Reviewer's report

Title: Characteristics of communication guidelines that facilitate or impede guideline use: a focus group study

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Reviewer: Jozien Bensing

Reviewer's report:

General
This manuscript describes the results of 10 focus groups (seven mixed groups of experienced GPs, communication trainers and trainees, and three groups of trainees only) on the usefulness and limitations of communication guidelines. The methodology and results are clearly described. These show that more help than hindrance was experienced from the communication guidelines, which are used in Dutch medical schools. The results are largely recognizable (they do ring a bell™) and interesting for communication teachers and trainers. The recommendations to use a more target-oriented approach (instead of focussing on general communication skills) is certainly helpful in a teaching setting.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
1. In fact, this article is not about guidelines but about teaching models. Using the term communication guidelines in this context is somewhat misleading. I have read the three articles which were cited to make the statement that doctors do not adhere to communication guidelines. However, the concept of communication guidelines was not used in any of these articles. These articles were mainly about the limited effect of communication training (which can be due to several factors) and not about adherence to guidelines. Guidelines are a set of (evidence-based or consensus-based) advices how to act in circumscribed situations. Guidelines can be used in teaching or in training, but are mainly developed to support practicing doctors in their day-to-day work (like in diabetes care).
I strongly suggest to change the word communication guidelines into teaching models all over the manuscript. And to put this study in the context of the medical education literature, rather than the guideline literature. In the Discussion, a plea could be made for developing communication guidelines to support physicians in different situations (patients, diseases, stages), as this would solve most of the problems mentioned throughout the article. They could even stat, that, ideally, all medical-technical guidelines should be complemented by focussed communication guidelines. That would be a relevant and interesting statement, based on the results of this study
2. Related to the first problem, I think that the authors mingle the issues of skills, competencies and performance. In medical education several skills must be taught in order to give physicians an adequate toolkit. In everyday practice not all tools are used for every medical problems or in every situation. So, apart from teaching all kind of communication skills, a second educational goal should be: teaching doctors how to choose the right communication strategy, depending on the situation at hand. I do agree with the authors that this philosophy is not yet common in medical schools, although it was pointed out by some authors before. But, again, this has little to do with adherence to communication guidelines
3. I was a bit surprised that no patients were involved in the focus groups. As the study is about doctor-patient communication, it would have been natural to ask the other party (the patient) what their view on this issue is. This could help to broaden the inner-directed view on what is good
communication™. I would consider this as â€“ a procedural flaw™.
Notwithstanding these critical remarks, I think that this manuscript
contains a lot of interesting information, both for teachers in medical
schools and in â€œ guideline developers™.

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

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Discretionary Revisions (which the author can choose to ignore)

**Which journal?**: Appropriate or potentially appropriate for BMC Medicine: an article of importance in its field

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

**Quality of written English**: Acceptable

**Statistical review**: No

**Declaration of competing interests**: I have no competing interests