be removed. (Minor Essential)

Practically, I didn’t think it would be possible to measure patients' educational level before adapting a consultation schedule to enhance their recall ability- I think that the implications of this should be discussed (Minor Essential)

Quality of written English: Acceptable
**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.