Reviewer's report

Title: Quality of interaction between primary health-care providers and patients with type 2 diabetes in Oman: An observational study

Version: 1 Date: 8 August 2006

Reviewer: Anna Sarkadi

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General
This is a relevant and interesting study in view of the increasing burden of type 2 diabetes in the Arab world. This observational study, including an impressive number of observations, highlights several aspects of diabetes care as non-optimal, based on a checklist over the circumstances and contents of the consultation carried out by nurses and physicians in Oman. Improving the quality of care is essential for better patient cooperation and long-term results and this study might serve as a point of departure for continued discussion on diabetes care in Oman and similar countries.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Methodology
The aspects of environment and atmosphere in the checklist are dominated by formal criteria, such as the manner of welcoming and farewell, providing privacy, attentiveness, and the use of gestures and eye contact. Although these aspects are a prerequisite of a sound consultation environment, they do not provide sufficient information on the actual atmosphere. I would prefer to restrict the claim of the description to the environment. If not even privacy can be guaranteed, how are we going to get to mutual partnership?

In terms of aspects of care, the checklist is fully focused on the care provider with only a single point touching on patient participation, and lacks other aspects, such as patient’s expectations, apprehensions or the mutual agreement on strategies and follow-up. Care providers are expected to ask about medication compliance, emphasise blood sugar control, along with the importance of exercise, metabolic control, diet-control, etc. Implicit to the checklist is, thus, the compliance model of care where carers are expected to instruct patients, who in turn are expected to execute providers’ orders. This, however, is not stated anywhere and leaves the reader wondering if this is a conscious choice of approach.

Interpretation of results
The paper points out the nurses as providing mainly suboptimal care according to the checklists applied. I lack a discussion of whether nurses truly provide such low quality care or if it is in fact the checklist that is not adapted to the circumstances, possibilities, and objectives of the nurses. It seems that nurses see the patients for a consultation of no more than ten minutes before these see their physicians. What is the purpose of the nurse’s consultation? To measure routine physical and lab parameters prior to the visit to the doctor? Well, then care content is optimal, whereas environment should be improved. If the goal is to provide comprehensive and holistic diabetes care circumstances are obviously inappropriate.

I also have some concerns about the implicit value system of the study, mirrored by the checklist. The compliance model of care has shown to lack results despite improved knowledge and even increased self-testing of persons with diabetes; patients’ motivation, autonomy, empowerment, and self-efficacy have been increasingly emphasised instead. This, however, might be a model of care that is not applicable with a population where 51% of patients are illiterate and alternating physicians see 25 patients a day. In any case, I lack a discussion of these aspects.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

The authors have examined the consultation environment and atmosphere as well as some components of
the consultation using a newly designed checklist. I lack a bit more introduction to the field of consultation environment, including e.g. the model of Pendleton and the review by Boon et al from 1998. I lack the motivation of designing a new checklist restricted to the local diabetes guidelines.

Where did the non-Arabic doctors come from? Did their consultation style differ in any major way from their colleagues’?

Discretionary Revisions (which the author can choose to ignore)
I don’t see why authors find it disturbing that nurses did not calculate BMI. This score is readily calculated at any time later on if follow-up, educational, or research reasons demand so;

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: No