Reviewer's report

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

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Reviewer: Margaret Holmes-Rovner

Reviewer's report:

General

The revised manuscript, "characteristics of communication guidelines", addresses an important and understudied area of research, the question of whether the standard approach to teaching communication skills to health professionals follows what is known about applicability to practice settings in the guidelines literature. The authors take a novel approach to the problem, using the guidelines literature as a template for assessing communication skills teaching as it is done in Dutch medical schools. In doing so, the authors challenge what appears to be standard Dutch medical school teaching, but has not been subjected to the test of applicability to routine practice settings, as seen through the lens of practice guideline implementation. However, there are significant gaps in the authors' review of the background literature and in their reporting of their methods. While the results are interesting, the authors do not reflect that these are the opinions of 10 small groups of trainers and practitioners (characteristics not described). The authors imply (p 23) that their focus group results represent the broader universe of practitioners and trainers and students and that communication skills training should be changed based on their results. This seems a strong claim for a small data set, which is likely to maintain biases the authors have not described. There is no limitations statement included in the report.

Background: Teaching communication skills is basically an intervention. There is a large literature about the teaching of communication skills. There are several reviews of the literature. MA Stewart has recently published one. In addition, there is a Cochrane review of randomized trials. See Lewin et al, 2005 issue of the Cochrane Library, issue 4, "Interventions for providers to promote a patient-centered approach in clinical consultations". That review is largely focused on trials and controlled before/after designs. However, it also lists all the vast literature reviewed to identify the trials. It would enhance the article if the authors reported what the impact of such interventions is, and therefore, why medical schools teach them. The review of the literature would reveal that many of the trials combine skills and disease-specific content. The introduction says (p 4) that implementation has focused on changing practitioners' attitudes or the organization of health care. Apparently the authors overlooked the literature on changing skills and behavior of practitioners. The lack of attention to the prior literature is an interesting oversight, since the authors report that their participants are concerned about lack of evidence of the effectiveness of communication skills training. The authors are less critical of the guidelines literature, although many reviews show that guidelines for technical changes have had implementation difficulties. Interestingly, the focus group results (p 19) suggest that evidence-based rather than consensus-based guidelines should be developed. Since neither the participants nor the authors report on a review of the evidence, this result suggests that a thorough and balanced literature review could help address the problem identified.

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

Background: Please describe conceptual framework: What is a "guideline"? The authors indicate that four medical schools use the same communication guideline and three use a different guideline each (p 7). Do they refer to a course? A set of published guidelines? Reference 25 is not available, and the description on page 7 doesn't say what they mean. Is this similar to communication "guidelines" in other medical schools in other countries? What is being evaluated in the focus groups?

Methods and data: Focus groups are useful for identifying issues in need of investigation. However, they are known to produce premature consensus, due to participants' tendencies to agree with each other in a group setting. This is not accounted for in their discussion of the methods or results. There are several
items missing from the report of the methods that need to be provided:

--The participants are not described (age, gender, years in practice, academic rank, etc). A table is needed, and some indication of how these differed among focus groups. How representative are they of some constituent group for guidelines?

--Remarks and opinions of novices are not differentiated from experts (even though they have three separate focus groups of trainees). If there are no differences, they should say so. They say in the text that only trainees used the whole model, but the table does not reflect this information, nor show a distribution of implementation rates reported.

--The authors report that there was lively discussion. However, they do not report differences or similarities between practitioner perspectives and trainer perspectives. The data report does not provide a context for interpreting their opinions.

--Guideline sources are not identified. These could be listed, even though the authors have submitted another publication elsewhere.

--Comments quoted from individuals are identified by the initials of the medical school with which they are affiliated. However, nowhere are those initials spelled out to show where they come from. If this is important, it should be more transparent.

--The coding process is not described except in terms of the software nodes. This does not show what content was looked for. They also do not include a "moderator"s guide or some other record of what questions were asked. This should be provided in an appendix. Even if the questions were open-ended, it is important to know what the participants were responding to. What scope of content was reviewed? How were the responses coded with respect to that content? What unanticipated, or unprovoked themes emerged?

--The authors report that to maximize "richness of interpretation" (p 6) three different researchers performed independent analyses. What was the inter-rater reliability of the final coding? How did their different/same interpretations contribute to the formation of codes? Could this analysis be repeated by someone who was given the dataset?

The main conclusion of the article (p 23) is that goal-directed communication guidelines should be developed. However, table 2 does not contain that conclusion. Table 2, and the accompanying remarks in the text appear to focus largely on who controls the communication, and how the structure of the consultation helps practitioners maintain "a grip". While the data provide a useful recitation of what this group of participants finds impeding, and to a lesser degree facilitating, about (undefined) communication, the authors do not make a convincing case that the list of assumptive flaws leads to a goal-directed approach. Finally, the authors' recommendations for applied professional ethics and knowledge about best practices are not well defined, or the case made for how these are contradicted by skills (p 23).

Which journal?: Not appropriate for BMC Medicine: an article of only archival interest, but might be suited to BMC Medical Informatics and Decision Making

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 declare that I have no competing interests.