Reviewer's report

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

Version: 1 Date: 29 November 2011

Reviewer: George K Freeman

Reviewer's report:

Major compulsory revisions
None

Minor essential revisions
1 Suggest reference 1 is a rather inadequate source for the worldwide challenge of multi morbidity. It's good to have this reference to the country where the present work is done, but in justifying interest in the study a wider view is needed. How about quoting one or both of these here? (1,2)

2 Much of the quoted literature is quite old. This does not invalidate it, but it's worthy of comment and if modern literature is lacking then this is more justification for the study.

3 Page 4 Reference 16 should be described as Petek Ster et al, not Svab et al!

4 Page 4, it's interesting that consultation time is so short in Slovenia - by a factor of 30%. It would be helpful to readers to state the mean Slovenian consultation duration here. We learn only later that it's 6.5 minutes in this study.

5 Page 5. At the end of a quite long introduction, I'm rather confused as to what the authors feel we already know, and what we no need to know. Therefore I find that the justification for the declared aim of the study is not clear. The purpose of the Introduction is to answer the question 'Why did we start?' it does not do this well enough.

6 Pages 5 and 8. Data are plural, not singular (datum).

7 Page 5. After an initial justification of the study in terms of rising prevalence of multi morbidity, it's a surprise and disappointment to find that patients with multi morbidity are excluded! This needs to be justified. The point is dealt with in discussion (really that it's easier as a first step) but needs to be dealt with up front.

8 Page 6 I couldn't understand the paragraph 'materials' until I'd read the next one 'procedure'. I suggest the 'procedure' is placed first.

9 pages 6-7. It emerges gradually that this is a simple study done with minimal resources. This gradual revelation makes the lack of video and imperfect timekeeping look like limitations. It would be better to discuss the resource limitations in the introduction and then say why it seemed a good idea to proceed with quite a simple study ('Why did we start?' again!)

10 pages 7-8 Data analysis. This seems almost deceptively simple. How was an
'instruction' defined? How could it be that agreement between the doctors' records and the nurse's assessment proved to be 100% - it seems too good to be true. General practice is messy and imprecise in my experience! So exactly how were the patients' answers compared with the GP's notes? How did the senior GP 'test the veracity of assessment'? What criteria were used?

11 page 8 we're told nothing about the content of the 'instructions'. I'm surprised that all patients had at least one instruction! It's all too clean and perfect.

12 page 9 it's a real pity that time data were not collected adequately!

13 page 10 Table 1 needs tidying up. Presumably the sub-editing will take care of this.

14 Discussion is very long and repetitive for what is really rather a simple study. I suggest the classical BMJ headings are used (3). This would mean the limitations are discussed before the interpretation of the findings, which is preferable. I think the fact that only one practice was studied, while understandable, is a serious limitation, which limits the generalisability of the findings. The inadequacy of time measurement is also most regrettable.

15 I think the value of this study lies in preparation for a more comprehensive study covering patients with multi morbidity in a representative sample of practices.

16 But the authors are very honest and do not exaggerate their findings so I think that if the authors address the suggestions above (1-15,17,18) this paper can then be published.

17 The written English is generally excellent. I've mentioned that data are plural. One other anomalous word was 'complexness' (page 16) - much nicer to say 'complexity'. (I see complexity is correctly used on page 7).

18 References page 18. refs 17 and 20 are the same. Not sure why Andersson is called 'So' - his name is Sven-Olof! So this should be S-O or SO.

Reviewer's references

(2) Salisbury C, Johnson L, Purdy S, Valderas JM, Montgomery AA. Epidemiology and impact of

(3) Docherty M, Smith R. The case for structuring the discussion of scientific papers: Much the same as that for structuring abstracts. BMJ 1999;318:1224–5.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable
**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.