Author's response to reviews

Title: General practitioners apply the usual care for shoulder complaints better than expected - analysis of videotaped consultations

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Version: 2 Date: 20 October 2006

Author's response to reviews: see over
October 20, 2006

Subject: Revision MS: 1631830833105261

Dear Dr Kouremenou,

Enclosed is the revised manuscript entitled ‘General practitioners apply the usual care for shoulder complaints better than expected – analysis of videotaped consultations’. In this letter I will give a point-by-point response to the comments of the peer reviewers.

Norman Broadhurst provided 6 comments to the manuscript.

- **Comment 1:** The textual changes suggested in the hard copy have been entered in the revision.
- **Comment 2:** I have extended the description of the EAP by adding two paragraphs (1st and 3rd) on page 8.
  - ‘The educational part of the EAP consists of tailored information intended to remove the worries and questions patients have regarding their SCs. The trained GP helps the patient ….. daily living despite the pain [18, 19].’
  - ‘The EAP consists of ….. are provided by telephone.’
- **Comment 3:** The observers received a digital copy of the videotapes that they could replay on their computer as often as they needed. I have added this information in the manuscript on page 6.
  - ‘Copies of the videotapes were available to the observers giving them the opportunity to replay the videotape at their own convenience.’
- **Comment 4:** The items on the checklist are based on key features of the EAP. These key features are conceptual different and therefore expected to be not overlapping. There is however the possibility that the items are mixed during a consultation. The observers had however no problems in differentiating the key features. I have added this information in the manuscript on page 12 (last paragraph).
  - ‘The items of the EAP checklist are based on the key features of the EAP. This makes them valid items. It can be questioned however whether it is realistic to expect observers to differentiate between these key features. The observers reported however no difficulty in differentiating between the key features.’
- **Comment 5:** The EAP checklist was developed exclusively to study the EAP. Shortening the checklist by leaving out items would result in an incorrect representation of the EAP.
- **Comment 6:** I elaborated further on a possible approach to improve the performance of the trained GPs (1st paragraph page 14).
The focus of this attention ….. should be explored and discussed during this training.’

Trudy Bekkering suggested 5 major compulsory revisions, 3 minor essential revisions and some discretionary revisions.

- **Major compulsory revision 1:**
  I provided a timeline of the activities in the manuscript (page 7, 1st paragraph).
  We waited at least 3 months after the training before the GPs were videotaped.
  During this period GPs were able to exercise the administration of the EAP with patients that were not in the randomized clinical trial.
  ‘Time between the training ….. within a period of 18 months.’

- **Major compulsory revision 2a and 5:**
  The NHG guidelines (=DCGP guidelines) provide some guidelines that appear similar to the EAP but are not. The major difference between these is the exploration of the patient’s ideas and cognitions. The EAP uses information in a structured way to alter or reinforce these ideas and cognitions whereas the DCGP guidelines only provides the information and leaves it up to the patient to interpret this information. The time contingent approach is indeed recommended in the guidelines but it is illustrated by 3 examples of which the first two are clearly pain contingent. Therefore, I believe that reading the DCGP guidelines provides the GPs not a clear view of how to address shoulder complaints in a time contingent manner.
  Nevertheless, the EAP checklist was not able to detect this difference for all items. I have explained this in two paragraphs on page 13. This problem could have been prevented if we were able to quantify the quality of the items as you suggested in point 5. This implies that the observers would need a more extensive instruction on how to score the quality of the key features for which time and finances lacked. The goal of this study was however to get a first indication of the performance of the GPs. Although this goal is reached, quantifying the quality would have provided us with some additional information.
  ‘The item on patient’s thoughts ….. the aim of the intervention (item 12). It should be noted that ….. unable to detect this difference in elaboration.’

- **Major compulsory revision 2b:**
  The description of the items in the table have been changed.

- **Major compulsory revision 3:**
  The aims of this study are described more clearly in the last two paragraphs of the Background (page 6).
  ‘The aim of the present study ….. already embedded in daily general practice.’

- **Major compulsory revision 4:**
  ‘The effect of being videotaped ….. despite the Hawthorne-effect.’

- **Minor essential revision 1:**
  I have added the relation with the randomized clinical trial in the abstract. In the main text, the relation between this study and the randomized clinical trial is clarified in the description of the timeline on page 7.

- **Minor essential revision 2:**
  I omitted the use of a p-value to quantify the results of the randomized clinical trial (page 5).
'A randomized clinical trial evaluating the effectiveness of the additional EAP (EAP group) compared to only usual care (UC group) failed to showed an effect after 26 weeks [4].'

- Minor essential revision 3:
  I have added information on shoulder complaints and interventions aimed at psychological and social determinants in the Background section (page 5). ‘About half of the newly presented ….. prevent the development of chronic complaints [3].'

- Discretionary revisions:
  In the discussion section a description is given of the items with a reference to the numbering.

I am looking forward to the response of the reviewers on the revision of the manuscript.

Sincerely,

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