Author’s response to reviews

Title: The impact of patient feedback on the medical performance of qualified doctors: a systematic review

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Author’s response to reviews:

Thank you for your revised manuscript. There are just some small editorial changes in addition to a few outstanding reviewer comments from reviewer Kim Blake. Please address and resubmit the manuscript to us.

1. Please upload the revised manuscript as a single clean version without any track changes or without any highlighting

Revised manuscript now provided as a single clean version without any track changes or highlighting.
2. Please, in the funding declaration, state role of the funding body in the design of the study and collection, analysis, and interpretation of data and in writing the manuscript. If the funding body did not play such a role please also state this.

Following sentence now added under the funding declaration heading “The funding body had no involvement in the study design, data collection, analysis or interpretation. The funding body was not involved in the writing of this manuscript.”

3. Remove the declaration on page 3 line 35 and combine it with the 'Availability of Data' declaration.

Declaration on page 3 now combined with ‘Availability of Data’.

Response to Blakes report in light of no further comments from all other reviewers:

- This is the second review of the paper titled “The impact of patient feedback on the medical performance of qualified doctors: a systematic review” The authors have addressed a number of specifics from the previous review and have outlined this in a letter to the editor as well as amended the paper.

We have made further recommendations below which we feel will enhance the paper.

- Page 12, Lines 16-17: Reference 64 – this study was conducted in a postgraduate setting. Please adjust the sentence accordingly.

Suggestions include: ‘These factors may be influential in the postgraduate setting. The demonstration of the sustainability of structured feedback received in undergraduate medical education over more extensive time periods has been limited but is possible to demonstrate [64].
A previous study demonstrated that postgraduate residents who had received structured patient feedback during medical school had significantly more positive feedback from standardized patients in their postgraduate training than those residents who did not previously receive structured SCAG feedback. [64]”

Due to the additional section now added on narrative feedback (please see below, page 12 lines 349-365) we do not feel the suggested sentences are necessary. While highlighting Blake’s interesting work, we also feel the suggested sentences do not reflect the overall findings of the review.

- The reference numbers in the tables and in the reference list do not match up.

Thank you for identifying this inconsistency. This should now be resolved.

- Please include the reference ‘Bourget G, Joukhadar N, Manos S, Mann K, Hatchette J, Blake K. Adolescent interviewing skills: The effect of feedback’ in your Discussion. This article is a RCT reporting that structured feedback from a simulated adolescent patient and mother pair resulted in significantly higher adolescent communication skill scores of postgraduate residents in a subsequent adolescent-mother SP pair interview. The benefit of structured feedback from patients should be added to the discussion.

While the reviewer has suggested an interesting paper we feel it is not directly related to our review and would provide an unwelcome complication to the narrative. The benefit of structured feedback was not identified in our review as a factor influential in feedback assimilation, use and acceptance and would therefore seem out of place in the discussion. We do not therefore see the
value or benefit of including this reference although wish to thank Kim Blake for identifying her great area of research in this area.

Please include the reference ‘Tan A, Hudson A, Blake K. Adolescent narrative comments in assessing medical students’ which reports the importance of written narrative feedback in addition to scores/grades in undergraduate medical education, as adolescent patients would include both positive and negative written comments but would overinflate scores/grades. This can be very useful in postgraduate and physician feedback and should be added to the discussion.

We have included the suggested reference which details the importance of written narrative feedback, a factor identified as integral in our review. We have also expanded the section on narrative feedback in our discussion as suggested. We have added the following paragraph on page 12 lines 349-365:

“The value of narrative feedback is acknowledged across postgraduate and undergraduate settings due to the unadulterated information they provide over and above that provided in numerical scores or grades.[64-66] Although not without its difficulties, [67] [68] there is increasing evidence to suggest recipients can interpret comments and use them to modify their performance.[69, 70] Recent research also highlights the “stark contrast between survey scores and comments provided”[64], with patients often awarding highly positive or inflated scores,[66] in addition to conflicting negative narrative comments. A focus on inflated scores could mislead professional development efforts and diminish the apparent need for continued improvement. Opportunities for reflective learning and professional development may therefore lie in narrative feedback as opposed to numerical scores, an element existing feedback tools currently rely on with limited scopr or room for narrative feedback inclusion. Similar to sergeant et al’s research in a trainee setting, future research should examine the content and focus of appraisee and appraiser discussions when reviewing patient feedback reports. Is there an equal discussion between the numerical scores and narrative comments or does one domain take precedence over the other? Based on the evidence reviewed, narrative feedback should be incorporated into
current and future feedback tools across the education continuum to encourage reflective practice and beneficial behaviour change where required.”

- Our suggestions are in keeping with two of the original reviewers whom suggested more in-depth discussion.

We would like to reiterate our thanks to all the reviewers involved who have provided helpful suggestions throughout the peer-review process. We feel having addressed their comments, the paper is now in a much stronger position as a result. Thank you once again.