Author's response to reviews

Title: Storytelling as a communication tool for health consumers: development of an intervention for parents of children with croup

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Version: 2 Date: 10 August 2010

Author's response to reviews: see over
August 10, 2010

To whom it may concern,

Thank you for the positive feedback on our manuscript and the opportunity to respond to the peer-reviewer comments.

I have detailed our responses below.

Please contact me if you require further changes or clarification.

Kind regards,

Lisa Hartling, PhD

Reviewer's report

Title: Storytelling as a communication tool for health consumers: development and testing of an intervention for parents of children with croup

Version: 1 Date: 8 June 2010

Reviewer: David McGillivray

Reviewer's report:

Introduction:
This is an interesting article. While it does not answer a specific question, it is a description of the process of developing a story-book for the delivery of health evidence and management. It is a highly relevant paper as most centres are independently producing their own material for distribution in their institution with varying levels of success. The information on the development process used in this paper to produce the storybook can be useful to help others avoid errors and understand the obstacles in developing materials and making sure that the needs of the end users are met.

The paper is well written.

1. Is the question posed by the authors well defined?
This paper does not specifically outline a question. The 1st objective, however, is clear in that it is to describe the development process of a story-based intervention for delivery of health evidence in croup for use in a randomized controlled trial. The second objective stated is the testing of an intervention. The testing is really a description of comments by a focus group and it might be confusing to the readers who may be expecting that the testing might be to see if
it worked in a proposed randomized control trial. The randomized controlled trial is a future study and not part of this paper.

**Response:** We have removed any reference to “testing” the intervention, and referred to this as feedback from end-users.

2. Are the methods appropriate and well described?
The methods are well described and are appropriate. My only comment is that it could be clarified earlier in the paper (especially in the abstract) that the target group for this project was the parents or caregivers. (i.e. that the parents are the readers of the story). The word “storytelling” makes the reader think that the parents might be reading a story to children to keep them calm.

**Response:** We have made this explicit in the background and discussion under objectives, that the target audience is the parents.

3. Are the data sound?
The data (comments) of the participants and by the focus groups are stated clearly. They are somewhat limited by the small number of parents/caregivers associated with only 10 children presenting to the ED and also by the inability to recruit larger numbers of individuals to participate in the focus groups. This is acknowledged by the authors in the paper. To their credit they tried to take into account severity of illness and socioeconomic status. However, with these small numbers it becomes difficult to be certain that this is a representative sample of the entire experience of the croup population. Despite the low numbers of evaluators, there was a considerable amount of information that was obtained and the information valuable was valuable in modifying the final product. One point which was not discussed was how the parents/caregivers experience was changed by the type of evidence and health information given by the physicians and nurses at the time of the initial visit which could have influenced how they reacted to their visit. This could have changed their responses to the writer’s questions.

**Response:** We do not have data on how the parents experience was changed by the type of evidence and health information given. In fact, the parents were involved in focus groups to provide feedback on the storybooks outside of the healthcare setting. We will have information on their experiences in the randomized trial that follows.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition? The paper is a qualitative study and the data was reported clearly with clear examples. It would be nice to know how many parents refused to meet with the creative writer and how many parents could not be reached by follow-up. The questions for the focus groups were pre-determined but the authors should also comment on whether there was time or a section set aside for free, non-directed discussion which was also analyzed. This might have been helpful.
Response: We do not have numbers of refusals. Parents were invited to approach the creative writer on their own initiative (the writer did not approach parents). We have added a sentence in the methods to indicate that there was time for free, non-directed discussion. All discussion points were considered in the analysis.

5. Are the discussion and conclusion well balanced and adequately supported by the data?
Based on the small sample size, the discussion and conclusion were appropriate.

Response: no required changes.

6. Are the limitations of the work clearly stated?
The limitations of this work are clearly stated.

Response: no required changes.

7. Do the authors clearly acknowledge any work upon which they are building, bother published and unpublished?
The authors acknowledge work done in this area and indicate what is new from this study.

Response: no required changes.

8. Do the title and abstract accurately convey what has been found?
I think that the title is somewhat misleading. I feel that this paper really deals with how to develop a storytelling communication tool for health consumers. The testing procedure in my mind is still very preliminary. I do not feel the testing has been completed due to the small numbers of patients and focus groups. In addition, the word testing is misleading to the reader as the reader will assume that the results of this study will tell you if this tool improves patient knowledge and changes their anxiety in the ED. The real testing of the tool will be in the proposed randomized control trial.

Response: We have changed the title to remove the term “testing”.

9. Is the writing acceptable?
I think this paper is well written. It follows a logical sequence and is easy to read.

Response: no required changes.

Comments:
Discretionary comments:
1. Consider changing the title to “Storytelling as a communication tool for health consumers: development of an intervention for parents of children with croup.”
Response: Change made.

2. Consider better clarity of who is the target audience early in the abstract as storytelling is usually associated with stories for children not for parents/caregivers and this may create some confusion.

Response: Change made.

3. Consider clarifying the second objective which 2) report the results of testing. It is not clear if you are going to report the efficacy of the storytelling or report the thoughts of the parents and the focus groups on what they liked, disliked, or their suggest additions. Testing implies a comparison which is not what was being done. This will involve rewording of the text.

Response: Change made.

4. While the authors are discussing one particular storybook, they do not give us an idea of the potential growth and the practicality of using this technique in the busy setting of the emergency department for an unlimited number of problems. I am assuming that the parents would be reading the book or pamphlet at the time of treatment in between testing and treatment sessions.

Response: This comment addresses issues that are outside of the scope of the present study. The issues relate to application of the storybook in the ED. We did not examine this aspect. This information will be available in the randomized trial we are conducting where the storybooks are being implemented into the ED setting.

5. I see this paper as an attempt to translate patient and parent information in an acceptable useful manner. This is a significant challenge and the experience of these individuals in planning a possible aid for parents could be very useful for others working in this field. A lot of their information can be helpful and generalizeable to other media formats.

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

Quality of written English: Acceptable

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
Reviewer's report

Title: Storytelling as a communication tool for health consumers: development and testing of an intervention for parents of children with croup

Version: 1 Date: 24 July 2010

Reviewer: ROBERT BENDEL

Reviewer's report:
Favorable impression: This article gives us a good case for the use of storytelling for health outcomes. The exposition is very clear and it would be very useful for Qualitative Researchers in Pediatrics.

Minor Essential Revisions:
1. This reader would have preferred that the reference to the figures occur much earlier than at the end of the results section.

Response: We have moved the reference to the figures to the beginning of the methods section.

2. Since not all readers are up to date on croup, it would have been useful to provide a standard medical protocol on croup, including the use of drugs.

Response: We have add to the background reference to a clinical practice guidelines and information on which drugs are recommended.

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

Quality of written English: Acceptable

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

Declaration of competing interests: I declare I have no competing interests.