Reviewer's report

**Title:** Shared management of childhood chronic kidney disease: Using ethnography to explore health-care professionals' and parents' attitudes towards expertise

**Version:** 1  
**Date:** 10 January 2014

**Reviewer:** Gavin Daker-White

**Reviewer's report:**

**Major compulsory revisions**

You need to reference the following systematic review. You might also benefit from explaining your own findings in light of theirs:

Pediatrics 2008;121;349

Allison Tong, Alison Lowe, Peter Sainsbury and Jonathan C. Craig

Systematic Review of Qualitative Studies Experiences of Parents Who Have Children With Chronic Kidney Disease: A Systematic Review of Qualitative Studies

I would take care of the use of the term “ethnography.” This does not appear as an ethnography, although ethnographic methods were used. I have seen others speak of “focused” or “applied ethnography” in this context, which might be more relevant. I would personally badge this is a qualitative and observational study. By page 22, it now appears as a “participant observation” study. Given that the observer was a nurse, I think that this label is much more appropriate. Thus, some clarity is needed over the terminology of your methods, and this should be standardised throughout the manuscript.

**Minor essential revisions**

Abstract, Methods: “Framework” should read “a framework” or “the framework method [of qualitative data analysis].” Although As I read the main paper, it seems as though you did not use the framework method as I understand it (see http://www.biomedcentral.com/1471-2288/13/117 ), but rather used a theoretical framework from the literature. But when we get to page 10 I am further confused. Thus, some clarity is needed on this aspect of your methods.

Abstract, Methods: What is the distinction between the concepts “expertise” and “the expert patient”? They sound like different aspects of the same concept.

Keywords: Should “chronic” be “chronic illness”? “kidney” appears superfluous. CKD could be spelt out in full, and then you won’t need the word “chronic” which will become redundant. Although “long term conditions” might be better in any
case? Should “child” be “children,” or “paediatric”? 

Page 27: “The approach provided a rich source of visual data.” Is “visual data” the correct term? Doesn’t that rather refer to use of photographs or other artefacts as prompts in qualitative interviews? 

Discretionary revisions 

Page 3, “as parents learn to master the clinical skills to manage their child’s CKD at home.” Is “clinical” the correct word in this context? 

Page 3, “This gap in the evidence may exist because of the perceived difficulty and ethical concerns around obtaining consent and safeguarding privacy when conducting research that involves observing interactions in clinical settings [5, 6].” Is this a general point, or is it supposed to reflect the specific difficulties of research involving children? 

Abstract, Conclusions; “We conclude that observational methods have the potential to elicit insights that are not readily available through other methods.” In my opinion, this point has already been made in numerous other reports. I would prefer to see a concluding comment that refers to the principle aims and objectives of the study. 

I was sometimes confused about whether this paper is a methodological report on the usefulness of observational methods in paediatric care, or a summary of findings concerning the management of CKD in children. Would it be better to focus on one or other aspect? The point that observational methods are useful in this field is well made, but sometimes repetitively. Having said that, the discussion of the processes and pitfalls in trying to undertake this kind of work are interesting and well explicated. Should the conclusions refer to CKD management or to the use of observational methods (as they do at present). If your main purpose is to argue for the utility of observational research in paediatric settings, perhaps the title should better reflect that? 

Page 3, “Ethnographic research is one methodological approach that can address these challenges but it is argued that it has been overlooked as a methodology for the in-depth study of healthcare issues in the context in which they occur, due to these reported concerns [7].” I think you are mixing up several issues here. There are plenty of ethnographic and / or observational reports of studies in Health Services Research. I am not sure the “privacy” argument applies to observational / ethnographic study alone. I would be tempted to re-write this section so that it rather points to the potential utility of observational approaches, and refers to the wide extant literature on doctor-patient interactions and how useful these can be to understanding processes of self-management or peer support. 

Did the research nurses who were observing sessions wear a uniform? It seems as though there was some possibility for researcher role problems and confusing them with clinical staff? This might need a bit further discussion [although there is quite a bit from bottom of page 14]. It seems like this did cause problems. Would
It have been better if the observer/s was/were not clinically trained? This also relates to my concern about calling this study an “ethnography,” when the observer was not an impartial or naive observer, but a trained clinician in the field of interest.

**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