Reviewer's report

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

Version: 1 Date: 20 September 2011

Reviewer: Ged Murtagh

Reviewer's report:

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.

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.

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.

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.

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.

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.

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.

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

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.

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.

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

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

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being
published

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

**Declaration of competing interests:**

I declare that I have no competing interests