Author's response to reviews

Title: Dunno if you've any plans for the future: medical student indirect questioning in simulated oncology interviews

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Author's response to reviews: see over
Dear Editor,

We would like to submit, as requested, a revised version of our manuscript entitled *Dunno if you’ve any plans for the future: medical student questioning in simulated oncology interviews*. We have addressed all comments of the reviewers (modifications are highlighted) and the manuscript has been professionally corrected by Edanz. Below you will also find a point-by-point response to the comments and recommendations of the reviewers. We would like to thank both reviewers for their compliments and their constructive comments that allowed us to improve the manuscript.

All authors have approved the revised version of the manuscript.

RESPONSE TO THE REVIEWERS AND LIST OF AMENDMENTS

**Responses to reviewer 1 comments**

1. *This is a very interesting paper in which the authors describe and analyse what they refer to as indirect questions in simulated patient interviews conducted by medical students and oncologists. The authors do not conclude simply that there were differences between the two groups. Rather, they specify what one of those differences was. The focus of the paper is on ‘I don’t know’ as a prefatory utterance to a question format. When both groups were compared (interviewing simulated patients) Oncologists used the ‘I don’t know’ form much less than the students. What’s also interesting about this piece is that it examines this phenomenon in a teaching and learning context.*

Authors’ response: We would to thank the reviewer for his constructive and encouraging comments.

MAJOR COMPULSORY REVISIONS
2. The authors have identified a very important and under researched aspect of communication, particularly in a clinical context, which is question design. However, there has been some interesting work that has been carried out on the topic of question design during the history taking phase most notably Mishler 1984, The Discourse of Medicine: Dialectics of medical interviews and Cassel 1985 Talking with patients vol. 2. The authors need to refer to some of this early work which identifies some key issues with regard to the design of doctors’ questions. More recently Boyd and Heritage, Taking the history: questioning during comprehensive history taking in Heritage and Maynard (eds.) Communication in medical care 2006) Albeit these studies are based in primary care settings, and based on naturally occurring interactions, their analytical input would provide the authors with a stronger hold on their own analysis.

Authors’ response: In line with this comment, we now refer in a new paragraph in the Background section (page 3, 3rd paragraph) to some studies (those suggested by the reviewer and another one) addressing the topic of question design in medical interviews.

3. The authors are also right to point out that when examining breaking bad news the focus should be on how this is done. However, they are wrong to suggest that by and large researchers in this area have overlooked this. Three of the references cited in the paper which deal specifically with communication in cancer (Maguire, Baille and Beach) focus extensively on how this is done and what is involved in the process with reference to the subtle nuances of the interaction. In particular, Maguire and Beach examine the how very carefully.

Authors’ response: We fully agree that the initial formulation wrongly suggests that researchers have overlooked how bad news are transmitted and how information is conveyed/gathered. We have rephrased this sentence in the Background section (page 3, 2nd paragraph) and highlighted the studies examining specifically communication practices in cancer care from the perspective of how things are said/done.
4. Also there are several other things that I think the authors need to reconsider. Firstly, more data and analysis is needed on the comparison between the student group and the oncologist group. I respect the fact that word limits may be an issue here, but more information is needed on this comparison to give the reader a deeper sense of what the differences were, and perhaps the similarities when the ‘I don’t know’ form occurred in the Oncologist group.

Authors’ response: According to this request, additional information about male/female ratio and scenario distribution in the student and the oncologist group and on oncologists mean length of clinical experience has been provided in the Methods section (page 5, 3rd paragraph). We have also added in the Methods Section (page 5, 4th paragraph) – according to this request and to a comment of the second reviewer (please see below) – additional information about student and oncologist training in communication skills. Such information shed light on the differences and similarities between the speakers of the compared groups.

Concerning the differences and similarities between oncologists’ and students’ IDK-Qs, we had focused on the content, the intent function and the simulated patients’ response to the oncologists’ IDK-Qs. It seems that the very limited number of IDK-Qs (N=5) in the oncologist sample does not allow to identify similarity and difference of IDK-Qs between the student and the oncologist sample.

