Reviewer's report

Title: Receptionist rECognition and rEferral of Patients with Stroke (RECEPTS) study - Protocol of a mixed methods study examining General Practice Receptionists' behaviour and attitudes towards patients with stroke symptoms

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Reviewer: Stephan Dombrowski

Reviewer's report:

All revisions minor or discretionary where mentioned

The current paper outlines the protocol for a mixed methods study examining issues around GP receptionist referral behaviour in the event of a call likely to be stroke. This is important research which will advance our understanding of the factors contributing to suboptimal thrombolysis rates for stroke. It has the potential to provide valuable insights into potential avenues for interventions which might improve stroke care.

Overall comment:

• Overall this is a well written and generally clear outline of an interesting and important study.
• Witnesses not patients initiate most health services contacts in the event of suspected stroke. Please reflect this in the text, which typically refers to patients making contact.
• I think the main omission in the manuscript is the development of the phone call vignettes which are central to the study. More detail needs to be provided on vignettes as well as behavioural measures of receptionist responses (see below for more detail).
• The study does not mention behavioural theory which has been used successfully in the study of health care professional behaviour and may add value to integrate the study in the existing literature as well as informing conduct and analysis of the study.

Abstract:

• “Research suggests that patients who first contact their General Practice following the onset of stroke symptoms do not receive thrombolysis, in part due to significant delays within Primary Care.” (p.2) – some patients still receive thrombolysis, although the likelihood is reduced.

Background

• Please clarify early on in the text that you are talking about primary care in a UK context. Also, does primary care need to be capitalised?
Methods

- “Receptionists within participating practices will be informed about the study by the Practice Manager but they will not be told the calls will be specifically about stroke.” (p.5) – Could you clarify whether they are told about phone calls in general as this sentence implies?

- “However, each telephone call will end with the role-player thanking the receptionist and informing them that the call was part of the RECEPTS study and that no further action is required by the GP practice.” (p.7) – Could you clarify whether the same receptionist could receive another 9 phone calls? I wonder how much receptionists suspect mock patient calls following the first contact? Would you be able to assess whether receptionists suspected simulation for study calls?

- Please change the term ‘GP practice’ throughout as it translates to ‘general practice practice’.

- “GP receptionist responses will be coded using an unannounced simulated patient telephone call data collection sheet (containing anticipated responses to the unannounced simulated patient telephone call).” (p.7) – Could you expand on the data collection sheet please? I am not sure what you mean by this. Also, if this has not been developed yet, how will it be developed?

- More detail needs to be provided on the development of the vignettes. How are these being developed and which aspects of the scenarios are being varied? There are many crucial content criteria which need to be attended to in scenarios including: stroke specific elements such as number of symptoms, severity of symptoms, type of symptoms; and context specific elements such as where the stroke happened, who observed it, suspicion of the caller (people often have a lay diagnosis which they share) and many more. These elements need to be identified and either varied systematically or held constant across scenarios (as the authors suggest with time since symptom onset). Please also provide details on piloting and validating developed scenarios.

- “The questionnaire will gather reception staff demographic details, personal experience of stroke...” (p.7) – This is an optional comment for the authors to consider in their assessment of relevant variables: the authors might want to also assess job experience, response knowledge (i.e. how to respond in the event of stroke as well as local procedures for dealing with stroke in their local context), familiarity with the FAST campaign. Importantly, I think it would be beneficial to assess theory-based social-cognitive variables relevant for performing health care behaviours. These are behavioural factors such as confidence, skills, motivation attitudes (the title would suggest this is assessed) etc in relation to the target behaviour of handle stroke calls. These variables might provide useful in designing and evaluation of receptionist training which attempts more than merely changing knowledge (which is a poor predictor or behaviour change).

- Qualitative section of the study – optional comment again. The authors might want to consider consulting the Theory Domains Framework (TDF) in the conduct of this part of the study (Michie et al, 2005) which has been found useful.
in identifying additional factors which might impact professional behaviour. The TDF is compatible with the authors suggested qualitative analysis and has been used with framework analysis in the past. The TDF has also been used successfully to train health professionals to change/influence health care practice. This is not to say that the factors the authors outline are not relevant.

• I wonder if the authors could expand on the mixed methods aspect of the study. They do a good job in outlining analysis of the different parts of the study, but it could be argued that mixed methods research is more than merely doing different types of qualitative and quantitative research within the same programme of work. Mixed methods aims to integrate the knowledge obtained from different sources/methodologies and it would be beneficial if the authors could elaborate on this aspect of the analysis.

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