

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Doctor! Did you Google my symptoms? A qualitative study of patient perceptions of doctors' point-of-care information seeking
AUTHORS	Tranter, Isaac; van Driel, Mieke L; Mitchell, Ben

VERSION 1 – REVIEW

REVIEWER	David Wong The University of Hong Kong, University Health Service
REVIEW RETURNED	15-Feb-2022

GENERAL COMMENTS	The paper explored an interesting, pertinent yet under-investigated topic of patient perceptions of primary care doctors looking up medical information during consultation. The qualitative approach using semi-structured interviews and thematic analysis is appropriate, and the data collection and analysis processes were properly documented. The themes identified are cogent and clear. The selection of verbatim quotes seems restricted and overly relied on a few selected participants (e.g. Interview 1, 6 & 7); a few more illustrative quotes from other participants is desirable.
-------------------------	--

REVIEWER	Sebastian Fuller Public Health England, HIV/STI
REVIEW RETURNED	05-May-2022

GENERAL COMMENTS	<p>This is the report of a qualitative study among 16 patients attending participating clinical practices in Australia. The focus of the study was to explore patient perceptions of physicians' information seeking during clinical consultations. The study explored a hypothetical concept (for some participants; it seemed others were familiar with this practice), assisted by use of video vignettes showcasing the behaviour of interest. The study findings are interesting and relevant, and so should be published; with revision minor issues I believe this report will be strengthened.</p> <p>Significant issues: A limitation of this study that was not discussed is that there were more female than male participants, and it is unknown to the readers if thematic saturation was reached for both men and women. It has been well described in the literature that men and women have different experiences and expectations for their healthcare, so this may be important to understand. Please clarify if the data were stratified by gender when checking for thematic saturation.</p> <p>Please adhere to COREQ reporting standards, including completing the checklist and including this with supplemental materials.</p>
-------------------------	--

	<p>Minor issues:</p> <p>Abstract: - Line 60: Spell out GP</p> <p>Strengths and Limitations - Lines 76-77: you have written “due to a lack of complete transparency from the participants” - do you mean the participants may have felt they couldn't express negative views due to being interviewed by a doctor?</p> <p>Introduction: - Lines 90-91: “confidence in decision making” – please clarify is you are referring to the doctor's confidence - Line 93: “Despite the benefits of answering clinical answers...” – do you mean clinical questions? - Line 107: please clarify what “ properly managed” means in this context</p> <p>Methods: - Lines 117-118: What is the proportion of practices that are affiliated with this network? - Line 120: please clarify where the email was sent, e.g. Network mailing address or other? - Line 131: please clarify if participants received AUD50 each - Line 133: “in” is not the correct word here please remove or rephrase - Line 138: participants' not participant - Please include the interview schedule as supplemental materials - Lines 162-163: Why aren't these results planned to be disseminated back to participants? Perhaps put up posters with key results in participating clinics' waiting rooms? If not already planned, these findings should also be fed back to physicians in participating clinics to potentially improve their practice.</p> <p>Results: - Table 1: was routinely defined? If so what definition was given? - Lines 181- 188: was this more likely to be indicated in this group e.g. the theme was more likely to be present? Please demonstrate this finding with a quote - Lines 190-194: Were participants referring to their own health anxiety and sense of vulnerability here? I am not sure this quote is reflective of your finding on patients' emotional state. Perhaps it needs a bit more explanation or a more explanatory quote? - Line 207: Incorrect word use. Replace “that” with “than” - Line 287-288: sentence starting with “Google” is a repeat of above so can be deleted - Line 289: was age associated with seeing books as a more reputable source than online information? This seems a somewhat surprising finding to me. - Line 344: what does a doctor displaying uncertainty look like? Adding some specifics here, if they were given by participants, could help guide readers that would like to change their behaviours. - Line 348 – 349: Perhaps reverse the order these sentences are presented in, to better match the placement of the quote.</p> <p>Discussion - Line 399: please explain what you mean by triangulation here. I don't know that this is quite the right term for this. - Line 405: Please describe a bit of the study here so we can</p>
--	--

