Reviewer’s report

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

Version: 0 Date: 10 Feb 2018

Reviewer: Teresa Pawlikowska

Reviewer's report:
Thank you for the opportunity to review this review in an area of contemporary interest and importance.

I wonder if the write up of this review was hampered/limited by word limit, and as this journal is on line, I wonder if this could be addressed/ameliorated? This is because the review question is very ambitious and to those engaged in education, faculty development, service development, communication and consultation skills etc the results as stated are not entirely unexpected. As there are many inputs and influences which act between patient feedback (of any sort) and medical performance (however measured or assessed), there are many interfaces which I feel have not been fully explored in this review. To maximise the utility of this review for those engaged in this field its not so much the ultimate conclusions, which are expected, but what has been left out, and what useful information is not dissected that bothers me and which I think needs to be addressed: hence my comment about the length of text.

My other major concern is about being explicit about perspective and theoretical frameworks: this applies to the review itself and the constituent articles reviewed and synthesised.

The review question concerns what impact patient feedback has had on medical performance. There was a lot here about the review process itself which was adhered to and the tools used, but not about the approach taken to operationalising "feedback" (what about satisfaction, patient enablement, etc measures which can be operationalised at the level of individual doctors etc?), "medical" (search strategy had the setting of doctor and surgeon alone)
and 'performance'. There are many relevant fuzzy boundaries and interactions and so decisions to be made here on approach and perspective for the review: the operationalisation and justification were left undiscussed but impact on the synthesis etc. is significant. It looks like you are interested in MSF, but this is only one form and more could be said to situate this in context.

Lines 100-106 are crucial: i. has 2 large subquestions, ii. seems to ignore any dialogic and relational nature when operationalised and is a broad question in its own right iii. has enhance 'positive impact', which actually as phrased implies a positive bias (rather than an open question of reviewing potential challenges and facilitators). I understand the need to focus this review but, if asked to review the protocol at an earlier stage I would have envisioned a portfolio of reviews instead, each addressing a facet raised in these questions in greater depth to increase the granularity of the review/s and hence utility.

Operationalisation is critical here as e.g. searching on doctors and surgeons alone potentially excludes many others e.g. psychiatrists, who may be much more holistic in their approach to patients and hence show "positive impacts" and what about e.g. interventional radiologists? Similarly line 107 includes "carers" but they are not in your search string as far as I can see. Did you test what difference different constructions would have made? If so it would be good to report it along with the string you used which is included. I am also a bit surprised by the non inclusion of a database with a wider capture given the wide nature of the RQ e.g. ASSIA, WoK. The 10 year window is also potentially short for such a broad review: was this aspect also tested?

I think that more description is needed with regard to the author's perspective/s and the theoretical approach taken on inclusion and exclusion and the intended argument development in the review. Gordon 2016 provides a useful approach, somehow I would have expected this review to be more overtly constructivist. I appreciated the wide methodological inclusion criteria but then was surprised by the specific exclusion of psychometric studies which could have added rich and relevant contextual detail to the somewhat spare write up in parts: is there anything about this aspect of feedback which assists/hinders impactful change in performance? Especially
as the authors then discuss credibility for the recipients (some of whom may be positivists, so maybe this is relevant?)

141-142-exemplifies the purist approach taken, I expect to focus the RQ, but how does this relate to the real world as PF and performance are in daily reality deeply contextualised? Some discussion of this complexity based on the reviewers' reading would have been welcome.

Kirkpatrick's framework has been often used to consider evidence, the authors use Barrs 2000 adaptation rather uncritically in such a complex (non-linear) area and this could also influence their synthesis. I commend reading Yardley and Dornan and the other more recent critiques in medical education and update on Kirkpatrick, which are relevant to complex interventions and long chains of structure/process/outcome discussions. If you are seeking outcomes in doctor actions then maybe Miller's at the level of "does" could have been viable? Measured change discusses nurses and patients and the difficulty of determining which element impacted - which does speak to the above issues of dissecting complexity.

Feedback source and content - what exactly about the process made it credible/incredible? There is also evidence from WBA and motivation/social activity theory which makes exploration of other factors relevant if they were found in these studies and you mention doctors self perception etc but do not explore this in any detail here which is a shame. Again this embraces social, relational and constructivist views which are relevant.

There are patient factors, doctors factors and feedback factors here, many of these interfaces are mentioned in the text as present but their relationship and context not explored in detail-hence my remark about insufficient room/text.

There are parallels here in consultation skill research (Reinders ref excepted), peer observation of teaching, etc which do not seem to have been drawn on. This review explored 20 studies, I wonder what learning could be gleaned from the disregards?

I thought the discussion of limitations by the authors was very fair as there are a number of overlaps in the 20 papers nominated.
389-90 mentions the multitude of contextual factors: the authors must have encountered a lot of evidence in this domain and it would be ideal to hear more detail about what works and what doesn’t.

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