Reviewer’s report

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

Version: 3 Date: 13 September 2006

Reviewer: Jozien Bensing

Reviewer’s report:

General
I have carefully read the revised manuscript: “Characteristics of communication guidelines that facilitate or impede guideline use: a focus group study by Wemke Veldhuijzen, Paul M Ram, Trudy van der Weijden, Susan Niemantsverdriet, and Cees PM van der Vleuten.

Unfortunately, and with some regret, I had to come to the conclusion that the authors did not respond adequately to my comments on the previous version. In the covering letter the authors have argued why they have stuck to their original approach. This reaction is not convincing to me. I am afraid that the authors seem to have missed the points I wanted to make. I will recapitulate these points below in an attempt to make myself more clear.

A solution to save this article would be to start the article with describing the status in communication training from the perspective on which it has its fundaments (the educational perspective) and to shift towards a guideline-perspective in the Discussion, namely (and only) on the basis of the results of the focus-group study. This could be an interesting contribution to the literature. Moreover, all references in the Introduction should be checked on incorrect use of the concept of communication guidelines. As it is now, I think that this article will produce too much confusion.

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

- My main comment concerned the article’s confusion between theoretical teaching models and concrete communication guidelines (see my comments on the first version). While it would be interesting to try to integrate the literature about implementation of guidelines with the literature about measuring the effects of medical education (as the other reviewer has stated), these concepts are certainly not interchangeable and should not be mixed up from the start. What is presented in the appendix as communication guidelines (MAAS-global, LACONTO, and so on) are not communication guidelines, but observation instruments which are used to measure general communication skills. I would like to repeat that clinical guidelines are a set of (evidence-based or consensus-based) advices how to act in circumscribed situations. LACONTO, MAAS-global etc. only represent general communication skills.

- I noticed in my previous review that much of the literature was wrongly cited, because the concept of guidelines was not mentioned in those articles. I again checked the cited literature, and again I have noticed that in their introduction to the concept of communication guidelines, the authors have cited several publications, suggesting that these publications were about communication guidelines, while this was certainly not the case. For instance in the cited publications about adherence to communication guidelines the concept of guidelines was not mentioned at all. Other example: the authors cite two publications which (should) show that communication guidelines are important for defining best practices, while at least one of these publications (the other I could not find) is definitely not about communication guidelines. I strongly object against this sloppy use of the literature, because it produces confusion and can easily lead to further mis-citations.

- My second comment in my first review had to do with the difference between skills, competence and performance. This is the essence of what I consider to be the difference between what is trained in medical schools (skills, and to a certain extent competence) and what is at stake in guidelines-research: whether physicians apply the ‘prescribed’ behaviour (which is a goal-related selection from the toolbox of communication skills) in certain circumscribed situations in everyday practice, in other words: performance. The idea I get from the authors’ reply and the content of the focus groups is, that many of the attendants in the focus groups share the idea that the communication training in medical schools does not fit everyday practice. Maybe, this is because the training is too much focused on general skills and too little on situation-specific performance. This is an interesting result and could lead to a recommendation that communication teachers should incorporate the concept of concrete communication guidelines in their training programmes, perhaps even embedded in the disease-specific guidelines. This is (with some
exceptions) not the case now.

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 problem that patients have not been contributing to the focus groups is now addressed in the Discussion, but quite superficially. The reason the authors give for not inviting patients to the focus groups is not very convincing because that explanation does not explain the participation of social scientists in those focus groups. It remains a bit strange to me that doctors and social scientists debate with each other which party is entitled to articulate what makes ‘good communication’, while the most important other party in the doctor-patient relationship (the patient) is left out of the discussion. This makes the results of the focus groups biased at least.

Discretionary Revisions (which the author can choose to ignore)

Which journal?: Not appropriate for BMC Medicine: an article whose findings are important to those with closely related interests and more suited to BMC Medical Education

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