Reviewer’s report

Title: Improving interpersonal care behaviour in primary care physicians: A systematic review of the efficacy of patient based feedback and/or brief problem-based skills training.

Version: 1 Date: 13 February 2008

Reviewer: Richard Evans

Reviewer’s report:

Review of: 'Improving interpersonal care behaviour in primary care physicians: A systematic review of the efficacy of patient based feedback and/or brief problem-based skills training.'
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BMC Health Services Research
Research article

Major compulsory revisions

1. There needs to be some clarification over the inclusion criteria and this reflected in the title.
   a) Feedback â## as intervention without training?
   b) â##Briefâ## training (1 week brief?) - without feedback??
   c) Combination of feedback and training â## apparently no studies?
   d) Feedback â## as assessment of change outcome measure
Where the patient feedback instrument is used as (restrictive) outcome measure how is this differentiated from feedback as an intervention â## this is central
It is not clear from the data presented from the 7 training interventions where the patient feedback instrument features - ?pre and post training to measure change - ?fed back or purely outcome assessment.
If grid of feedback and training where do the studies fit
Feedback no training
Training no feedback
Feedback and training

In terms of the original question in abstract â## this study reviewed the efficacy of patient-based feedback on the interpersonal skills of primary care physicians either alone or in combination with brief trainingâ## â## this suggests the starting point was patient-based feedback â## with or without training.

2. In terms of new findings the 2 feedback without training studies have been identified in our previous systematic review (Richard G Evans, Adrian Edwards,
Sean Evans, Benjamin Elwyn, and Glyn Elwyn Assessing the practising physician using patient surveys: a systematic review of instruments and feedback methods Family Practice Advance Access published on January 29, 2007 Fam. Pract. 2007 24: 117-127; doi:10.1093/fampra/cml072) and the authors perhaps could be a little clearer on where it extends this analysis with reference to it.

3. P17-18

Duplicate paras starting â##Brief training has previouslyâ#¦â## with additional sentence to 2nd version â## reference numbers differ and need to be checked in final version

Minor Essential revisions

P3 conclusions â## â##evidence that brief training is ineffectiveâ## â## not mentioned in main text conclusion â## perhaps need to expand on where in the spectrum can be said to be no evidence of effectiveness and evidence of no effectiveness â## and how confidently

â##No studies using the combination of these methods..â## â## needs clarification as above

P5 para1 â## â##assuming that patients can judge quality of interpersonal care and current technology is capable of capturing patient viewsâ## â## both contentious assumptions which interrelate with the questions of effectiveness

P11 para2


P18 para2 end â##possible reason for lack of positive effectsâ## â## as well as high baseline satisfaction there may be failure to capture negative feedback

P19 para2 â##..potential for publication biasâ## â## with what potential effect?

P21 Conclusions â## evidence of ineffectiveness of training?

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: Acceptable
**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