5. Secondly, the reader is provided with a lot of information about the different forms of indirect questions (precise information, exploratory requests). There is less about how the patients actually responded to these. On page 7 the authors do point out that the simulated patients tended to provide extended responses or ask for more information. It would, however, have been useful to provide examples of what these extended responses looked like in order to get a sense of their relation to the ‘I don’t know’ form.

Authors’ response: We now provide in the Results section (subsection Simulated patient replies to IDK-Qs on page 9) three excerpts of interviews that exemplified
both how the simulated patients’ detailed responses or requests for more information look like and how the students responded to them. These excerpts illustrate the variety of responses to IDK-Qs.

6.
Thirdly, and this relates to a point made earlier in the paper (pg4) and in the conclusion, the authors suggest that the ‘I don’t know’ form could be a ‘protective linguistic strategy’ or a ‘marker for psychological discomfort’. If the simulated patients tended to provide more extended responses to the ‘I don’t know’ form then it isn’t really an effective ‘protective linguistic strategy’. There is a need to explore this further. This is the reason why those extended responses need to be exemplified and in turn details of how the students responded to these extended responses would provide invaluable data on this question format particularly in relation to the broader area of patient involvement and news delivery. The authors hint at this on page 10, however this needs more attention before jumping to conclusions about this form of questioning reflecting inexperience or psychological discomfort on the part of the student.

Authors’ response: We agree with this remark. In the revised version of the manuscript, Discussion section (1st paragraph, page 14), the relation between students’ protective strategy and simulated patients’ extended responses to IDK-Qs is further explored and discussed. Please see also our response to the second reviewer concerning students’ patient-centred communication style.
7. 
Fourthly, more contextual information would also have helped. For example, the authors suggest that the 'I don’t know' questions were used in the main as an entry point into discussing treatment options and medical issues. At what stage in the consultation did these question formats occur? Also, what kinds of exchanges preceded treatment option discussions.

Authors’ response: This is an interesting point. While generalizations cannot be made about the interview stages at which the IDK-Qs occurred – the students did not follow any established step-by-step protocol for breaking bad news, but were rather encouraged to be flexible and to adjust to the patient – we provide occurring trends for the three categories of IDK-Qs in an added subsection of the Results section (subsection Context of occurrence of IDK-Qs, page 7).

8. 
Finally, the discussion section needs to include more of the concrete findings which are adequately supported by the data.

Authors’ response: In line with this comment, we include now in the Discussion section on page 13 some concrete findings of our study (last paragraph). Please also see below our response to the second reviewer concerning students’ patient-centred communication style.

9. 
Overall this is a good paper dealing with an important topic so the authors should not be discouraged. I would recommend publication if the authors revise their piece by taking into account the comments provided.

Authors’ response: We would like to thank you for these words of encouragement.
MINOR ESSENTIAL REVISIONS

1.
A little more description of the methods would have been useful. The authors need to reflect on the limitations of the study.

Authors’ response: According to this remark, we now provide at the end of the Discussion section (page 14) a paragraph addressing the limitations of the study.

2.
Page 5 – sentence starting ‘The corpus…’ is not well expressed

Authors’ response: This sentence has been reformulated (please see page 6, 2nd paragraph of the Data analysis).

3.
Page 8 – sentence starting ‘Even if….’ again is not well expressed.

Authors’ response: This sentence has been reformulated (please see page 11, last paragraph).

Responses to reviewer 2 comments

First of all, I would like to compliment the authors on writing an original, clearly written and thought-provoking article. I enjoyed reading the paper and was surprised and pleased with the approach: that of analysing IDK-Qs. I feel that this paper should definitely be published and will add new and exciting information to the field of language analysis of clinical communication. However, I feel that the interpretation of data and the discussion could be stronger, some language mistakes/ambiguities should be corrected and perhaps the methodology can be elaborated on more.

Below, I have listed my comments, which I feel will make this an even stronger article that might appeal to a wider audience. I will look forward to reading this article again in the future!
Authors’ response: We would like to thank the reviewer for her enthusiastic words and helpful comments.

