Reviewer's report

Title: Nurse practitioner interactions in acute and long-term care: An exploration of the role of knotworking in supporting interprofessional collaboration

Version: 2 Date: 9 April 2015

Reviewer: Carole Orchard

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MINOR ESSENTIAL REVISIONS

1. The research question is not clearly stated. The purpose appears to evolve at the end of the background section but not the question. The reader is suddenly brought into the study design.

2. Background: The reader is introduced to ‘knotworking’, a fundamental focus of the paper will very limited definitions. Although provided in the discussion section for readability these need to be more upfront in this paper. This point is particularly relevant for a qualitative paper in which the literature review is kept until the discussion section of the paper.

3. Background: Activity Theory needs to also have a short summary to assist the reader to understand what the study is focusing on. Again since Engeström’s theory is foundational to what the paper the about this must have an upfront opening into its key elements and not be left until the discussion section of the paper.

4. Setting and Sample: The length of time the NPs were in their current roles is not mentioned. If known it is important to include. Length of time in a team is a strong variable for IP interactions.

5. Setting and Sample: The reader is introduced to the number of participants in the abstract but not until line 74. The focus at the start of this section is on the hospitals and leaves the reader confused as to what the unit of analysis really is. The NP participant information needs to be at the beginning of this section. This should be followed by their settings and ethics approval.

6. Data Collection: The background for the RAs is not provided and is needed to determine for the reader their credibility in being able to determine what is a relevant or not interaction in health care.

7. Data Collection: The criteria for how the RAs selected is not stated.

8. Analytical Approach: A ‘predetermined framework’ (line 100) is stated but the reader does not know what this framework refers to. There is a statement in the data collection on what was to be included in recordings (lines 85-87) and then in this analytical approach section the “NP was the initiator, facilitator, or recipient of the interactions’ (line 107-8).

9. Analytical Approach: How did the researchers define “social behavior patterns and processes commonly employed by NPs” (line 101).
10. Analytical Approach: There is confusion for the reader as to why qualitative rigor is discussed lines 1.02 to 106) and then the process of coding is discussed which should be stated first before how rigour was ensured in the overall analysis process.

11. Discussion: The point discussed is related to ‘holistic picture of patient needs and responses” however there is no mention as to the role of the patient in helping to generate what their needs were or the results of interventions. Hence, the patient’s voice is missing from this discussion which needs to be addressed (lines 298-300).

12. Discussion: In line 300 three is a statement ‘source of truth repository’ the meaning of this is not clear.

13. Discussion: In line 317 there is a statement about ‘personal and professional trust’. Please refer to the literature by McAllister who identified team trust associated with cognitive (competence) and relational based components to team trust that arise from interactions.

14. Discussion: In line 333 there is comment about ‘there was not a role, such as the NP, integrated into these teams’. However, this is not unusual since in IPE and IPC literature members rarely fully understand each other’s roles. Hence this needs to be considered within this statement.

15. Limitations: This study focuses only on documentation of the sequence, timing, and connectors for communications. It does not assess the quality of the communications. It is also focused only on the NP but is neither focused from the perspective of the other health providers nor the patients. Hence, these other limitations must be stated.

DISCRETIONARY REVISIONS
Several of the sentences need to be tightened and integrated together to improve the flow.

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

Quality of written English: Needs some language corrections before being published

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

Declaration of competing interests: I may have a non-financial competing interest as I was on the lead author’s PhD committee. I have tried to be very objective in this review.