Author's response to reviews

Title: A multi-disciplinary education process concerning discharging children from hospital when the child is newly diagnosed with type 1 diabetes - a qualitative study

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Author's response to reviews: see over
Dear editor of BMC Pediatric

We herewith submit the revised manuscript, MS: 1571320526324565, “A multi-disciplinary education process concerning discharging children from hospital when the child is newly diagnosed with type 1 diabetes – a qualitative study “for publication in BMC Pediatric. We have now maid all recommended changes and are grateful for your comments. According to your wishes our comments are answered point by point to each reviewer.

The undersigned authors transfer all copyright ownership of the manuscript to BMC Pediatric in the event that the manuscript is published. The manuscript is original, is not under consideration by another journal, and has not been published previously. There is no conflict of interest.

Yours sincerely

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15 January, 2010
A multi-disciplinary education process concerning discharging children from hospital when the child is newly diagnosed with type 1 diabetes – a qualitative study

Response to reviewer’s report 1 (Susan Sullivan-Bolayi)

1. Statement is needed why you chose qualitative study and specifically focus groups
Response - See page 5, Methods; the first section “As diabetic teams are caring for the family during the hospitalisation when a child is newly diagnosed with type 1 diabetes, we used a focus-group design to obtain in-depth information directly from the diabetes team members.”

2. You also might want to explain why the social worker, nutritionist and psychologist were part of the focus groups if they aren’t part of the family education process
Response – Page 6, line 6: “At one of the county hospitals the PDSN chose not to ask the dietician, the counselor and the psychologist to participate in the study as these were not very involved in care during the initial hospital stay.” Page 6, line 8: “The other PDSN’s did not question all the members’ participation in the interview.

3. Make a statement underscoring you are only describing teaching that goes on when patients are admitted, not those that are taught outpatient.
Response – See page 3, section 2, line 1-5: Patients diagnosed with type 1 diabetes, not acutely ill, are mostly treated on an out-patient basis in the US and in the UK, while patients who are seriously ill in the initial phase are admitted to hospital. Some east European countries use initial hospital stay irrespective of how serious the illness is (Clar, Wangh & Thomas, 2007). The same applies in Finland (Simell, Moren, Keltikangäs-Järvinen, Hakalax and Simell, 1995).

4. Explain roles during focus group: moderator vs recorder ... it is confusing written
Response - See page 7 the section before analysis, the last 7 lines: “During the focus-group discussion the moderator encouraged the participants to express their own perspectives and views and to respond to other team members’ statements. The moderator asked supplementary questions in order to strengthen the content and if there were additional issues that the participants wanted to highlight. Finally, a check was made to see whether all predetermined interview areas had been addressed. The assistant recorded the group dynamics and interactions, and possibly put a supplementary question at the end of the interview.”

5. “Data were not was”
Response - is corrected.

6. How did you maintain trustworthiness?
Response - See page 21, the last 4 lines in the Discussion: “The trustworthiness was considered by the fact that two of the authors performed the interviews and all the authors were involved in the analysis, regarding
categorization and identification of the themes. The research process is explained and quotations are presented.”

7. Is there a word missing in subtheme: bringing about a knowing that ...
   Response - The theme is modified to “Bringing about knowledge without understanding”

8. Discussion section: usually not presented by themes but should be 3-4 points (lesson learned) either supported or refuted by existing literature, or new findings not previously reported.
   Response - The themes is removed and the presentation is in running text. As described in the background there is a lack of knowledge around the concerned issue and therefore the discussion is about the education process and its implementation and refuted or supported with previous findings.

9. Limitation: another limitation is that other countries don’t have the luxury of 2 weeks to educate family in diabetes management.
   Response - see page 3 in the background describing where inpatient resp outpatient care is common. Sweden is one of the countries.

10. Representation of themes
   Response - All themes are modified.

Kind regards

Lisbeth Jönsson and Anita Lundqvist
Response to reviewer’s report 2 Lesley Lowes

1. In the Results section, one of the sub-themes is called either Bringing about a knowing ‘what’ or knowing that (depending on which page is being read). This sub-theme needs further explanation, because even after careful reading of the text, I do not understand what this means. This may be partly due to interpretation of data into English, which made the reading and understanding this paper quite challenging at times.

Response – Page 14: the sub-theme is modified to “Bringing about knowledge without understanding” and the language is reviewed in the entire manuscript.

2. There needs to be more data extracts included in the paper to back up the inferences drawn from the data.

Response – the overall results and the inferences is modified in several ways.

3. The recognised study limitations cast doubt upon the usefulness of the data. It is important that the authors justify the usefulness of publishing a paper based on this data.

Response – See page 21 the last seven lines.

4. In the Results section, when describing the sub-theme – Bringing about a feeling ... , the authors state that families going on leave would be given the phone number of the PDSN, blood glucose monitor and dextrose (as a security measure). Surely the family would be given the blood glucose meter, dextrose and insulin (which is not mentioned) as a necessary part of their equipment for day-to-day management of type 1 diabetes.

Response – see under Results page 11, line 4-9: Besides the necessary equipment for the diabetes treatment (e.g. blood glucose meter and dextrose, during the first leave and also insulin during the subsequent leaves) the family was given the phone number to the PDSN. This was a way for the PDSN to test whether the parents and children (depending on age) were able to use the blood glucose meter and understand the value of blood sugar when they were alone and the phone number was for a feeling of security if they became paralyzed.

5. I believe it would be more appropriate to talk about type 1 diabetes.

Response – it is corrected.

6. It is important to note that the systematic review by Clar et al also stated that there was insufficient rigorous evidence to draw conclusions about the effect of hospital versus outpatient care.

Response – See page 19, the last 2 lines. “Clar et al. also stated that there was insufficient rigorous evidence to draw conclusions about the effect.

Kind regards
Lisbeth Jönsson and Anita Lundqvist
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**Response to reviewer’s report 3 Heather Lehmkuhl**

1. There are several grammatical errors in the document which should be checked to ease the readability

   *Response* – the language is reviewed in the entire manuscript

2. One of the subcategories “bringing about a knowing that” seems confusing. The authors do a good job of explaining some of the points in that section, however I think that the title should be changed as it is not clear what “that” refers to.

   *Response* – the sub-theme is changed to “Bringing about knowledge without understanding”

3. I think it would be helpful to see a list of questions used in the study in case it should be repeated.

   *Response* – see page 7, line 1-2. “In order to allow participants to share their views in an unaffected manner, we choose a few areas that we wanted illuminated. The areas were (i) cooperation among team members, (ii) communication within the team and with the family, (iii) the work with the family, among team members and (iv) how families were involved in the educational process. These areas were described in the information letter to the participants in preparation for the interview.”

   We did not use questions only areas that we wanted to have illuminated.

4. A table listing the stages of education in the hospital may make the paper more clear and be an easy reference for other care workers who may want to make changes in their education.

   *Response* – see page 10, section 1, line 1-2 : “A diabetes checklist (just following Swift, 2009) was used ….”

Kind regards

Lisbeth Jönsson and Anita Lundqvist