

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Patients' recording clinical encounters: A path to empowerment? Assessment by mixed methods.
AUTHORS	Elwyn, Glyn; Barr, Paul; Grande, Stuart

VERSION 1 - REVIEW

REVIEWER	Inge Henselmans Academic Medical Center Amsterdam The Netherlands
REVIEW RETURNED	15-Jun-2015

GENERAL COMMENTS	<p>The authors address a timely and important topic: the phenomenon of patients audio recording medical consultations. There is evidence for the beneficial effect of audio recording on patient outcomes such as a recall and decisional regret. The authors chose a rather original approach by examining also covert recording as well as patients' motivation to record, either covertly or with permission. The paper is well written and put in context. The design of the study is not flawless, with a convenience sample used to draw conclusions about the frequencies of recording behaviour. However, the authors clearly point out this limitation and do not base their main conclusions (only) on these numbers (too much). Their interviews have provided rich material which is well reflected upon in the Discussion. The authors can however strengthen the description of the qualitative sampling method.</p> <p>Specific The Introduction would benefit from a more structured overview of the effect of recording on patient outcomes. Particularly it's influence on recall is missing, while relistening information is an important motivation for recording.</p> <p>The reporting of the qualitative part of the study can be improved. The authors state that they purposefully sampled patients who consented to follow-up contact. However, it seems only 21 patients consented to the interviews of whom 18 were interviewed. The authors should be more clear about this. For example: only 2 of the interviewees have no intention to record. This seems a rather small, and not intended, number.</p> <p>In addition, there is no mention of how data saturation was taken into account. Can we be sure that these 17 interviews reflect the full picture? The authors should convince the reader they can.</p> <p>The categories mentioned in line 51-55 on page 4 do not match with the category names in Appendix 2 (I guess 'secretly' needs to be removed from the fourth column).</p>
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REVIEWER	Leigh Simmons Massachusetts General Hospital, Harvard Medical School, United States
REVIEW RETURNED	22-Jun-2015

GENERAL COMMENTS	<p>This paper by Elwyn and colleagues addresses a question with salience in the current clinical environment that increasingly has technology as a companion in the clinical encounter.</p> <p>Strengths: As this study examines the motivations of those who would consider tape recording a clinical encounter with physicians, or those who have already done so, it is an important contribution to the literature on the patient-doctor encounter. So far the literature on patient feelings about this topic, and motivations to record, is very scant, though the literature is growing on patients' feelings about having more open access to their own charts.</p> <p>Limitations of the study: This is a small sample size of patients who indicated that they have recorded a visit, and it is a sample drawn from advertisements which means that this is not a sample representative of the general population. That in and of itself is not a concern, however, it would be worthwhile to know a bit more about the patients surveyed, in particular it would be useful to know the health status of these individuals, and whether those with more health concerns were more or less interested in recording encounters. Also, it does not seem that the question was specifically asked about whether those surveyed and interested in recording visits were more interested in recording GP visits or specialist visits, or therapy visits.</p> <p>Finally, the interest in recording visits seems to have grown with the advent of inexpensive smartphones that can perform high quality records quite easily. It would be worth noting whether those surveyed and/or interviewed indicated whether they owned such a smartphone, and if they did not currently, but one was offered to them, would they be more interested in recording (either covertly or openly).</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer Name Inge Henselmans

Institution and Country Academic Medical Center Amsterdam

The Netherlands

Please state any competing interests or state 'None declared': None declared

Please leave your comments for the authors below

General

The authors address a timely and important topic: the phenomenon of patients audio recording medical consultations. There is evidence for the beneficial effect of audio recording on patient outcomes such as a recall and decisional regret. The authors chose a rather original approach by examining also covert recording as well as patients' motivation to record, either covertly or with permission. The paper is well written and put in context. The design of the study is not flawless, with a convenience sample used to draw conclusions about the frequencies of recording behaviour. However, the authors clearly point out this limitation and do not base their main conclusions (only) on these numbers (too much). Their interviews have provided rich material which is well reflected upon in the Discussion. The authors can however strengthen the description of the qualitative sampling method.

Comment The Introduction would benefit from a more structured overview of the effect of recording on patient outcomes. Particularly it's influence on recall is missing, while relistening information is an important motivation for recording.

