PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	"Please don't call me Mister": patient preferences of how they are addressed and their knowledge of their treating medical team in an Australian hospital.
AUTHORS	Parsons, Shaun; Hughes, Andrew; Friedman, N

VERSION 1 - REVIEW

REVIEWER	Tim Wilkinson University of Otago, New Zealand
REVIEW RETURNED	15-Jul-2015

GENERAL COMMENTS	This study has 2 aims which are separate and not completely related: to explore how Australian inpatients in one hospital prefer to be named, and to explore how well they remember the names of their treating doctors. The authors correctly point out that the former aim has already been explored in several countries and in Australian general practice. So the gap that this study aims to fill is actually quite small – Australian inpatients. Even here, restricting the study to one hospital, may limit generalisabilty. Although good attempts have been made to compare the surveyed group with the general inpatient demographic. As an aside, it would be useful to see that comparison. Given there have been previous studies comparing preferences across countries, a cross-country comparison could be an interesting area to explore. Once might expect preferences to be associated with demographics (younger people might have different preference to older people, for example), so it would have been nice to have seen some exploration of this. It seems a shame to have collected such data and not explored it further. Some more contextual information would be useful. For example are patients routinely asked their preferred name as well as legal name as part of the clerical aspects of admission to hospital? Many practices would routinely ask for both. If they are asked, how is such information accessed by the medical staff? If it is not asked, why not? What is the hospital policy regarding name badges? The discussion suggests that wearing a name badge in a visible location might help - one presumes therefore that this may not already be in place? If it's not in place, I'm not sure a survey is needed to influence a policy like that.

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	We are not told the response rates or numbers excluded. People with cognitive impairment were excluded – how was this decided? How many met this exclusion criterion? How many were asked and declined to take part? I wasn't clear about the method of questionnaire administration – it is stated that SurveyMonkey was used which is usually an on-line administered method. Did the patients therefore complete the survey on-line? It rather reads as though it might have been done face to face but SurveyMonkey just used for data entry? Is that the case? Overall, the authors have identified the gap to be filled – Australian inpatients. As such it is quite a small gap. There are some methodological queries that would need to be addressed. Understanding more of the current context, current practices and current policies would help interpret the findings better. This, and some understanding of the demographics, exclusions etc would help with determining generalisabilty.

REVIEWER	Dr Karen Luxford Clinical Excellence Commission Australia
REVIEW RETURNED	21-Jul-2015

GENERAL COMMENTS	I recently reviewed this informative and interesting paper for another BMJ publication. I suggested minor revisions at the time and these have now been addressed. The significant issue of ethics approval has now also been addressed. I believe that the publication of this paper contributes to our growing knowledge about patient experience of care in hospital settings.

REVIEWER	Alex Lengerich Doctoral Fellow Baptist Health Lexington United States
REVIEW RETURNED	21-Jul-2015

GENERAL COMMENTS	The writing of this article could be improved. Some suggestions are: Page 2 Line 8-10: To investigate how patients prefer to be addressed by healthcare providers and assess their knowledge of their attending medical team's identity in an Australian hospital. Page 4 Lines 9-14: The function of communication is to gather information, define therapeutic outcomes, and build a caring and supportive relationship with patients. Effective communication provides the physician the best opportunity to improve patient satisfaction thereby facilitating improved health outcomes. The study design listed on the consolidated criteria for reporting qualitative studies (COREQ): 32-item checklist is not consistent with the study design in the article. The study appears to be descriptive in nature and does not reflect grounded theory.

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VERSION 1 – AUTHOR RESPONSE

Reviewer 1:
Acknowledgement that our intended aims are separate has been included in the manuscript. We agree that conducting data collection at a single centre limits our generalisability which is included in our limitations, we feel that our sample is comparable to the Australian inpatient demographic and hence increases the applicability to other centres.

Variation between countries is an interesting area of discussion and has been explored in the background.

Thank you for your insight regarding preferences of address across demographics; we have revised the manuscript to define further detail in this area.

Your comment of context regarding current practice is well made and we have revised the manuscript to define current policy and practice. Clerical staff does not routinely ask preferred name, it may be asked on the ward but there is no policy or standardisation regarding this, which could obviously be improved.

Thank you for highlighting important information of exclusion numbers and criteria; this has been revised in the manuscript.

The manner of questionnaire administration has been clarified further in the manuscript.

Reviewer 2:

Thank you for your comments and recommendation.

Reviewer 3:

Thank you for suggested revisions, changes to the manuscript have been made as you suggested.

The study design listed on the COREQ has been altered appropriately.

VERSION 2 – REVIEW

REVIEWER	Tim Wilkinson University of Otago, Christchurch, New Zealand
REVIEW RETURNED	21-Aug-2015

GENERAL COMMENTS	The reviewer completed the checklist but made no further comments.

REVIEWER	Alexander Lengerich Baptist Health Lexington United States of America
REVIEW RETURNED	08-Sep-2015

GENERAL COMMENTS	The reviewer completed the checklist but made no further comments.

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