Author's response to reviews

Title: How communication affects prescription decisions in consultations for acute illness in children: A systematic review and meta-ethnography.

Authors:

Christie Cabral (christie.cabral@bristol.ac.uk)
Jeremy Horwood (j.horwood@bristol.ac.uk)
Alastair D Hay (alastair.hay@bristol.ac.uk)
Patricia J Lucas (patricia.lucas@bristol.ac.uk)

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Author's response to reviews:

Dear Editor,

We would like to submit our revised article entitled:
How communication affects prescription decisions in consultations for acute illness in children: A systematic review and meta-ethnography.

We have revised the article in line with the recommendations and comments received from reviewers:

Comments from Reviewer: Linda Milnes

Major Compulsory Revisions

1. The abstract needs to include the methods used to appraise qualitative papers and any limitations of the review, as per guidelines for reporting systematic reviews.

Methods of appraisal & limitations have been added to the abstract

2. The conclusion in the abstract needs to be stronger with clear recommendations for practice or future research.

Explicit recommendations have been added to the abstract conclusion

3. Is the review registered with PROSPERO? If so the ID number needs to be stated.

The review was not registered with PROSPERO

4. The first line of the background could be clearer and state the prevalence of consultations for acute illnesses.

First sentence has been amended to make it clearer and a sentence giving available prevalence data has been added.
5. I think that the discussion regarding over-prescription of antibiotics needs to include a reference to why this is a problem for the health service/patient/GP – at the moment it is presumed that the reader will know this.

A sentence explaining why over-prescription of antibiotics is problematic has been added to the first paragraph of the introduction.

6. Is TARGET an acronym? If so what is the full title.

TARGET is not an acronym but the name of the programme & this has been made clear in the manuscript.

7. Under ‘Methods’ it is stated that 'standard methods' are used – is it possible to support this statement with a reference?

A citation has been added.

8. Was a study protocol written for this review? If so, please could details of where it is available be included in the paper.

A study protocol was written but not published, it is available from the authors upon request and a sentence stating this has been added to the methods section.

9. The literature search section is clear but there are some details that need to be added: the dates of coverage (years considered), the reason why the named journals were hand searched and any limitations that were used and a reason why quantitative data were excluded.

The Literature search section has been amended to give years considered, the reasons why named journals were hand searched, the limitations used, and why quantitative data were excluded.

10. The data extraction was conducted independently adding to the reliability of this stage but more detail is needed on what strategy was used to conduct the extraction – were piloted forms used?

Additional detail has been added to explain how the data extraction forms were used.

11. Page 7 refers to CA and DA which I presume are conversation and discourse analysis – these need writing in full before the abbreviation is used.

Done

12. Page 9, third line down there is a typo 'stylesindicated'

Corrected

13. Page 12 second paragraph there are two full stops after ‘rare’.

Corrected
14. The discussion mainly focuses on the communication between parent and doctor. However, the synthesis findings also highlighted that children’s voices were rare in consultations but that any contributions were meaningful and useful. This was an important finding that needs to be discussed within context of previous research regarding the low level of participation of children and young people in consultations and the implications of this for patient-centered care, children’s development of skills to consult and shared decision making.

A paragraph has been added to the discussion which considers the findings in relation to the children’s voices.

15. The conclusion needs to be stronger with some clear and feasible recommendations for practice. For example the authors state that clinicians and parents need to communicate more explicitly – how do the authors propose parents could be supported do communicate more explicitly?

Conclusion has been strengthened with more explicit recommendations

Comments from Reviewer: Sarah-Tonkin-Crine

Major Compulsory Revisions
1. Figure 2 is not available to view in the document for review and needs to be added.

The Figure is uploaded as a separate document.

Minor Essential Revisions
1. Abstract, results, line 10; should be “most were ambiguous”.
Corrected

2. Background, paragraph 3, sentence 1; should be “antibiotic prescribing” and “the effectiveness of interventions”.
Corrected

3. Methods, data synthesis, line 10; should be “in different studies a translation”, delete the word “and”.
Corrected

4. Results, study quality, line 2; should be “insufficient detailed reporting”
This has been left as the original “insufficiently detailed reporting” as we believe this is the correct phrasing.

5. Results, theme 1, line 3; missing space at “other styles indicated”
Corrected

6. Results, theme 2, line 2; “the most common form of diagnosis”
Corrected
7. Results, theme 5, line 2; additional spaces.
No additional spaces could be found.
8. Discussion, paragraph 3 line 10; should be “so that when parents perceive”
Corrected
Discretionary Revisions
1. Background, end of paragraph 2; could add recent reference from the Lancet -
Little P, et al. on behalf of the GRACE consortium. The effect of web-based
training in communication skills and an interactive patient booklet and the use of
a CRP point of care test in acute respiratory tract infection (RTI): a multi-national
cluster randomised factorial controlled trial. The Lancet 2013;13(8).
doi:10.1016/S0140-6736(13)60994-0.
Done
In addition, the supplementary material has been added.
We hope you will consider our submission favourably.
Yours faithfully,
Christie Cabral
Jeremy Horwood
Alastair D Hay
Patricia J Lucas
Centre for Academic Primary Care,
School of Social and Community Medicine,
University of Bristol, 39 Whatley Road, Bristol, BS8 2PS
christie.cabral@bristol.ac.uk