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Title	Factors influencing practice variation for the management of nephrotic syndrome: A qualitative study of pediatric nephrology care providers
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Reviewer 1	Dr. Sameena Iqbal
Institution	McGill University Health Centre, Nephrology
General comments (author response in bold)	<p>The authors conducted a qualitative study to understand the complex multilevel processes that lead to differences in practice patterns and influence medical professionals on the management of nephrotic syndrome. From 10 focus groups with multidisciplinary pediatric nephrology healthcare providers, they found provider and centre factors important in the process of patient care practices.</p> <p>Here are some methodology-related comments:</p> <ol style="list-style-type: none"> <li>Specific to the contents of the manuscript, could the authors explain what methodological orientation was used for the design of the study, is it content analysis? <p><b>Authors' Response: We used thematic content analysis. This is one of the most frequently employed analytic approaches in qualitative research. The essence of this analytic approach is to identify patterns in the data that are associated with the research question.</b></p> </li> <li>With respect to the interviewer/facilitator, the occupation and credentials are not provided. It was not clear what preparation was carried out prior to the interview process to train the interviewer. <p><b>Authors' Response: The interviewer was an RN PhD candidate, she was trained by SSc in qualitative research and SSa in the nuances of nephrotic syndrome management. This has been detailed on pg 7 under the heading "Interview Guide".</b></p> </li> <li>What details did the multidisciplinary team know about the researchers? Were there biases or assumptions that the interviewer had on the research topic that could've influenced the focus groups? <p><b>Authors' Response: The lead researcher (SSa) was known to many of the pediatric nephrology physicians prior to the study. The lead researcher presented her reasons and interest in the research topic (to improve care and outcomes of children with childhood nephrotic syndrome) prior to start of each focus group and did not contribute to the focus group discussion. RF was not known to the participants in advance of the focus group. This statement is made on page 7 of the manuscript, under the interview guide section.</b></p> </li> <li>The authors stated that the invitation for the participation in the focus groups was dependent on the site investigator. Were the participants invited face-to-face or by email? Was there any attempt made to understand why certain people did not participate? <p><b>Authors' Response: Standard emails and letters of invitation were drafted by SSa for the site investigators to disseminate at their discretion. We did not record information regarding those that did not wish to participate for confidentiality purposes. We used purposeful sampling which is a hallmark of qualitative research. As previously, discussed, in qualitative research, researchers purposefully identify and select information-rich participants regarding the phenomenon of interest. As we do not have site specific knowledge, we relied on the site investigators to identify such potential participants. To protect the identity of the people approached who selected not to participate we didn't record the number of people who were approached or declined. Clarification regarding this point has been made in the manuscript on page 6.</b></p> </li> <li>Did the authors consider pilot testing for the interview? Did the authors distinguish between researcher's and participants' perspectives? <p><b>Authors' Response: The interview guide is based on the Ottawa Model for Research Use and previous qualitative Knowledge Translation research by SSc. The interview guide was adapted to the phenomena of interest and pilot tested at the lead researcher's (SSa) own site, iterations to the interview guide were based from responses and feedback at this pilot site. (added to manuscript on page 7).</b></p> <p>Was data saturation discussed?</p> <p><b>Data saturation was discussed in relation to theoretical saturation where no new themes emerged. We did not apply saturation to our sampling as the purpose of this study was to include all possible tertiary pediatric centers in Canada with a variety of information rich participants on the phenomena of interest.</b></p> </li> <li>How many data coders were involved to come up with the recurrent themes? Did the authors provide a coding tree? What proportion of data was taken into account? <p><b>Authors' Response: The first step of analysis was data cleaning. Then the focus group moderator (RF) coded the data using NViVO software. After initial coding SSa and RF started to discuss the codes and merge similar codes to create themes. This was done using a constant comparative approach across each transcript and to make iterative adjustments to the coding structure in NViVO. RF and SSc regularly met to discuss the emerging analysis and memos were recorded to capture analysis as it unfolded.</b></p> </li> </ol>
Reviewer 2	Dr. Marie-Chantal Fortin
Institution	CHUM, Nephrology and transplantation
General comments (author response in bold)	<p>This well-written paper reports the results of a qualitative study looking at pediatric nephrology care providers' perspectives on the treatment of pediatric nephrotic syndrome. Despite the publication of guidelines on the treatment of pediatric nephrotic syndrome, there seem to be different practices among providers and centres. In order to better understand practice variations, they authors conducted a focus group study with pediatric nephrology care provider. This is an important study given the absence of data explaining this practice variation.</p> <p>The following points require modification or further clarification:</p> <p>In the methods section:</p> <ol style="list-style-type: none"> <li>When the focus groups were conducted? <p><b>Authors' Response: We added that the focus groups were collected from March 2014- April 2015.</b></p> </li> <li>Were the focus groups audio or video recorded? <p><b>Authors' Response: The focus groups were audio recorded, they were not video recorded. We had a court reporter at each focus group who audio recorded the focus groups and conducted real time transcription. We have inserted this detail on pg 8 under the heading "Transcription".</b></p> </li> <li>Were all the focus groups conducted in English or some of them were conducted in French? <p><b>Authors' Response: All focus groups were conducted in English- we have inserted this detail on page 7 under the heading "Interview Guide".</b></p> </li> <li>Were the interview guide pre-tested? <p><b>Authors' Response: As discussed previously, the interview guide was pilot tested at the lead researcher's (SSa) work site, iterations to the interview guide were based on responses and feedback at this pilot site.</b></p> </li> </ol>