MAJOR COMPULSORY REVISIONS

A first problem I have with the paper is the incomplete interpretation of the results. I think the existing interpretations make sense, but feel that IDK-Qs are seen as a ‘negative thing’ from the start. I think it is very good that you compare students’ communication to oncologists’ communication, however I do not think you can automatically assume that the experienced doctors are better than the students. After all, communication skills have been introduced in the curriculum because the ‘old style’ doctors are not always great communicators (note: age might be an interesting variable to look at in the oncologists’ data, as it could say something about when they were trained and if they had any previous commskills teaching). I assume that the students might have had more communication skills and psychology training than the oncologists? Also, if an IDK-Qs evoke informative answers from simulated patients, then why are they so bad?

The possible interpretations that are missing, are the following:
• students take more time to explore the patients’ feelings and viewpoints.
• students might also have a more patient-centered communication style, because they have a better knowledge and more training in communication.
• students know that bad news can make a big impact on patients and they know that not all patients are capable of continuing an consultation or processing information, so they ask if the patient is ready for more information.

These interpretations would all assume that the students are actually more aware of psychological processes, give more attention to the patient and take more time to explore the patients’ needs and experiences.

Authors’ response: We fully agree with these comments and have taken them into account in the revised version of the manuscript. Please see below for the point-by-point answers to the comments.
Obviously, the interpretations you already mentioned also make sense, but I think if you take the abovementioned points into consideration, the discussion could be much more interesting and complete. In relation to this, I recommend:

• That the conclusion of the abstract is nuanced (as it stands, it is not a conclusion, but an interpretation). A conclusion would be: ‘Students use many IDK-Qs, more so than oncologists. Our paper will discuss possible reasons for this difference in communication style.’

Authors’ response: In line with this comment, the conclusion of the abstract (page 3) has been nuanced.

• That in the methodology, you give more information about how much communication skills teaching the students have had already.

Authors’ response: We agree that the training difference in communication skills of students and oncologists is in fact an important issue, notably when comparing these two groups. In accordance with this comment, we have added in the Methods section (4th paragraph, page 5) a subsection informing about student and oncologist training in communication skills. Please also see the information regarding male/female ratio and scenario distribution in the student and the oncologist group and oncologists mean length of clinical experience that has been added in the Methods section (3rd paragraph, page 5) in response to the 4th comment of the first reviewer (see above).

• That in the hypothesis, you could add something about the students perhaps having a more patient-centred communication style because of the new curriculum in which there is more attention to the consultation than before (I assume?).

Authors’ response: This is an interesting point. We now develop in the Discussion section (1st paragraph, page 14) an interpretation considering the possibility that IDK-Qs may be a result of students’ training in communication skills. However, we consider that a more patient-centred communication style of students – because of teaching in patient-physician communication – may not represent an a priori hypothesis; it rather is an idea that emerges from simulated patients’ extended
responses to IDK-Qs. This is why we develop this point in the Discussion section.

- On page 7, in ‘Simulated Patients’ Reply to IDK-Qs’, you are slightly biased by saying ‘didn’t restrict their responses’ - which implies that you thought they would. I think you can put this more neutrally (‘in 36 of the 53 cases where an IDK-Q was asked, SPs provided detailed responses and/or asked for more information.’)

**Authors’ response:** According to this comment, the sentence has been rephrased (please see page 9).

A second problem in the paper are the categories in table 1. Some of the quotations in different categories seem very similar. For example, in the medical/therapeutic questions, there are many questions starting with ‘IDK if you have any questions’, which could also very well fit the category ‘asking for opinion/Inviting for questions’. The same confusion arose when reading the pre-final paragraph on page 6: the first and third category are too similar. The difference should be made clearer or it might be worth revisiting the data and coming up with different categories.

