Reviewer's report

Title: Use of email for patient communication in student health care: a cross-sectional study

Version: 2 Date: 8 November 2004

Reviewer: Cheryl A Moyer

Reviewer's report:

General

In general, this is an interesting paper that contributes new information to the literature regarding patient-provider communication.

------------------------------------------------------------------------------------------------------------------

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

(NOTE: I think this paper should be revised and resubmitted.)

1) Please address what you mean by "probably missing" from documentation in EMR. I am unclear as to what you mean. If the study design precluded you from taking individual messages and looking them up in the charts to see if they were in fact undocumented, say so.

2) Please address the decision to have physicians tally their own email, phone and visits - and please address the inherent issues associated with this type of data collection. This creates a great potential for measurement error - and while your data may be perfectly accurate, some discussion of the potential for errors of omission, estimations, etc. among busy physicians asked to manually tally things throughout their day ought to be included in the manuscript. Were there any other ways you could have obtained the same data?

3) Were any power calculations done to determine what you might be able to detect in terms of differences? Under the Results section, the 2nd paragraph under "activity of using email" lists the many things that were found to not be associated statistically - but with only 52 respondents, it would be difficult to see many differences aside from those that are especially glaring. This weakness of power ought to be addressed in the discussion.

4) How are students made aware of their doctor's email addresses? Or are they?

5) It would strengthen this paper to address the types of issues that might be able to be handled by email. Understanding that that was not part of data collection for this paper, discussion of the myriad ways email can be used in a clinical setting (much of which can be administrative (setting up appointments, RX renewals, etc.), and much of which can be FYI only (information follow-up after a visit) can inform the interpretation of such statements as "Only 2% of visits could have been replaced by email" and "21% of phone calls could have be substituted with email." Clearly it depends on the way patients are using email. In our studies, more than half of patients' emails were administrative in nature, but that is a function of the way we have encouraged patients to use it. The context of email use in this setting was not elucidated particularly well.

6) In the discussion, the authors say that 73% of emails were not documented in the EPR. I'd like to see a bit more discussion of the implications of this statement. Do you think that every email ought tc
be documented? Or is it possible that they are often about relatively minor things that are not worth creating the extra documentation. Directions for future research might include LOOKING at those undocumented emails (comparing real emails from patients with their EPRs) and determining with expert input whether or not those omissions are likely to be problematic down the line.

-----------------------------------------------------------------------------------
Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

1) The authors cite two manuscripts by Katz and colleagues as support for the statement “They (university students) represent that part of population which is generally regarded as the most appropriate to use email in doctor-patient communication.” In my reading of the manuscripts by Katz and colleagues, nowhere do they suggest that students are the most appropriate population to use email with their physicians.

2) The methods section begins discussing the questionnaire without any introduction to the fact that a questionnaire is part of the study design. If one were to skip the abstract, one would have no idea what the authors were talking about.

-----------------------------------------------------------------------------------
Discretionary Revisions (which the author can choose to ignore)

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

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

Declaration of competing interests:

I declare that I have no competing interests.