Reviewer's report

Title: 'No need to worry': exploring family physicians' expertise in reassuring patients

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Reviewer: Sarah Alderson

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This article explores general practitioners recall of techniques used to reassure patients during consultations. The background describes why reassurance is important in primary care and the lack of evidence supporting the variety of reassurance techniques doctors’ use. They adequately explain why they wish to understand which techniques the doctors’ use as a starting point to understanding which techniques are effective in practice. The methods are appropriate and well described for understanding which techniques doctors use. The data appears to be sounds and the writing acceptable. This study is an exploratory study and as such, no recommendations regarding reassurance techniques can be made. It is therefore interesting but unlikely to change practice.

Major Compulsory Revisions.

1. In the methods section, dataset B, they mention that before and after consultations patients rated their level of concern. In the data characteristics for dataset B they mention the patients' mean level of concern was 4.9 but fail to mention if this was before or after the consultation. There does not appear to be any mention of the difference in before and after scores for the patients' level of concern, or any relation of the change in scores in relation to reassurance techniques used or in relation to the physicians rating of the importance of reassurance to that consultation. I would suggest further analysis is needed to include the results of the patients' level of concerns and how this changed after the consultations, its relation to how important the physician believed reassurance was to the consultation and its relationship to the techniques used by the physicians. Whilst the discussion accurately says that no conclusions can be drawn on the effectiveness of the strategies, this information was collected and should be represented in the results.

2. Further information needs to be provided on how the videotaped consultations were selected, such as who did the selection and what criteria did they use, particularly as it mentions that physicians’ communication techniques were used as a selection tool.

3. More information is also needed on how the GP’s in dataset 2 were identified and recruited, e.g. from research practices, all GP’s in an area etc. as this may affect the results obtained.

4. It is difficult to see how the conclusion that “Medical schools could adopt this
approach to train students in breaking bad news” has been obtained from the data. The results describe techniques to reassure and promote alternative diagnoses rather than to discuss a diagnosis of a serious condition. Its use in medical student teaching is not validated or supported.

5. Many of the findings listed in table 1 are similar to the consultation skills mentioned in the Calgary-Cambridge consultation model. No comparison is made to how the reassurance techniques employed relate to consultation models, particularly the Calgary-Cambridge which cites evidence for understanding patient’s ideas, concerns and expectations, as well as listing techniques to make the patient feel listened too, understood and reassured.

6. The abstract background, methods and results accurately summarize the study; however the conclusion suggests that this can be used to guide physicians on choosing reassurance techniques and teaching medical students. This is not supported by the results as this is an exploratory study rather than one of effectiveness, although its use in planning future research is correct.

MinorCompulsoryRevisions

1. There is a typo on line 9 page 22 (discussion) “For patients some less anxious patients….”

DiscretionaryRevisions

1. The data characteristics in results could be condensed and much of the information transferred into a table which would make it easier to read and to compare characteristics between the two data sets.

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