Reviewer's report

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

Version: Date: 15 September 2006
Reviewer: Margaret Holmes-Rovner

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General

The authors of “Characteristics of Communication Guidelines…..” have responded to the previous review in detail in the covering letter. They have listed in several appendixes what guidelines they used, though they are simply listed, without any summary of what is covered. Overall, the data remains a journalistic reporting of interviewees’ complaints, rather than an analytic, scientific article. The authors state in their covering letter that qualitative data is a legitimate method for exploratory analysis. That is certainly true. However, qualitative analysis should not be an atheoretical listing of themes without analysis. The limited discussion and commentary is notable. For example, while they state in the covering letter that the consensus process for guidelines is crucial, this (and other data from guideline implementation studies) is not discussed in the article. The appendixes are generally helpful.

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

1) Provide the reader with a summary of the stimulus material. There were four guidelines. Those can be described with main theoretical approach and topics in a brief table. The authors say in the manuscript that, “Because not all medical schools use the same guideline, the focus group participants differed in respect of the guidelines they used as well as the purpose for which they used them (clinical practice, learning, teaching)”. While this is entirely reasonable, it would be helpful if the authors could provide readers with a brief content summary, so that it becomes clear what the focus groups were responding to.

2) Provide a critical evaluation of the interviewees’ complaints. The complaints are listed. The authors could go through and critically evaluate them. For example, the consensus complaint could be addressed. There is theory, and there are empirical tests of the theory that are published in a Cochrane Review of the subject. The authors need to evaluate the complaints and show where the perceptions match the evidence, and do not match the evidence. Both are interesting and informative to the field. Then they need to provide a conceptual summary of the complaints and discuss whether these interviewees fundamentally disagree with the theory. By concluding that flexibility is needed, do they mean to suggest that there is no basic disagreement? If so, they need to say so and substantiate what has been validated in the communication skills approach by these data, and what has not.

3) The focus group complaints include some common tensions in medical education, including, for example, “Doctors know best”. Is it true that research on doctor/patient communication is inconsistent with medical education? Is social science inconsistent with biological science? There are many perceptions imbedded in the language of the report that could be analyzed to show where the tensions appear to exist for these focus group participants, if indeed they do substantively vs procedurally find them difficult.

4) Discussion. The authors’ discussion is presently a series of responses to how they might “repackage” guidelines to fix the complaints. They do not offer a theoretical basis for which complaints to address, in what way. That is, which to acknowledge so the focus groups can feel listened to, but re-educated where their complaints reveal misunderstanding, and which of the complaints show that the guidelines have an empirical basis. For example, the guidelines may, in fact, be taught as if each encounter is a first visit. The reader can’t know whether that is true, since the authors don’t supply the guidelines, nor do they evaluate that complaint themselves. Are there modules in the guidelines for chronic disease? For return visits? For a patient presenting a serious focal problem that requires abandoning the usual structure? Lack of such critical analysis limits the scientific basis of their recommendations to the field of communication and communication guidelines.

5) Evaluation of whether the trainees and experienced doctors have implemented the guidelines in the spirit in which they were intended is missing in the discussion. It appears that both the positive and the negative comments show a real engagement with the core concepts of the guidelines. Is this generally true? This relates to the need to critically evaluate what the trainees perceive about the guidelines. What does the passion expressed in the focus group discussions mean about the implementation of these guidelines?
Can the authors address the emotions expressed in the focus groups? Is it just about frustration with the guidelines? Are they evaluated on their ability to implement the guidelines? Are there sanctions for not following them? The context would be helpful. If they are free to just ignore the guidelines, then the passion in the discussion becomes even more interesting.

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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)

6) Reliability. The authors say, “7.14 Yes, this analysis can be repeated. We did not determine inter-rater reliability. Instead we tried to maximize variation in the analyses by choosing analysts with different backgrounds. The final code set was formed by discussing the differences in textual interpretation and coding between first and second analysts”. If the authors mean that someone else could go through the same procedure, this is true. If they mean (as reliability usually does), that the results would be the same, they have not provided a basis for the statement. However, their methods do say what they did.

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

What next?: Offer publication in BMC Medical Education after minor essential revisions

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests.