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: 15 July 2014

Reviewer: Parker Magin

Reviewer’s report:

This paper reports a well-conducted study on an important but poorly-understood and under-researched area for general practice. As the manuscript demonstrates, it is a difficult area clinically for general practitioners and educationally for general practice trainees and their trainers.

The rationale for the study is well-argued in the Background. The core component of the study employs an appropriate methodology and has been conducted with suitable rigour. The findings are quite striking and are of clinical and educational relevance.

But I think the final presentation of the manuscript needs further thought. The following comments are for Discretionary amendments unless otherwise stated.

The aim of the study is stated as being ‘to explore the reasoning processes utilised by novice and experienced GPs when assessing and managing patients who present with mixed physical and emotional symptoms and no diagnosis. A secondary aim was to understand how these skills are taught and learned in the context of the GP training practice environment and the professional relationship between supervisors and registrars’. These aims are achieved. But the manuscript goes beyond this to (as a grounded theory study, quite appropriately) construct a model of how consultations/therapeutic relationships with a patient with medically unexplained symptoms operate (i.e. as presented in Figure 2). This should be stated in the Aims.

The manuscript also goes on to compare patient and registrar experiences, and to compare consultations involving unexplained medical symptoms with consultations involving ‘non-unexplained’ symptoms. And then to propose a model for dealing with these patients in general practice. These aspects of the manuscript warrant further consideration.

• In places in the Results, the experience of patients is described (e.g. Line 190: ‘The consultation around medically unexplained symptoms follows an unfamiliar path for patients’, Lines 217-219: ‘When patients experience distressing symptoms, they expect they will receive a physical diagnosis from their doctor, and an appropriate remedy. When neither a diagnosis nor a remedy is possible, it can be difficult for patients to understand and accept’) and there are headings in the Results ‘Patients are worried that their symptoms are not being taken
seriously and that serious illness may be missed' and ‘Patients do not have a model for medically unexplained illness’ though the study didn’t include interviews with patients.

• Statements are made in the Discussion concerning the experiences of patients without these being findings of this study, or them being referenced as findings of other research.

These patient experiences need to be, in the Results, reframed as perceptions of the GPs and registrars (if this was so) and supported with quotes and, in the Discussion, supported with reference to the existing literature.

Thus, the ‘parallels between patient and registrar experience’ isn’t tenable and Table 2 needs to be revised to exclude the ‘patient experience’ column. (Minor Essential Revision)

Similarly, the construction of Figure 1 (the operation of consultations with ‘non-unexplained’ presentations) needs to be further justified – while there is brief mention of this in the Methods/analysis section, it was not included in the Aims of the study. And in the Results section there is no analysis and quotations to provide context and support for the model.

The suggested response to the studies’ findings (specifically to the model of the way consultations work dysfunctionally as set out in Figure 2) i.e. the proposed model of a functional approach, is plausible and looks to be of potential clinical utility. If the construction of such a model (i.e. Figure 3) was an a priori intention of the study, that intention should be stated in the Aims and included in the Methods section and the resulting model included in the Results section. Otherwise, consideration might be given to whether this might work best presented in separate paper.

In the Discussion there is no discussion of the differences in GP and registrar experience/perspective and of the educational/training implications of this, despite this being an Aim of the study. The impression is, rather than reflecting the stated Aims of the study, the Discussion has been hijacked by the issue of comparison of types of consultation and the resultant proposed model. An important consideration here is the organisation of the paper. While it can sometimes be problematic to fit qualitative research into the model developed for reporting of quantitative research in medical journals, in this paper I think there is much that should be ‘Results’ presented in the ‘Discussion’ section.

Other minor points are

• It would be useful at the beginning of the Results section to have an introductory paragraph outlining the major themes found in the study and briefly outlining their relationship to each other.

• Lines 170-173: this is an important finding and should be supported with a quotation.

• Line 271: an unfortunate mis-transcription of ‘treponemes’ for ‘troponins’. (Minor Essential Revision)
In summary, the core elements of this paper represent important and interesting findings from a well-conducted study, but the comparisons of patient and registrar perspectives don’t appear to be based on empirical findings as to patients’ experiences and thus lack validity.

The construction of the model for consultations involving non-MUS presentations needs to be supported by reporting of the findings that were the basis of the model-construction. The proposed approach to managing MUS is potentially clinically very useful but may be better presented in a separate paper focussing on it.

There should be a logical progression from the stated aims, to the Methodology, to the Results reflecting the stated aims.

**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