Author's response to reviews

Title: Doctor-patient interaction in Finnish primary health care as perceived by first year medical students

Authors:

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Author's response to reviews: see over
We thank the reviewers for their valuable input. In our revised manuscript, we have accommodated the advice, which we considered as relevant for the contents. Please, see the text below.

There were three main areas of concern in our article, which we have worked out in the revised manuscript. These were:
- Insufficient description of the Theoretical basis of our study
- Superficial description of the methods
- Too heavy conclusions.

We made extra efforts to make all necessary changes to our manuscript knowing the importance of this kind of approach to medical education.

Yours sincerely

Juhani Miettola,

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Feed back to Reviewer Paula Vainiomäki

AIMS OF THE STUDY:
In the revised manuscript, we clarify and focus the aim of the study. The main aim of our study was to investigate doctor-patient communication as perceived by medical students exactly as the title of the article reads. It was not our initial intention to explore the issue of role models. During the process, however, it came up as one of the main discoveries. We have revised the manuscript accordingly,

METHODOLOGY:
In the revised text, we have described more of the methods, the process, the justification of our approach, and to some extend the theoretical basis. We unanimously agreed on our final revised findings and conclusions.

SOUNDNESS OF THE DATA:
In the revised manuscript, we have replaced the unclear expression (“majority of students…” p. 7) with more accurate statement (“Two thirds….”).

DISCUSSION & CONCLUSIONS:
We admit that in the original manuscript, we may have gone slightly beyond the data with our conclusions. The problem has been taken care of throughout the revised text.
OVERALL EVALUATION:
We admit many of the reviewer’s comments, which we found as relevant and justified. However, we would like to bring to the reviewer’s attention that the way we analyzed the material was our choice. This choice was based on the fact that from written reports we should extract mainly qualitative findings.

The reviewer correctly comments that the data describe the student’s perceptions, but no causality can be inferred. The text has been revised accordingly. We also totally agree that the conclusions are tentative. This concern has been taken care of throughout the revised text. And concerning the discussion and conclusions, we may have used too our strong arguments (e. g. p.10). Those strong, non-relevant arguments have been removed from the revised manuscript.

REPORTING STUDENTS’ ACCOUNTS:
The whole idea of our study was to reflect the feelings of the students based on their post-exercise-reports. The reports are fresh reflections of their first feelings, but not any digested or weighed statements. Therefore, we have not taken the accounts as factual statements, but only as students’ first impressions. Nor have we evaluated the performance of the health centers based on students’ subjective impressions. And just to remind the reviewer about the aim of the study: it was to investigate doctor-patient communication as perceived by medical students.

INTEPRETATION OF THE DATA:
It was our intention to interpret the qualitative data, and so we did. We intentionally omitted frequencies (apart from a couple of basic ones). We focused on presenting a summary of our main findings instead. We used the data of 2003 and 2004 as reference material (as stated in the revised manuscript) just to check the stability of the findings over the time period of 3 years. Not having any change in the trend over the years, the amount of 127 reports (more than 40/researcher) meets validity preconditions for a qualitative analysis (saturation effect etc.).

MINOR COMMENTS:
Firstly, in the revised text, we have given a short overview of the Finnish health care and medical education system necessary for the context. Secondly, in our study, it was not at all possible to tackle the issue of training of communication skills; hence omission of the previous literature. Thirdly, the reviewer’s concern of reliability testing has been taken care of in the new text by revising the wording (“the 2003 and 2004 are used as reference material”, not more than that). Fourthly, some technical improvements have been made to the English text.
GENERAL COMMENTS:
Aim: In the revised manuscript, we clarify and focus the aim of the study. The main aim of our study was to investigate doctor-patient communication as perceived by medical students exactly as the title of the article reads. It was not our initial intention to explore the issue of role models. During the process, however, it came up as one of the main discoveries. We have revised the manuscript accordingly.
Areas of investigation: The context and the focus area have been clarified in the revised text.
Methodology: We admit that the description of the methods was vague. In the revised text, we have described more of the methods, the process, the justification of our approach, and to some extend the theoretical basis. We unanimously agreed on our final revised findings and conclusions.
Data: The reviewer correctly raised the concern of missing quantitative data. We emphasize, however, that our idea was to reflect the feelings of the students just after the field visit, but not any weighed opinions. We have not taken the accounts as factual statements, but only as students’ first impressions. Nor have we evaluated the performance of the health centers based on students’ subjective impressions. Instead of reporting quantity of appearance of concepts or wordings in the texts, we decided to focus on the general features and trends of the qualitative data. In the revised text, we have added a couple of frequencies, but deliberately omitted other quantitative measures, although worked out during the analysis process.
Discussion: We noticed the problem of going slightly too far with our conclusions. In the revised manuscript we have removed too strong statements and emphasize that the conclusions are based on the students’ perceptions, but not any objective facts.
Theory: We intentionally based our analysis on the students’ fresh and subjective reports on their perceptions without leaning on any theoretical framework. However, Garfinkel’s (1967) ethnometodological ideas as the source on gradually development of theoretical thinking were utilised, as stated in the revised text. The purpose was to reflect in our text the first impression of the students on the primary health care culture, which is a new world for them, as we state in our manuscript. We strongly feel that this is an area where further qualitative research could add new views on the top of the current understanding.

SPECIFIC COMMENTS:
Page 4, 2nd paragraph: The reference has been added.
Page 5, 2nd paragraph: “satisfaction” removed.
Page 5, 3rd paragraph: With the revisions fits the focus (table 1).
Page 6, 2nd paragraph: 2003 and 2004 data was used as reference, no changes in the trend encountered, 2002 sample was found representative (saturation etc.).
Page 6, 4th paragraph: See the comments on the theory (above).
Page 7, 2nd paragraph: “personality” removed from the whole text.
Page 8, 1st paragraph: Yes, it is a student’s belief; the concern has been taken care of by revisions in the text (the article focuses on the students perceptions but not our interpretations).
Page 9, 3rd paragraph: The whole paragraph has been revised to read more clearly.
Page 10, 2nd paragraph: No 100% evidence of any kind (again we emphasize that this article describes the students perceptions). Addition: Two of the authors having a long experience as GPs share the students’ perception. This participatory observation can be regarded as triangulation, i.e. supporting evidence.

Page 10, 4th paragraph: The text has been revised according to your advice.

Page 11, 1st paragraph: The non-relevant statement removed.