	<p>understand the reported findings. What is meant by agreement? Did all participants agree/feel the same way? Was this independently assessed by participants (e.g. in interviews or questionnaires), or was it a group discussion where they found consensus?</p> <p>- Line 420: “earn the right” – please explain further; this wasn’t phrased quite so strongly in report of results.</p> <p>- Line 425: seems to be a syntax issue here with “access” – maybe accessing? or physicians' need to access?</p> <p>- Line 431: Please be more specific – what is meant by doctor’s needing to “take care when searching questions”?</p> <p>- Lines 436-437: Also feel next steps are to feedback to physicians and see what they can take on-board in terms of improving their practice. You might also suggest further research to include physicians and patients together to improve communication and understanding in this area.</p>
--	--

VERSION 1 – AUTHOR RESPONSE

Reviewer 1		
<p>1. The selection of verbatim quotes seems restricted and overly relied on a few selected participants (e.g. Interview 1, 6 & 7); a few more illustrative quotes from other participants is desirable</p>	<p>A number of the verbatim quotes have been substituted to both improve clarity and to provide a greater variety of voices.</p>	<p>217-219 309-311 392-394</p>
Reviewer 2		
<p>2. A limitation of this study that was not discussed is that there were more female than male participants, and it is unknown to the readers if thematic saturation was reached for both men and women. It has been well described in the literature that men and women have different experiences and expectations for their healthcare, so this may be important to understand. Please clarify if the data were stratified by gender when checking for thematic saturation.</p>	<p>Thanks to the reviewer for this comment. Our study was not designed to look for differences in gender in patient perceptions. We recognize that these differences may exist. Thematic saturation was not stratified per gender. This has now been included as a limitation to this study.</p>	<p>84-86</p>
<p>3. Please adhere to COREQ reporting standards, including completing the checklist and including this with supplemental materials.</p>	<p>The SRQR checklist has had additional detail added and has been resubmitted as supplementary material</p>	
<p>4. Line 60: Spell out GP</p>	<p>This has been addressed</p>	<p>63</p>
<p>5. Lines 76-77: you have written “due to a lack of complete transparency from the participants” – do you mean the participants may</p>	<p>This has been reworded to improve clarity</p>	<p>81-83</p>

have felt they couldn't express negative views due to being interviewed by a doctor?		
6. Lines 90-91: "confidence in decision making" – please clarify is you are referring to the doctor's confidence	This has been addressed.	106
7. Line 93: "Despite the benefits of answering clinical answers..." – do you mean clinical questions?	This has been addressed.	109
8. Line 107: please clarify what "properly managed" means in this context	On review on this reference the finding of the study were regarding patients' attitudes towards digital technology use and had some suggestions out how to manage their use. As the management of digital technology at the point of care was not the main finding of this article the reference to "properly managing" has been removed.	123
9. Lines 117-118: What is the proportion of practices that are affiliated with this network?	All six practices were associated with the University of Queensland Practice Based Research Network. This has now been included in the manuscript	195-196
10. Line 120: please clarify where the email was sent, e.g. Network mailing address or other?	The email addresses of all practices affiliated with the research network were available in a list at the University of Queensland General Practice Clinical Unit. From this list all practices were approached individually.	133
11. Line 131: please clarify if participants received AUD50 each	Each participants received AUD \$50 for their participation. This is now clear in the manuscript.	151
12. Line 133: "in" is not the correct word here please remove or rephrase	The word "in" has been substituted with "between" to improve clarity.	153
13. Line 138: participants' not participant	This has been addressed	158
14. Please include the interview schedule as supplemental materials	This has now been included	
15. Lines 162-163: Why aren't these results planned to be disseminated back to participants? Perhaps put up posters with key results in participating clinics' waiting rooms? If not already planned, these findings should also be fed back to physicians in participating clinics to potentially improve their practice.	A one-page summary of the findings will be made available to the participating practices to disseminate to their doctors and display in their waiting rooms.	

