Reviewer’s report

Title: Observed Communication Skills: How Do They Relate To The Consultation Content? A nation-wide study of medical students with a simulated patient in a first general practice consultation.

Version: 1 Date: 26 February 2007

Reviewer: LuAnn Wilkerson

Reviewer’s report:

General

The opportunity to collaborate on an educational study across institutions is an excellent one and I commend the authors for taking this opportunity to examine their work in this careful way. With that said, I am concerned that the conclusions that are drawn go far beyond what can be measured by a single standardized patient case in terms of communication skills. Petrusa in his review article on Clinical Performance Assessments in the International Handbook of Research in Medical Education, 2002, cites early work by Stillman (1990) that a reliability of .68 was achieved only after 3.25 hours of testing in the area of interviewing. In our own research (Guiton G, Hodgson CS, Delandshere G, & Wilkerson L. Communication skills in standardized –patient assessment of final-year medical students: a psychometric study. Advances in Health Sciences Education, 9: 179-87, 2004) we believe we have demonstrated that communication skills are case specific; some communication skills are more important in one case than in another. In a study using only one case, the conclusions should be very narrowly limited to the situation in this one case.

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

pg. 5 Some further effort should be made to demonstrate that the students who volunteered were similar to others in the same institution using existing measures or at least demographics. The completion of a self-assessment survey by a previous class is not sufficient to suggest that the sample represents something other than a sample of convenience.

pg 10 You need to be sure that you state your conclusions very narrowly. In this one sample of final year medical students on this one case...

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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)

Pg 7 I found the description of the consultation content indices and their combination into 8 subgroups to be very difficult to follow. I would suggest trying to describe this more clearly. You also need to report on the internal consistency of these indices just as you did on the ACIR. This will make it clear that you are aware of the limited generalizability of your findings. These same students may even behave differently in a similar case with these same dimensions but different medical content.

Pg 7 The MAAS items were scored on a scale of 0-5 according to the text but appear in the Table 2 as yes/no items. This needs to be clarified.

Pg 8 The sorting of the ACIR items as content and non-content items needs to be tested for internal consistency just as you did for the entire set of items. Given the high internal consistency and principal component analysis results, I do not think you are justified in producing a new scale without conducting the same level of analysis.

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Discretionary Revisions (which the author can choose to ignore)

Pg 4 Given the intensive communication skills training provided at one of the schools, I would suggest omitting curricular differences from your hypotheses and investigation.

Pg 7 It would be more appropriate to formulate the indices based on a factor analysis.

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: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

I declare that I have no competing interests.