Reviewer’s report

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

Version: 1 Date: 21 December 2009

Reviewer: Susan Sullivan-Bolyai

Reviewer’s report:

*Thank you for letting me review your manuscript. I think your study had some important findings like cramming of information issue; would have loved to hear more about how your teams’ assess family differences and work with the families

*I highly praise the family perspective, I get frustrated with the medical model and it being all about the numbers!

*Needs major editorial overhaul

*In the US we have 2–3 days maximum to teach families diabetes management after child is newly diagnosed, thus the ability to 'know' family takes longer. Sharing specific strategies of how one comes to know families would be helpful for clinicians

*Overall article is really focused on diabetes nurse specialist and you even indicate that in the discharge process nurse and physician are only ones involved in early preparation (nutritionists aren't involved? social workers don't do family assessment?). That makes the reader wonder why focus groups included other team members? I think you need to address that in article and how division of labor (teaching) is determined.

*Statement is needed why you chose qualitative study and specifically focus groups

*I would make a statement about typical size of focus groups and that due to 'emergency' one group consisted of only 3 members, thus this was not ideal but regardless important information was shared....who were the members of that focus group? When I read that all of DC teaching was done by MD & RN, let the reader know that the group of 3 consisted of at least one MD and one RN...otherwise what could they contribute if they didn't have an active role in teaching?

*You also might want to explain why the social worker, nutritionist and psychologists were part of the focus groups if they aren't part of the family education process

*Make a statement underscoring you are only describing teaching that goes on when patients are admitted, not those that are taught outpatient. When I first started reading the manuscript I was lead to believe that there might be a comparison of how parents are taught in hospital vs outpatient, which would have
been very interesting. ***I have not seen any empirical studies that focus on compare/contrast teaching strategies in between these two situations.

*Explain roles during focus group: moderator vs recorder...it is confusing as written

*Data were not was

*How did you maintain trustworthiness?

*Is there a word missing in subtheme: bringing about a knowing that.....

*Discussion section: usually not presented by themes but should be 3-4 points (lessons learned) either supported or refuted by existing literature, or new findings not previously reported

*Limitation: Another limitation is that other countries don't have the luxury of 2 weeks to educate family in diabetes management.

*Representation of themes

*Again, I would be very interested in how you teach outpatient vs inpatient after child diagnosed

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Not suitable for publication unless extensively edited

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

'I declare that I have no competing interests'