Reviewer's report

Title: 'Experience talks': physician prioritisation of contrasting interventions to optimise management of acute cough in general practice

Version: 1 **Date:** 18 June 2009

Reviewer: Tim Rapley

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Tim Rapley, Institute of Health & Society, Newcastle University, UK

Please number your comments and divide them into:

- Major Compulsory Revisions

The author must respond to these before a decision on publication can be reached. For example, additional necessary experiments or controls, statistical mistakes, errors in interpretation.

Centrally, I feel your analysis could be a 'tad' subtler than it is at present. Through asking practitioners to choose one intervention (which echoes, the format of them undertaking a discrete choice experiment) at moments you position them as binaries.

For me, the non-exposed and exposed group position CRP test in a two-fold way. Firstly, as a device to persuade them about a specific course of action - where the 'objectivity' of the test enhances diagnostic certainty. Secondly, as a device to persuade the patient, where again the objectivity of the test is used to enhance communication (and/or negotiation) around the next course of action. So the quote, 'CRP would be useful in my practice and because I feel I can get patients on my side with it. I think that the magic of the machine is more powerful than the magic of my words' nicely hints at this. In this way, and this is a broader point beyond just this section, both forms of intervention are targeted at the communications dynamics of the consultation and CRP is, in some ways, a communication tool.

Relatedly, the non-exposed practitioners, position further communication skills training as of less priority, given an either/or choice. This is perhaps unsurprising, given that a central grand narrative of General Practice (at least in the UK context, and I can only assume elsewhere in EU) is communication skills. This is a central focus on training and one of the key narratives that are used to define the unique skill set that primary care practitioners offer in comparison to their secondary care colleagues (alongside, the narrative that, we have ongoing relationships with patients). Again, one of the quotes nicely echoes this, 'I've

always been mindful of, structured and focused communication. That's always something I strive for, time and time again, and I'll keep doing it until you get sick of it'. In this way, there scepticism about the additional knowledge they could acquire, given a discrete choice, seems utterly within fitting to the *professional* lifeworld they inhabit.

Equally, from the quotes you've offered, I'm not sure you can claim that *only* exposed GPs stressed the value of both approaches. Rather, all the interviewees seem to position both as valuable but place a different weighting to them. Centrally, both groups stress the value of communication alongside a test – and in the section entitled 'Best of both worlds' the GPs seem to be talking about the facets of good consultations per se over the facets of good interventions/training.

Given the above, I don't feel you can claim that you found 'striking differences'. Differences yes, but striking seems too forceful. Clearly, in the context of an answer to discrete choice experiment question, there are clear differences. However, beyond the immediate focus of choice A or choice B, there are clear similarities. Similarities in how they make sense of the problem at hand and how they conceptualise the roles of communication and objective tests. Can you really use the phrase 'little enthusiasm' to refer to non-exposed GPs views? Or appear to position exposed GPs as the only group that 'recognised' effective communication as the foundation of good medical practice? I think this is too extreme a reading of your data (or at least the data we have access too in the paper).

As such, at the moment, I don't feel your discussion really expands on the issue at hand. Clearly, exposure to an intervention creates a specific effect, experience can change attitude. However, what is central in this case is the specific format of the interventions, that one of them is described as 'further/enhanced communication-skills training'. This is something that this specific professional group already holds as essential to good care, something essential to there routine practice, something they practice on a day-to-day basis. Centrally, for me, the moral or your study is not about an individualised understanding of experience and attitude, but rather about making sense of how an intervention relates to the *professional, collective, culture and norms* of the groups the intervention will be targeted at and tailoring it to take account of this.

- Minor Essential Revisions

The author can be trusted to make these. For example, missing labels on figures, the wrong use of a term, spelling mistakes.

Page 3- You use the term 'partisans' which is an odd word to use in this context.

Page 3 – It should be 'one videotaped interview' not 'interviews'

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests