Reviewer’s report

Title: An interdisciplinary team communication framework and its application to healthcare ‘e-teams’ systems design

Version: 1 Date: 11 February 2009

Reviewer: George Demiris

Reviewer’s report:

Major Compulsory Reviews:

1) The authors argue that there is a gap of work that examines the complexity of teams and especially in palliative care. While this is indeed true, I would like to suggest several studies (some listed below) that have examined team structures and processes in the hospice setting, for example:


2) The authors state that the meetings were observed, audio and video recorded by a trained researcher using recording methods developed in the field of health informatics. The studies that they cite seem to be describing the use of PDAs for data entry. Is this the method that was pursued? I would suggest elaborating on these health informatics methods as it is not clear from the cited studies what these would be.

3) I would also recommend that the authors provide more information on their data analysis. How were video recordings coded for non-verbal signals vs the transcribed audio tapes? How were coders coding based on consensus? Did they code separately and then met to reach consensus in cases where coding differed? I would also recommend clarifying the coding process-it sounds like thematic coding informed by the broad Donabedian’s framework. How did the specific elements of information needs and communication coded? Was it data-driven or theory-driven?

4) Under 4.2 Processes the authors describe the identified processes of care planning, information exchange, teaching, decision making, negotiation and leadership. However, the authors themselves later describe negotiation as an
element of decision making, and similarly leadership can guide decision making, negotiation and teaching. As such these processes are not on the same level (some are over-arching, some are sub-categories). Perhaps this should be explained and elaborated when the identified processes are listed.

5) Finally, under outcomes the authors list outcomes that are outcomes of care plan discussions such as discharge planning, reintegration into the community and satisfaction. However, again, these themes do not seem to fit into the same taxonomy-discharge planning or integration of a patient are prescribed outcomes of care planning and linked to clinical outcomes. whereas satisfaction is indeed resulting from the processes and can be linked directly to communication. I wonder if perhaps grouping outcomes into broader themes makes more sense. In other words, you did not have to conduct a content analysis of team meeting interactions to determine that some patients are discharge and return to the community. So it is not clear why these outcomes are presented as identified in your analysis of team communication.

6) The authors state in their conclusions that they have demonstrated with this study the value of ethnography and content analysis for understanding complex processes. While it is clear how content analysis was performed, I am not sure the paper conveys any ethnographic approaches. Simply observing teams and recording conversations does not constitute ethnography-if additional approaches were followed, they are not highlighted in the paper, therefore, it is hard to argue that the paper showcases the power of ethnography.

7) In Section 7 (Conclusion) the first sentence reads “In summary, research suggests that good interdisciplinary communication leads to improved patient and family satisfaction and patient symptom control.” I would rephrase this because it could be confusing and imply that this is a conclusion resulting from this paper (but obviously this link was not examined in this study).

8) Figure 5 (which looks like a Table) raises some questions. For example, under the concept “Negotiation” the sub-concepts are team members, patients and families. These are not actual sub-categories of negotiation, but rather stakeholders who could be potentially involved or affected by negotiation processes. As was observed for other categories, this table is not semantically consistent (as in other categories the sub-concepts are true sub-categories).

Discretionary Revisions:
9) Figure 1 is perhaps redundant (it is stated in the narrative and can be replaced by a short sentence).

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.