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: 14 April 2008

Reviewer: Irene J Higginson

Reviewer's report:

This paper deals with an interesting subject, the effect of patient based feedback with and without skills training in improving interpersonal care of primary care physicians. The authors have conducted a systematic literature review. It comes from a high respected research group, who have expertise in this field. The methods are detailed and generally seem robust.

Major Compulsory Revisions

The title and some of the aims need greater clarification I think - the 'and/or' suggests that the authors have reviewed both skills training and patient based feedback only when they are together- whereas in other parts they suggest they have reviewed them separately as well. There is a quite considerable literature in the use of skills based training, especially for example in the area of oncology (see communication training) and if the article is to consider this intervention alone then the introduction needs to refer to this literature.

The definition of 'brief' skills training is interesting, why did the authors choose one working week?

The rationale for including studies training only primary care practitioners needs defence. Are some of the skills training in other areas not transferable to this setting, and if not, why?

Some of the results needs discussion also in a context of the wider literature on both patient feedback and of skills training. I am most aware of the communication skills training – rather than other skills training – literature here, but there is considerable literature and other systematic reviews on communication skills training beyond that quoted in the article here. Important progress has been made on understanding what TYPE and CONTENT of training is needed to improve communication skills and to maintain this. Research has shown that training needs to change not only skills but attitudes to be effective. See for example the systematic review of communication training in cancer (Gysels M, et al Communication training for health professionals who care for patients with cancer: a systematic review of training methods. Support Care Cancer. 2005 Jun;13(6):356-66, Gysels M, Richardson A, Higginson IJ. Communication training for health professionals who care for patients with cancer: a systematic review of effectiveness. Support Care Cancer. 2004
A further important point is that a lot of skills training begins with studies that assess process measures (for example use of questioning) and only then moves to assess patient outcomes (see for example Fallowfield L, et al Efficacy of a Cancer Research UK communication skills training model for oncologists: a randomised controlled trial. Lancet. 2002 Feb 23;359(9307):650-6.) In the context of this other literature therefore is it likely that this brief skills training, without attitude training or follow up, will be effective? The authors need to consider more the nature of the training given and the skills or those training. Perhaps training in primary care needs to learn more from the work in other fields?

Minor essential revisions

I read through the search strategy with interest but was confused by some of the combinations, especially at the end and think it would benefit from some additional information on the rationale for the combinations. Would this search have picked up, for example communication skills training (which would presumably form part of interpersonal care) - I was not sure if the search ending in 79 would have included training in this combination (training is included if next to intervention, programme etc, but not alone). Communication is included the terms that result in 136, but if the paper was not also picked up in 79, it would not have been carried forward into 137 or 140. I see some communication skills training was captured by the search, but wonder if some was also missed (for example Fallowfield, Maguire, Wilkinson have all conducted work in communication skills training – although mainly in cancer, much is relevant, and their work is not captured here)

What was the rational for ending the search with 140 and not 137 (when 140 is 43 and 79 and 139 (which is 136 or 138), and 137 is 43 and 79 and 136)) – doesn’t this just remove all those in 136 – or have I made a mistake here, if so some more explanation would help?

Reference 13 is incomplete.

Discretionary revisions

What constitutes patient based feedback and what comprises interpersonal skills training is important and interesting. As table 5 shows these interventions are highly varied. For me this variability is an important finding of the review. I consider it more important than the inconclusive evidence of effectiveness, as the interventions are almost too heterogeneous to combine, and few in number.

When there is discussion of use of feedback, I think there is an important consideration of the way that feedback is provided. It would be helpful to see a bit more about this in the review. Research has assessed the way practitioners want feedback and different sources of information and this seems an important future direction (see e.g. Gysels M, et al What methods do stakeholders prefer for feeding back performance data: a qualitative study in palliative care. Int J Qual Health Care. 2004 Oct;16(5):375-81.)
Level of interest: An article of importance in its field

Quality of written English: Acceptable

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

Declaration of competing interests:

I have previously conducted work in this field. I have no competing interests