Reviewer’s report

Title: Managing the consultation with patients with medically unexplained symptoms: a grounded theory study of supervisors and registrars in general practice

Version: 2
Date: 20 June 2014

Reviewer: Sarah Peters

Reviewer’s report:

1. Is the question posed by the authors well defined? No (see report)
2. Are the methods appropriate and well described? Yes, some additional information needed
3. Are the data sound? Yes
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? No (see report)
6. Are limitations of the work clearly stated? No (see report)
7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished? Needs improvement (see report)
8. Do the title and abstract accurately convey what has been found? Needs improvement (see report)
9. Is the writing acceptable? Yes

The manuscript presents a grounded theory study of interviews with 8 registrars and 16 GP supervisors and registrars in Australia. Overall the manuscript is reasonably well written and the data could have important implications for training GPs to work more effectively and proactively with patients with MUS. Since MUS represents a substantial component of general practice and is surprisingly neglected in current medical training literature: This is an important topic that should be of interest with to the journal’s audience. The study seems well constructed and the analysis presented reasonably clearly with an attempt to model communication processes within consultations.

However, I do have concerns about the focus of the paper which seems a bit confused, and the conclusions arising from the data. In the main body of the manuscript the study purports two aims – firstly to understand the reasoning processes used when assessing and managing patients with MUS and, secondly, to understand how these skills are taught and learned in the context of the GP training environment. There is a very substantial literature about the first aim, though undoubtedly scope for further work. There is however almost no research about the second aim, and at the outset I was hopeful the paper would
address this deficit in the literature. However the actual reported findings and
conclusions (and the abstract) entirely focus on the first question. I think a clearer
focus to the paper would improve the paper considerably. If there is a closer
focus on the training aspect then this aspect of the analysis needs to be
developed and the existing medical education literature (limited as it is) on this
needs to be incorporated within the introduction and discussed in relation to the
findings and recommendations to the study. If, the focus remains on processes of
managing patients with MUS in the consultation then this should be made clear
and I think some justification then needs to be made for why registrars formed a
substantial proportion of the sample. There also needs to be discussion of
existing work on the processes operating within MUS consultations e.g. see
Peter Salmon’s and co’s work – i.e. I would expect a greater theoretical
discussion over why and how GPs struggle with their interactions with patients,
what the implications of these are (e.g. delayed diagnoses, excessive and
unnecessary referrals/treatments, medical and psychological iatrogenesis,
breakdown in therapeutic relationships etc).

Other areas that could be improved in the paper:

At times the terminology is inconsistent. Sometimes (such as in the title), the
study is about MUS and other times it focuses on ‘patients who present with
missed physical and emotional symptoms and no diagnosis’. Which is a subtly
different construct and presents an essentially psychiatric model of MUS. Which
is fine, but I think there needs to be some reference here to the very substantial
body of work about this – not all patients with MUS have or present with
emotional symptoms (and many patients with explained symptoms have
emotional symptoms).

The methodological approach is sound, though could be more fully described.
Some data generation information is absent – what variables was the purposive
sampling based on, what topics were covered within the interviews and what
approach taken to interviewing? Importantly, given the topic and findings, who
conducted the interviews and the analysis – was it someone with a medical
background and how might this have impacted on the data collected/analysis? In
the conclusions there are phrases such as ‘these patients confront us…’ which
indicates the analysis is made by GPs. Some reflexivity here would be important
as this is highly likely to have influenced the data generation and analysis.

Evidence shows recruitment to studies typically draws upon those who are more
interested (and more skilled) in the topic, hence it is a strength that a substantial
proportion of the sample expressed no specialist interest in mental health.
However it would be useful to have some more information about how
challenging recruitment was and how many participants were approached to
achieve the sample. Given the research explores novice and experienced GPs’
reasoning it would be good to know the range of experience of supervisors.

The results are interesting and certainly resonate with the wider MUS literature
and have potential to add to it in terms of supervisor/trainee interactions. There is
some repetition of ideas and some of the themes are less clearly described.
Generally the findings are well supported by evidence from the data corpus, but more synthesis and less reliance on chunks of text would improve the presentation of the findings. I am less convinced by the first part of the first theme (valuing the patient) – the data seem to be more about how GPs don’t value the patients. Was there evidence that participants were justifying their position? Again, this would fit with other similar research. This leads me to think the analysis could be more interpretive (i.e. at latent rather than manifest level). Some clarification on the approach taken would help explain this.

The final models (which I would have expected to see in the Discussion section) are interesting, but I think need more justification as it’s not clear how they arise from the findings as they are presented.

Finally, the Discussion section needs some consideration of the findings in the context of the wider literature and strengths and limitations of the study.

**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 declare that I have no competing interests’