Reviewer’s report

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

Version: 3
Date: 16 May 2014
Reviewer: Tamar Pincus

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This study describes qualitative work through two approaches, primary and secondary analysis of interviews focused on consultations between physicians and patients with varied problems. The study aimed to achieve a better understanding of reassurance. The study of reassurance is seriously neglected and the authors should be applauded for taking on this important topic, and for considerable methodological rigour in their method of coding. The findings add important information and will be, in my opinion, of interest to many readers.

There are several aspects that could improve the manuscript further (major revision indicated by (M)):

1. The title is misleading. The study explored family physicians’ perception and decision-making reasoning around reassurance, but there can be no comment on expertise until we understand the impact of these techniques on patients. (M)

2. The abstract claims in the conclusion that the findings could be used ‘to guide physicians in choosing appropriate types of reassurance’. This is misleading too—see above—until we know which of these techniques are effective, for whom, and under what circumstances. (M)

3. The background is missing some seminal articles in the field, notably, Linton et al., 2008 and Pincus et al, 2013, both in Pain. The latter is particularly pertinent as it offered a model that the findings from this study fit into nicely. (M)

4. Some sections in the introduction could be improved. Line 11 states that ‘there is support for some approaches to reassurance used in groups of patients that are known to be highly anxious… What support? The section on realist theory adds little and is confusing. I would simply remove.

5. Method—some wording are odd and require explanation—such as ‘purposively triggered on page 5 line 18.

6. Some detail is need on the acquisition of data set A: why were the interviews recorded? (M)

7. It would be helpful to have some quantitative data too—what was the mean of reassurance as goal (sd)? What was the correlation between practitioners and patients in reference to reassurance? (M)

8. In places the information on interviews is repetitive and could be collapsed.

9. The paragraph on saturation (page 10, lines 9-13) is confusing and needs to be re-phrased.
10. Please change the word ‘invalidating’ patients’ beliefs.

11. Some comment should be given in reference to practitioners perception that they created trust through giving causes - what happened when causes remained unknown?

12. Some thought should be given to possible adverse reactions to the strategy employed in page 16 lines 8-10. Similarly, page 20 12-14. Some of these strategies could enhance anxiety, at the least - I would not define these behaviours as expertise!

13. Discussion - correct sentence page 22 line 9. This section also appears to accept that providing reassuring information for non-anxious patient is sufficient-based on what evidence? Later the phrase ‘shown to be effective’ is used - there is nothing in this study that shows any of these strategies to be effective. (M)

14. Figure 1 is very simplistic.

**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 hold a grant from Eurospine to explore effective reassurance in patients with low back pain.