Reviewer's report

Title: Ethnic Differences in Patients' Perceptions towards Isolated Orthopaedic Injuries: a Pilot Study

Version: 0 Date: 07 Jun 2017

Reviewer: Lawrence Mbuagbaw

Reviewer's report:

The investigators describe a pilot study to explore perceptions towards isolated orthopaedic injuries between Hispanic and non-Hispanic white patients to inform the design and conduct of a larger clinical investigation and interventional study. Forty-three (43) patients were included.

I have the following comments:

1. Please provide the name of the institution here. "The study was approved by the Institutional Review Board (IRB) of our institution"

2. In line with the comment above, please add a section describing the setting of the study. Once could guess that this is the US, but as a pilot study the extent to which these findings can be used in a larger study are directly related to the context/setting of the study.

3. What is the design of this study? It appears to be a cross sectional analytical study, but this is not stated.

4. What is the rationale for the choice of the comparison group: non-hispanic white? Are these findings not relatively relevant to other ethnicities (Asian, black)?

5. The sample size is not adequately justified. There is published guidance on how to determine a sample size for a pilot study. See below:


6. What was the primary outcome in this study? Results of QPI?

7. Please rephrase the wording in the statistics section. For example: "The chi-square test was used to calculate the p-value for gender and smoking, and the composite scales of the CAHPS." The purpose of a chi-square test is not to calculate p-values, but rather to test if two variables are associated. Instead, state what two variables you were investigating for association.

8. For a pilot study, for which should not include hypothesis testing, it is not recommended to report p-values. They are likely to be misleading given the lack of statistical power. For categorical variables, the proportions in each group and maybe measures of association (odds ratio) and confidence intervals will be of more value. For continuous outcomes, the mean difference and confidence intervals will be better than the p-value from a t-test.

9. In the results section, we do not know what the numbers represent. They could be mean and SD or median and interquartile range. If the former, report as mean (SD), not mean±SD, as that connotation is reserved for the standard error.

10. I think the key pilot characteristics and take home messages should be revised for this study. Here are the things you have done:

a. Demonstrated that it is possible to recruit participants in this type of study

b. Demonstrated that x proportion of participants will be willing to participate

c. Demonstrated that x proportion of participants will return/complete their forms

d. Demonstrated that clinicians at your clinic are willing to help identify patient

e. Demonstrated that perceptions of care are different based on ethnicity (do not claim statistical significance in an underpowered pilot study)
f. Collected sufficient data to allow a sample size estimation for a larger study

These are important pilot and feasibility outcomes that are very informative to the design and conduct of a larger study.

11. I have concerns that the differences detected may in fact be (at least in part) due to other factors such as age, gender, level of education, socioeconomic status, type of health insurance, previous encounters with healthcare providers etc. Please comment on these.

12. Table 1: Please enter (0) instead of (-) if this is true. Revise the labels to non-hispanic white to be consistent with the rest of the paper.

13. Table 2: Please state what the numbers mean and report the mean difference. Graphical displays may be helpful too.

14. Provide the results of QPI, CAHPS, PCS in tables or graphs.

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