Reviewer’s report

Title: Mindfulness intervention for foundation year doctors: A feasibility study

Version: 0 Date: 20 Dec 2018

Reviewer: Anna Cheshire

Reviewer's report:

Review
The authors have conducted a feasibility study of a mindfulness intervention for FY doctors. This is an important area to study given the level of stress doctors can experience, the impact this can have on patients, and the limited amount of information available on how to best deliver well-being training to trainee doctors.

The article presents some useful data that could be used by those designing similar future interventions. The way in which the article is written requires some review, including revising to a more 'academic' writing style, and correcting a number of small errors and omissions - the latter of which I've given some guidance on below.

In addition, the main limitation of the study is that it did not use a validated measure to measure stress. If the study were to be scaled up to an RCT validated measures would be required, therefore this study has limited usefulness as a feasibility study for the evaluation element of the study.

Minor revisions
Abstract, methods - "non-randomised" is inappropriate here as you don't have a control group, this is an uncontrolled before and after study design

Introduction
State what the RE-AIM framework is and why it has been chosen
Research aims - is it to assess the feasibility of the intervention in this setting too (not just about the study)?
What has been assessed here is effectiveness (not efficacy, this is assessed with an RCT), please use the term effectiveness throughout.

Design - State whether it's a qual/quant or mixed methods study here, and why this design has been chosen.

Intervention
Start by naming the intervention
The two mandatory two sessions of mindfulness - were these part of the course? It's not clear because later it's stated that participants were invited to take part in the course (rather than it being mandatory). Please clarify this, if they aren't part of the intervention, it's not appropriate to describe the in the
intervention section.
Breathworks - describe who they are the first time that you mention them.
Measures - how were the questions developed? As far as I can tell validated measures have not been used. If the study were to be scaled up to an RCT validated measures would be required, therefore this study has limited usefulness as a feasibility study for the evaluation element of the study. Just ensure this is reflected in the write up of the article.
Secondary quant measures - "the subjective experiences of doctors participating in the mindfulness course in terms of self-reported mindfulness, its impact on their wellbeing, working life and relationships with patients" - is this what you measured quantitively or qualitatively? Please be clearer about what you measured qualitatively and what you measured quantitively.

Analysis
how was implementation measured?
Unpaired t-test - A non-parametric test because would be more appropriate because of your sample size and the type of scale used
What about the other data you've said has been collected - i.e. four linked questions and secondary qual and quant measures, how are they analysed?

Results
Questionnaire completion - what about the pre questionnaires?
Efficacy (Effectiveness) - you mention about harms, how was this assessed, please describe in the methods
Just one average score is needed - it's not usual to report the mean and the median, particularly as your scores are similar there's no need to report both
What was the p value for the t-test?
In the methods you've said these findings were explored through effect size, but this is not reported.
4 linked questions - only 3 are reported, it would probably be most useful to report the percentages of positive answers.
Secondary outcomes - the summary of findings could be improved.

Discussion,
Implementation - I'm not sure I can agree with your conclusion that 80% of participants attending one or more session is encouraging. The fact that 20% people have signed up to this and then not come to any sessions is concerning. Your discussion about the challenges of getting trainee doctors on these types of courses is very relevant here. Maybe it's worth comparing this figure with attendance rates on other course though? Maybe this rate is good in this population compared with other courses? But you need to supply evidence of this.

General - It would be good to include some comparison of other study findings in this area

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