Response

The following sentence referring to the systematic review is added to the introduction:

Patient's recall is clearly enhanced by having access to recordings [3].

Comment The reporting of the qualitative part of the study can be improved. The authors state that they purposefully sampled patients who consented to follow-up contact. However, it seems only 21 patients consented to the interviews of whom 18 were interviewed. The authors should be more clear about this. For example: only 2 of the interviewees have no intention to record. This seems a rather small, and not intended, number.

In addition, there is no mention of how data saturation was taken into account. Can we be sure that these 17 interviews reflect the full picture? The authors should convince the reader they can.

Response

We are as clear as can be about the numbers who consented - see this sentence:

“Out of the 130 respondents who completed the survey 56 agreed to be contacted. Of those 56, 21 consented, and 18 were interviewed.”

We are also clear that only 2 interviewees had no intention to record. We cannot change the data. We agree the sample is small, but we have not read of any previous study on this subject and it is not at all easy to identify patients.

In terms of data saturation, we describe our analysis method - and would be happy to make the anonymized data available as we state. We also examined open comments on 76 surveys and found no data that required us to modify our themes.

“After the interview data were analysed, we compared our findings to the 76 open-text comments in the survey, and found no new themes.”

We describe our data analysis methods here and feel they are detailed and standard.

“Before embarking on qualitative analysis of the interview transcripts, two researchers met (SG and PB) and developed an initial codebook, based on the interview questions [10]. This process informed a thematic analysis of interview transcripts where initial codes are grouped by salient themes. Independent coding was completed with the initial codebook. Emergent codes were added, and existing codes revised where necessary. PB & SG met to discuss and assess potential additions to the codebook; disagreements were discussed and resolved. A second coding process was undertaken to apply the revised codebook to the data. Codes, memos, short narrative summations of data, were entered into a spreadsheet for further discussion with a member of the research team who had also read the transcripts (GE). By critically reviewing the codes and associated memos, the data were categorized using a conceptual mapping process [10]. We checked the categorization by comparing the open-text survey comments to the interview data [11].”

Comment The categories mentioned in line 51-55 on page 4 do not match with the category names in Appendix 2 (I guess 'secretly' needs to be removed from the fourth column).

Response The numbers in the text were not updated to remove one participant who was not from the UK. The appendix numbers are correct. In text should be 5 would secretly record, not 6. We have changed the number in in text to 5 would secretly record and have kept the appendix 2 as is.

Reviewer Name Leigh Simmons

Institution and Country Massachusetts General Hospital, Harvard Medical School, United States

Please state any competing interests or state 'None declared': None declared

Please leave your comments for the authors below

This paper by Elwyn and colleagues addresses a question with salience in the current clinical environment that increasingly has technology as a companion in the clinical encounter.

Strengths: As this study examines the motivations of those who would consider tape recording a clinical encounter with physicians, or those who have already done so, it is an important contribution to the literature on the patient-doctor encounter. So far the literature on patient feelings about this topic, and motivations to record, is very scant, though the literature is growing on patients' feelings about having more open access to their own charts.

Comment Limitations of the study: This is a small sample size of patients who indicated that they have recorded a visit, and it is a sample drawn from advertisements which means that this is not a sample representative of the general population. That in and of itself is not a concern, however, it would be worthwhile to know a bit more about the patients surveyed, in particular it would be useful to know the health status of these individuals, and whether those with more health concerns were more or less interested in recording encounters. Also, it does not seem that the question was specifically asked about whether those surveyed and interested in recording visits were more interested in recording GP visits or specialist visits, or therapy visits.

Response: We agree it would enhance the study to know more about the patients. However, we decided not to encroach on these topics with the patients, nor to ask any further personal details about their healthcare. They had indicated their willingness in a publicly administered survey to be interviewed about a specific topic. The number that was willing to be interviewed was already small and we did not want to place any further obstacle to participation.

Comment Finally, the interest in recording visits seems to have grown with the advent of inexpensive smartphones that can perform high quality records quite easily. It would be worth noting whether those surveyed and/or interviewed indicated whether they owned such a smartphone, and if they did not currently, but one was offered to them, would they be more interested in recording (either covertly or openly).

Response: We did not ask these questions and cannot report this data.