5. Is it unclear why the number of participants approached who declined to participate is unavailable?

**Authors' Response: As mentioned above, to protect the identity of the people approached who selected not to participate we didn't record the number of people who were approached or declined.**

6. Did the authors reach data saturation in their sampling?

**Authors' Response: Data saturation was based on theoretical saturation, where no new themes emerged from the collected data. We did not conduct sampling data saturation as the purpose of this study was to capture a purposefully large representation of Canadian tertiary pediatric centres for nephrotic syndrome with a sample of information-rich participants on nephrotic syndrome.**

7. Did an independent researcher code some portion of raw data? If yes, what is the rate of coding agreement?

**Authors' Response: We did not have an independent researcher code some portion of the raw data and we did not conduct a rate of coding agreement measure. This is not a common requirement for our methodology.**

8. Did the transcription of focus groups were returned to the participants for their approval?

**Authors' Response: The transcriptions or results were not returned to participants after data collection. On page 9 of the manuscript we provide our justification for this decision: The transcripts and results were not circulated back to the participants for feedback following the viewpoint that this can be a threat to validity as the data has been analyzed and abstracted from the individual participants perspective into themes from the data collected.17, 18**

In the results section:

9. Why 3 centres refused to participate in the focus groups study?

**No centres refused to participate in the study. This point has been clarified in the text on page 6.**

10. Section on experiential vs. empirical knowledge: Data should be presented differently in order to contrast the differences between the 2 types of knowledge.

**Authors' Response: True to qualitative research it is unconventional to represent data in this fashion. Findings need to be contextualized with the words of the participants. We have removed this table and added the quotes in text to represent experiential versus empirical knowledge.**

Tables:

11. We acknowledge that it is important to report participant quotes in order to illustrate the different themes. However, there are too much quotes for each themes. These quotes are redundant. I would suggest to the authors to select one or 2 quotes for each theme which illustrate best the themes. Also, all the tables could be merged in one.

**Authors' Response: We have inserted key quotations in text for the provider level themes (Use of experiential versus empirical knowledge and Interpretation of patient characteristics). We have merged the centre level themes (Care Model, Structures & Resources and Communication & Collaboration) as one table.**

12. In the interpretation section, the authors repeat their results. This brings little to the understanding of the problem. I would suggest that the authors shorten the summary of the results and discuss them in relationship with the literature on tacit knowledge in medicine and with shared decision making or patient centered care.

**Author's response: We edited the discussion and removed repeating results.**

13. Also, I think that the authors should highlight the major strength of this study which is a national qualitative study with 10 focus groups. They conducted focus groups in 75% of all pediatric nephrology centres.

**Authors' Response: Thank you for highlighting this strength to our study. We have inserted this in the manuscript.**