<p>16. Table 1: was routinely defined? If so what definition was given?</p>	<p>Questions 6 and 7 of the questionnaire read.</p> <p>6. Do you use Google or other search engines? – a. Yes b. No</p> <p>7. Do you use Google or other search engines to look up health related information? – a. Yes b. No</p> <p>A copy of the questionnaire has been submitted as supplementary material</p>	
<p>17. Lines 181- 188: was this more likely to be indicated in this group e.g. the theme was more likely to be present? Please demonstrate this finding with a quote</p>	<p>The finding of “How a doctor’s need to look up information impacts on impressions of competence and trust in the advice being given” is an overarching theme and therefore no one quote is able to summary this finding. This paragraph has been included at the beginning of the results as all following themes provide the evidence to this claim.</p>	
<p>18. Lines 190-194: Were participants referring to their own health anxiety and sense of vulnerability here? I am not sure this quote is reflective of your finding on patients’ emotional state. Perhaps it needs a bit more explanation or a more explanatory quote?</p>	<p>Another quote has been substituted to better demonstrate the participants emotional state.</p>	<p>218-220</p>
<p>19. Line 207: Incorrect word use. Replace “that” with “than”</p>	<p>This has been addressed</p>	<p>245</p>
<p>20. Line 287-288: sentence starting with “Google” is a repeat of above so can be deleted</p>	<p>This has been removed</p>	<p>334</p>
<p>21. Line 289: was age associated with seeing books as a more reputable source than online information? This seems a somewhat surprising finding to me.</p>	<p>Thank you for the comment. We agree this may seem counterintuitive. However, our qualitative study uses purposive sampling and therefore cannot draw any conclusions about such associations. We report this as a finding in our non-generalizable data set. Further research is required to explore this.</p>	
<p>22. Line 344: what does a doctor displaying uncertainty look like? Adding some</p>	<p>Unfortunately no participants gave specific examples of what a doctor displaying uncertainty looks like. Participants described this</p>	

specifics here, if they were given by participants, could help guide readers that would like to change their behaviours.	more as a feeling that they got rather than a specific behaviour they observed.	
23. Line 348 – 349: Perhaps reverse the order these sentences are presented in, to better match the placement of the quote.	This quote has now been replaced and reordered.	393-395
24. Line 399: please explain what you mean by triangulation here. I don't know that this is quite the right term for this.	This has been reworded to improved clarity	456
25. Line 405: Please describe a bit of the study here so we can understand the reported findings. What is meant by agreement? Did all participants agree/feel the same way? Was this independently assessed by participants (e.g. in interviews or questionnaires), or was it a group discussion where they found consensus?	A brief summary of the Kehane et al study has been included and the paragraph reworded to improve clarity	461-462
26. Line 420: "earn the right" – please explain further; this wasn't phrased quite so strongly in report of results.	The phrase "earning the right" to search refers to a clinician focusing on the interpersonal and communication skills of the consultation prior to seeking information. This paragraph has been rephrased for clarity.	483-485
27. Line 425: seems to be a syntax issue here with "access" – maybe accessing? or physicians' need to access?	This sentence has been re-ordered to improve clarity	489
28. Line 431: Please be more specific – what is meant by doctor's needing to "take care when searching questions"?	Take care in this context refers to a clinician paying greater attention to the interpersonal and communication skills than may otherwise be warranted outside of the specific settings listed. This has been rephrased for clarity	495-497
29. Lines 436-437: Also feel next steps are to feedback to physicians and see what they can take on-board in terms of improving their practice. You might also suggest further research to include physicians and patients together to improve communication and understanding in this area.	These suggestions are interesting and have now been included in the manuscript.	502-513

VERSION 2 – REVIEW

REVIEWER	David Wong The University of Hong Kong, University Health Service
REVIEW RETURNED	13-Jun-2022
GENERAL COMMENTS	<p>Glad to see that the issues raised during the review have been adequately addressed in the revised manuscript.</p> <p>Suggest to amend the title to "Doctor! Did you Google my symptoms? A qualitative study of patient perceptions of general practitioners' point-of-care information seeking" for better clarity.</p>