**Categories could be:**
- *Eliciting patient questions (IDK if you have any questions (about xxx) )*
- *Checking patient knowledge (IDK if you heard of / if you know of)*
- *Exploring psychosocial issues (IDK if you are an employer/ how you feel)*
- *Making plans for follow-up (IDK if you want to make a new appointment)*
- *Negotiating the content of the consultation (IDK if you want me to explain / if you want to talk about it today)*
Authors’ response: We agree that the broad categorization of the IDK-Qs may result in some confusion. We made, as recommended, the difference between the categories clearer by defining and describing in a new paragraph in the Results section (subsection Content of IDK-Qs on page 7, 2nd paragraph) the content of the categories. As a consequence, the IDK-Qs inviting questions about the treatment (medical/treatment IDK-Qs) and those inviting questions that represent broad probes for questions or information about unspecified topics (inviting questions IDK-Qs) are distinguished; the distinction is consequently based on the content of these IDK-Qs inviting questions (treatment related and unspecified, respectively). The “inviting questions” category of IDK-Qs – we have removed the no more relevant “label” asking for opinion – now includes only these broad probes for questions or information. As a result, two IDK-Qs of the initial asking for opinion or inviting for questions category have been re-categorized. For more clarity and coherence, we have also renamed the medical/therapeutic questions category into medical/treatment category.

Even though we did not take the proposed categories in this preliminary work, we will keep them in mind for further analyses with a larger corpus of IDK-Qs.

MINOR ESSENTIAL REVISIONS

There are some small language mistakes or ambiguities, which I have listed here:

• The second sentence of the results section is not quite clear. I would rephrase it as ‘In total, 53 IDK-Qs occurred, of which 49 with a rising pitch.’

Authors’ response: We have rephrased this sentence as proposed (please see 1st paragraph, Results section, page 6).

• The sentence after this, I would replace the word IDK-Qs to the place between ‘used’ and ‘almost’ (so it says; female and male students used IDK-Qs in almost equal proportions’).

After this, ‘the ratio etc…’ should be a new sentence and start with a capital.

Authors’ response: According to these comments, we rephrased the first part of the
sentence as proposed (2\textsuperscript{nd} paragraph, Results section, page 6). Still, we have not changed the second part (splitting the sentence into two separate ones) since we refer to gender and scenario effect at the same time.

- On page 6, the last sentence before the heading ‘Exploratory requests’, is ambiguous. It says ‘probably interpreting them as a kind of request for clarification’. But who is the person interpreting here? The SP or the student – it is unclear! The whole bit after ‘probably’ can just be left out?

**Authors’ response:** In line with this comment, we have clarified the sentence in question (please see page 8).

- In that same sentence, ‘no’ should be in parentheses, as it is hard to understand in this way.

**Authors’ response:** According to this comment, we have put no into italics (page 8).

- On page 7, under the heading ‘comparison with the oncologists’, the first sentence could be clearer. I would rephrase it to: ‘Only 3 of the 31 oncologists used IDK-Qs, bringing the total occurrence of IDK-Qs to 5.’

**Authors’ response:** According to this comment, we have clarified the sentence in question (page 11).

- On page 10 of the discussion, on the fourth line, the sentence is a bit disjointed (‘Without affirming…. Extensively’). I would replace it with: ‘In most cases of IDK-Qs, Sps responded extensively, which suggests that IDK-Qs do not block effective communication.’

**Authors’ response:** In accordance with this comment, this sentence has been modified (1\textsuperscript{st} paragraph, page 14).

**DISCRETIONARY REVISIONS**
I would suggest adding an extra table with the frequencies as they are described in the first paragraph of the results section.

Authors’ response: We have added in the existing table the following information: rising or falling pitch, female or male student, curative or palliative scenario.

Some more explanation of DA, face and psychological mechanisms in the introduction or the methodology section would be good. Just a bit of background and explanation, so the paper is easily readable, also for those without a sociological/psychological/linguistic background.

Authors’ response: As suggested, we have added a few words in the Background section (last paragraph, page 4) explaining the protective function of psychological processes (defense mechanisms) and how speech acts may threaten face.

OTHER REVISIONS

A statement confirming ethical approval of the study appears now in the Methods section, as requested by the Editor.

The revised version of the manuscript has been edited by Edanz, as recommended by the Editor.