Reviewer’s report

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

Version: 1 Date: 9 June 2005

Reviewer: Lynn Knight

Reviewer’s report:

General

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

Summary

This report content analysed first-year medical students reports following a 2-day encounter at a health centre. The reports were structured around a check-list of prescribed questions. The researchers focused on two areas: attitude of the practitioners towards their patients and doctor-patient communication. Three main themes emerged (along with a number of sub-themes). These were: 1. Personal qualities of practitioners 2. Communication, interaction, dialogue 3. Context-related topics. Conclusions were that students became more positive following the visits to the health centre, the majority of GPs were considered as positive role models, styles of doctor-patient communication varied considerably (but no observed difference in patient satisfaction), disturbing factors in the doctor-patient relationship included staring at the computer screen and interruptions from team members. Certain types of patients needed more time for an adequate consultation.

General comments

The aim of the study was not made entirely clear. Did the authors want to investigate the importance of GPs as role models for first year medical students? The effectiveness of doctor-patient interactions as perceived by first year medical students? The motivational factors involved in health clinic visits for first year medical students? First year medical students perceptions of stress and workload for GPs? First year medical students shifting attitudes following health clinic visits? All these questions seemed to be discussed in this paper either in the introduction, methods or discussion sections.

As I see it, the two areas for investigation were first year medical students perceptions of the attitude of the practitioners towards their patients and doctor-patient communication. This needs to be clarified in the report along with clarification of the aims/objectives of the research.

I also have some methodological concerns. The authors are not clear enough about the method they have chosen, why they chose that particular analysis and how the analyses was undertaken. Content analysis can be used to determine the presence of certain words or concepts within texts or sets of texts. Typically, researchers quantify and analyse the presence, meanings and/or relationships of these words and concepts. Inferences are then made about the messages within the texts, the writers, the audience, and even the culture and time of which these are a part. As the authors conducted what appears to be conceptual analysis, this usually involves establishing the existence and the frequency of concepts. The authors need to explain the exact method of analysis and why they have chosen not to report frequencies.
The discussion of the findings appears to go beyond the data. For example, at times, the authors appeared to accept the students perceptions as objective reports; for example, Page 12, 1st paragraph Yet the reports strongly support previous findings that Finnish health care centre doctors are highly committed to their work... and paragraph 3 the reports indicate some weak areas in the doctor-patient interaction.. This relates to my earlier point in which the authors need to be clear about what it is they are looking at, their epistemological stance and methodological basis.

Finally, this paper appears to be written with little consideration of theory. There is a large body of research that has demonstrated that people explain their own behaviour quite differently than the way they explain other peoples behaviour (attribution theory). When another person has made a mistake, we will often use internal attribution, saying it is due to internal personality factors. When we have made a mistake, we will more likely use external attribution, attributing causes to situational factors rather than blaming ourselves. This is important when undertaking analyses of reports concerning others behaviour (i.e. students reports of GPs behaviour) and for the interpretation by the researchers in their theme Personal qualities of practitioners. The paper in its current form appears to be atheoretical; a consideration of the relevant theories (including doctor-patient interactions) will be advantageous.

Specific comments:

Page 4; 2nd Paragraph: Refs?
Page 5; 2nd Paragraph: Why mention satisfaction?
Page 5; 3rd Paragraph: Doesn't fit with Table 1 focus of study
Page 6; 2nd Paragraph: Why use the 2002 cohort?
Page 6; 4th Paragraph: Reference for content analysis; where did the theoretical model come from? Ref?
Page 7; 2nd Paragraph: dismissive attitude, unwillingness, respectful, competent etc Are these really personality variables?
Page 8; 1st Paragraph: How do you know that patients felt safe? This is a student belief, surely
Page 9; 3rd Paragraph: in some cases.. this is a mixed paragraph and reads very confusingly
Page 10; 2nd Paragraph: could this be due to presence of student rather than computer screen staring?
Page 10; 4th Paragraph: Wearing white coats, introduced as colleagues.all seem to be identity forming rituals but not coded as such
Page 11; 1st Paragraph: the high percentage of reporting speaks for representativeness of the findings. this means nothing to me.

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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?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of limited interest

Quality of written English: Needs some language corrections before being published
Statistical review: No

Declaration of competing interests:
'I declare that I have no competing interests'