Reviewer's report

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

Version: 4  Date: 2 May 2007

Reviewer: Margaret Holmes-Rovner

Reviewer's report:

General

I have re-read the last cover letter from the authors and the revised manuscript. I find the revised manuscript to be a fine piece of work. The revision of the appendixes satisfies my concerns about the nature of the guidelines. The training setting is now clearly described. The discussion is much more balanced and clear.

The responses to the first reviewer are also very convincing. Clearly the authors and the reviewer have a disagreement about the nature of a guideline. I believe that the authors are correct in stating that the reviewer wants to force their work into a “clinical practice guideline” conceptual framework that doesn’t fit. Since the authors have clearly defined what they mean by guideline, I find the use of the term to be clear and consistent.

I believe this is an important article. The scope is well defined. It contributes to the field of doctor-patient communication by uncovering some of the sources of resistance to this training and certification by physicians. This is important in moving the field ahead. Just as patients’ voices need to be heard and paid attention to, so do physician voices. This is clearly a field in which both sides of the communication are important. I look forward to sharing this important article with my colleagues.

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

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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)

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What next?: Accept without revision

Level of interest: An article of outstanding merit and interest in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.