Reviewer's report

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

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Reviewer: Trudy Bekkering

Reviewer's report:

General
The study describes an interesting approach to explain findings of a trial on the effectiveness of EAP for shoulder complaints. The authors examine whether the lack of a long term effect of the EAP can be attributed to protocol deviations or to a lack of contrast between the two groups. Videotaped consultations of 5 trained and 5 untrained GPs are analyzed for performance and adherence to EAP. An important implication of this study is that trials such as the above mentioned one should use outcomes on the level of the patient as well as outcomes on the level of the GP.

A very important weakness of the study is its limited power, as acknowledged by the authors.

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

1. In order for the readers to interpret the results of this study and to relate it to the results of the trial, information is needed on the timeline of activities: when were the GPs trained, when was the last patient included in the trial and when were the videos made? The shorter the period between these activities, the better the results of this study can be used to explain findings of the trial.

2a. Please indicate which items of the EAP checklist differ most from UC. Certain items can be key feature of EAP but if they may also be part of UC. The NHG guidelines are referenced as a description of usual care but for example, those guidelines recommend explaining the cause and the prognosis to the patient. In addition, a time contingent approach is recommended (http://nhg.artsennet.nl/upload/104/standaarden/M08/start.htm). Of course, it may well be that GPs in practice do not adhere to the guidelines.

2b. In this respect, it would also be helpful if the items in the table reflect more adequately what is required of the GP within EAP. Especially item 5, 11 and 13 are unclear. For example item 1. ‘cause of complaints’ could be something like ‘explain that the cause is most likely to be physical’, and item 2 ‘inventory patient’s thoughts on the cause’.

3. The research question(s) should be stated more clearly. Then, the conclusion should focus on that question(s). The authors concluded that the groups differed less than expected but this expectation was not quantified in the manuscript.

4. An apparent difference between the trial and this study seems to be the videotaping. Can the authors comment on the question whether they think this could have influenced the results? I would expect that GPs being videotaped are more conscious of their consultations which may have reduced the contrast between the two groups. This effect could be rather large in this study because only 1 consultation was taped. If several consultations would have been videotaped this influence would have been less.

5. The authors state in the Discussion that observing the presence of key features in the treatment provide no information on the quality of the way they were administered. This would have given very useful information, also for how to improve implementation of EAP. I believe that it would have been possible to assess this using videotaped consultations. Could the authors please clarify why they chose not to include this in the study?

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
1. The study is related to a trial on the effectiveness of EAP. However, this context is not always clear. For example, the abstract does not state that this study is related to a trial while, also in the abstract, it is concluded that the low number of key features in the EAP could have led to its reduced effectiveness.

2. The use of just the p-value to state whether an intervention is effective or not is insufficient because the p-value depends on the number of patients/GPs, number of comparisons, the statistical methods used etc. Either give more details so the reader can judge the association or omit. It would be best to refer to the original results paper, if possible.

2. Based on the text, I believe the p-value in the Background should read 0.056 (instead of 0.56).

3. It would be helpful to get more information on the context of the EAP. Why and how was it developed and who developed it? Was it developed solely for the purpose of the trial?

Discretionary Revisions (which the author can choose to ignore)

Consider changing the title of the manuscript: GPs apply the usual care better than expected …. How can GPs ‘apply usual care better than expected’?

The second part of the Discussion focuses on a comparison of the groups at item level. The readability of the manuscript could be improved if these items were described rather than just stating the items numbers.

The last sentence of the conclusion states that the rational of the EAP should be explained more extensively. This study does not give a base for that recommendation and I would suggest omitting it.

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 limited interest

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests