Reviewer’s report

Title: Breaking bad news in assisted reproductive technology: a proposal for guidelines

Version: 0 Date: 09 Feb 2017

Reviewer: Suzanne Reed

Reviewer’s report:

Background:

Well written, easy to follow, succinct. Need and purpose of the proposed study is clearly outlined. Only minor editorial suggestions:

-Line 3: change "for" to "due to"
-Line 7: change "proceeding" to "continuing"
-Line 9: change "unwelcome" to "difficult"
-Line 14: change "improved" to "increased"
-Line 29-30 might be better in Methods (as would reference to Table 1)

Methods:

Also mostly clearly written. A few questions/comments:

-Why choose 15 participants? Manageability of the focus group? Why not more patient participation?

-What is a snowball process?

-Would consider referring to the protocol as the SPIKES protocol throughout the manuscript rather than the Buckman Protocol, as I think it's more universally understood this way (though possibly imprecise.)

-What were the "additional relevant themes," and how did you choose to add them?

-I think lines 70-76 are a bit unclear. These steps were taken by the 2 researchers identified earlier in the paragraph, or by the authors after the 2 researchers analyzed the transcripts? I am guessing it is the latter, and if so (or if not) this should be more clearly stated. Consider something like "After researcher analysis of the transcripts, we developed an initial coding framework following...etc"
I don't understand the last sentence of the data analysis section, starting "At the end of this process…” How would focus group participants "check the validity" of the results?

Additionally, a few minor edits to improve readability:

--Line 37: Change "were" to "included"

--Line 38: Change "trough" to "through"

--Line 44: Change: "where the following was scheduled" to "which included"

--Line 45: Change to "Individual completion of the Critical…"

--Line 50: Delete description of Table 2

--Line 60: Change "a possible definition" to "defining"

Results:

Overall, results were easy to read, informative, and illustrative.

-Could delete sentence 79-80 (would belong in Methods, but already stated there)

-Sentence 80-81 ("they highlighted the similarities…") should be moved to methods. Results should begin with: "The results of content identified in the discussion of defining BBN in ART context and relating this to the SPIKES Protocol are presented in Table 3" (or something like that)

-Sentence 83-84 is redundant.

-I think the content of Table 3 is redundant, somewhat, as you say all of this in the test of the results section. However, depending on the journal style and readership, this table could be very useful for a "quick summary"

-Line 203-204: "in order to ground the path on shared real data" What does this mean? To communicate reality? Please be clearer

-There is only one quote from a patient. Are there more that could be used? I think that in certain elements of delivering bad news, the patient's perspective is incredibly powerful (and essential!) If there are more from patients, please use more!

Minor editorial comments:

-Line 93: change "differently" to "different"
-Line 94: arrives should be singular, delete "from the very outset"

-Line 103: change "deal with" to "manage"

-Line 126: change to ",.spoke about bereavement for couples, as in the context..."

-Line 134: rethink the phrase "useless as professionals" (maybe "to have failed their patients")

-Line 142: change "failure" to "failed"

Discussion:

In general, the discussion should be more focused on addressing the implications of the results, rather than just reiterating background and results. For instance, the first paragraph should be reduced to 1-2 sentences (it is too redundant of Background). The following 3 paragraphs have a lot of re-stating of results rather than answering the question of why we should care. More of the discussion should be like lines 289-290, edited to read: "Our results suggest that couples should give preference on when and how to receive communication of results" What else do your results suggest? Like:

You concluded that bad news is unique in ART, so does it requires a modified SPIKES protocol for effective communication?

Your hypothesis was to see if SPIKES could be applicable, and it was to some degree, but there were some important distinctions (that you highlighted in results) for ART. WHY are those distinctions important? How do these affect the patient experience, teaching of these skills to health professionals, etc.

Or, if authors deem that SPIKES is "close enough" to a good communication protocol for ART, why is this important? Because ART providers can use an already well-established/well-studied protocol and don't have to re-invent their own? Or it it's not "close enough," then are the implications that resource and research needs to focus on creating an analogous protocol for ART?

These are just some ideas. I do think the Discussion needs a re-work to answer the "So what?"

Another limitation that should be included is that there was only 1 patient in the focus group

Conclusion

The first sentence is adequate

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