

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	A randomised trial deploying a simulation to investigate the impact of hospital discharge letters on patient care in general practice.
AUTHORS	Jiwa, Moyez; Meng, Xingqiong; O'Shea, Carolyn; Magin, Parker; Dadich, Ann; Pillai, Vinita

VERSION 1 - REVIEW

REVIEWER	Paresh Dawda Australian Primary Health Care Research Institute, Australia
REVIEW RETURNED	15-May-2014

GENERAL COMMENTS	<p>There needs to be some clarification and discussion of the results mentioned "GPs who were older, who practiced in an inner regional area, or who offered more patient sessions per week identified fewer health problems. Conversely, GPs who had practiced as a GP for a longer period, who practiced in an outer regional area, or who practiced for 21 hours or more per week identified more health problems." For example, I would have thought patient sessions and hours per week would correlate with one another but the correlation in this sentence contradict one another and there is no discussion of this. The discussion makes specific comment to the unexpected observation that the GPs were more like to investigate the thyroid. However, does not offer any reflection on the discharge summary specifically asking the GP to follow this up unlike some of the other issues.</p> <p>Interesting paper and a good read. It would be an interesting future study to explore the cognitive reasoning for the prioritisation of issues addressed by different GPs.</p>
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REVIEWER	Mark Wills Omni Health New Zealand
REVIEW RETURNED	20-May-2014

GENERAL COMMENTS	Given general practice relies a lot on the continuous nature of relationships and care and the knowledge built over time of the patient, the omission of any reference to the fact that the GPs were dealing with an actor who was unfamiliar to them seems an important factor that is worth mentioning
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VERSION 1 – AUTHOR RESPONSE

Reviewers comments	Authors' response
Reviewer 1	
There needs to be some clarification and discussion of the results mentioned "GPs who were older, who practiced in an inner regional area, or who offered more patient sessions per week identified fewer health problems. Conversely, GPs who had practiced as a GP for a longer period, who practiced in an outer regional area, or who practiced for 21 hours or more per week identified more health problems."	<p>We have added the following sentence in the discussion:</p> <p><i>'A significant and unexpected finding in this study was that older GPs and those who worked longer hours and or in outer regional areas addressed fewer problems than others. This may reflect the experience of more established practitioners or practitioners in more rural areas who might expect that patients such as the one depicted in the video is likely to return to them many times in subsequent weeks and months. Therefore it may have been deemed reasonable to address fewer problems on an initial visit and tackle some of the other issues later.'</i></p>
For example, I would have thought patient sessions and hours per week would correlate with one another but the correlation in this sentence contradict one another and there is no discussion of this.	<p>Our comment in the discussion:</p> <p><i>'We also noted that GPs who worked a greater number of sessions addressed fewer problems than those who claimed to work longer hours. One might reasonably expect the two categories to be correlated however as participants were not guided by a definition of a 'session' it is possible that the question of 'how many sessions' was not consistently answered by the participants.'</i></p>
The discussion makes specific comment to the unexpected observation that the GPs were more like to investigate the thyroid. However, does not offer any reflection on the discharge summary specifically asking the GP to follow this up unlike some of the other issues.	<p>The discussion has been amended as follows:</p> <p><i>'At one level this was unexpected as it might be argued that the thyroid nodule represents a less-immediate issue than patient independence following major surgery. However, it is possible that the thyroid nodule signalled a malignancy to the participating GPs, particularly because it was identified specifically for action in the hospital discharge letter. It may be that some of the other more immediate and practical matters might be prioritised in a bona fide patient.'</i></p>
Interesting paper and a good read. It would be an interesting future study to explore the cognitive reasoning for the prioritisation of issues addressed by different GPs.	<p>This point has been added to the discussion:</p> <p><i>'It may be valuable in a future study to explore the cognitive reasoning for the prioritisation of</i></p>

	<i>issues addressed by different GPs.'</i>
Reviewer 2	
Given general practice relies a lot on the continuous nature of relationships and care and the knowledge built over time of the patient, the omission of any reference to the fact that the GPs were dealing with an actor who was unfamiliar to them seems an important factor that is worth mentioning	<p>We have added the following sentence in the discussion:</p> <p><i>'Thus, the GPs may have addressed some co-morbidities during subsequent consultations. They were also being asked to make decisions on the complex case of an individual, albeit an actor, they had not seen before even though they had access to his medical records. In practice many such patients may be receiving more continuity of care than is suggested by this scenario.'</i></p>