Reviewer's report

Title: Using Television Shows to Teach Communication Skills in Internal Medicine Residency

Version: 1 Date: 7 October 2008

Reviewer: Javier Zamora

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The paper reports on the results of a before-after study assessing the impact of a mild educational intervention aimed to improve doctor-patient communication skills. The intervention consisted in a one-hour interactive session with a brief didactic presentation of the Kalamazoo consensus statement followed by featuring two excerpts from two popular television shows depicting sensitive situations with respect to doctor-patient communication. Authors collected pre-intervention subjective self-ratings about knowledge and understanding of Kalamazoo model as well as self-ratings about comfort levels in three clinical communication scenarios. Immediately after the intervention, participants were reassessed using the same ad-hoc instruments. Before and after scores were compared using appropriate statistics. Main finding is participants gained in understanding of the seven elements in the Kalamazoo model and also gained in self-reported comfort in applying the model.

1. Is the question posed by the authors well defined? YES
2. Are the methods appropriate and well described? NO (see below)
3. Are the data sound? FAIR
4. Does the manuscript adhere to the relevant standards for reporting and data deposition? YES
5. Are the discussion and conclusions well balanced and adequately supported by the data? PARTIALLY
6. Are limitations of the work clearly stated? YES
7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished? YES
8. Do the title and abstract accurately convey what has been found? YES
9. Is the writing acceptable?

YES

The question posed by the authors is well defined although methodology is weak to drawn definite conclusions.

Major compulsory revisions

1. Educational intervention is very mild. It’s only a one-hour session including presentation of background data and some video excerpts show. Under discussion section, authors should compare this intervention with other educational approaches aiming to improve communication skills (role-playing, standardized patients, etc).

2. Assessment is also weak. In one hand, all data collected rely on subjective self-rating. Secondly, the information is collected just after the intervention and observed gains are likely to be optimistic, and finally, the applicability to real doctor-patient communicating situations is not assessed. Future work should consider more objective assessments.

3. The primary outcome should avoid any reference to “applying” Kalamazoo model on communication as the outcome merely refers to understanding the model.

4. Conclusions about applying communication model should be lighten given that the study did not assess any real and practical application but focused on an academic setting. Throughout the manuscript, please keep away from concluding about the effect of the intervention on application the communicating model and focus only on participants’ self-perceptions.

Minor Revisions

5. The proportion of students responding to questionnaires is almost 70%. Although this proportion is relatively high, authors may discuss about potential baseline differences between responders and no responders.

6. I wonder if authors gathered any information on the reflection period in which students interactively discuss about the communicating scenarios. This “qualitative” information may be useful.

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

**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