Reviewer's report

Title: Four minutes for a patient, twenty seconds for a relative - an observational study at an university hospital

Version: 2 Date: 13 January 2010

Reviewer: Michelle Kelly-Irving

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Overall the aims and methods are clear and the results present an important contribution to the understanding of patient/doctor interactions. Few studies expose the interaction between doctors and patients in the hospital setting, and little mention is made of relatives in other work on this subject. It is a shame that no attempt was made to take into consideration the patient’s or the relative’s perspective, for example getting their perception of time spent talking to doctors. Nevertheless this study exposes objectively the lack of time spent in discussions with patients, as well as the physician’s frustration with administrative tasks and the difference between physician’s perception of time spent with patients and the reality. These findings are concerning if a patient-centred approach is to be promoted, as lack of patient satisfaction, lack of trust and poor adherence to treatment could result from inadequate doctor/patient interactions.

Minor Essential Revisions

1. It is worth elaborating on why doctors with more years of service are more satisfied with their communication (Pg10 In 23) for example it possible that senior physicians carry-out fewer administrative tasks and have more time for patients and relatives, do these doctors delegate more, or quite simply have they adjusted their expectations to the reality of the job?

2. Regarding the limitations of the study (pg11 last paragraph) an additional point should be made about potential observer bias. The person who carried out the observations is part of the medical establishment which may contribute to biasing the observations somewhat based on their preconceived assumptions about doctor/patient interactions and how tasks are defined.

3. The language of this paper is good overall, however it would benefit from being read by an Anglophone with knowledge of research to remove non-English sentence structures and terminology.

4. There are some inconsistencies regarding the number of doctors and number of wards evaluated in the study. The abstract and methods sections mention 34 doctors and 36 wards however the results section mentions 32 doctors and 34 wards, and in table 2 n=31. These differences need some clarification.

5. Please explain the abbreviation DRG

6. An additional one or two sentences in the 1st paragraph of the background elaborating on this type of research in the hospital context would be helpful and
that there has not been much research into time spent with relatives.

7. There is some confusion about the meaning of the term ‘ward’ which arises when reading table 3 where non surgical hospital departments are divided into wards. Are there really 5 Haematoooncology wards, or does this mean that 5 doctors were observed on the Haematoooncology ward? The annotation of the second column of this table needs to be clarified, and whether or not the term ward is valid needs to be assessed.

8. Overall the tables and figures need to annotate more clearly and all given titles: Table 2. does the number 30 refer to time of professional life in years? Table 3. Add a title Table 4. Add a title Figure 1. Add a title, Figure 2. This is a useful figure however is not easy to read with the data points being quite clustered together, please improve the readability and add a title.

Discretionary revisions

1. This is not a revision as such but a comment about the statistical tests. The use of the student t test is pertinent for these quantitative variables as long as they conform to the usual assumptions on normality of distribution etc. These are not usually reported on in papers as we trust that the authors will have carried out the appropriate checks.

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests