

Supplementary Table 2. Papers on paediatric triadic consultations in settings outside primary care.

Author, setting and country	Type of study	Children's involvement in consultations
Freemon <i>et al</i> ⁶⁶ Emergency children's hospital clinic, US	Quantitative descriptive study of 285 audiotaped consultations	Doctor-child communication was 12.5% of the total interaction units
Tannen and Wallat ^{27, 28} Child development centre/US	A series of qualitative analyses of a doctor examining Jody aged 9, in the presence of her mother	Jody's contribution is social, laughter and play. She is spoken to by the doctor in a teasing way and is excluded from discussions. Mother's questioning interrupts the examination
Aronsson and Rundström ²⁹ Allergy outpatient's clinic/Sweden	Quantitative study of 30 audiotaped consultations	The child has 8% of total discourse space. Doctors engage in rapport building with child and asking them questions. The parent has ultimate control, which doctors assist in enhancing. Doctors have control of the turn taking
Aronsson and Rundström ³⁰ Allergy outpatient's clinic, Sweden	Qualitative analysis 30 consultations audiotaped	Children spoken to in a direct or joking way by the doctors, at times to convey a message to parents. Parents spoken to more indirectly and politely.
Van Dulmen ³¹ Paediatric outpatients clinic/ The Netherlands	Quantitative observational study, 302 consecutive videotaped consultations	Child's contribution was 4% of total utterance count, mostly social. This increases with age of child and is at the expense of the parents. The doctor's contribution dominated the consultation.
Tates and Meeuwesen (2001) ³²	A review of literature on doctor-parent-child observational communication studies.	Most studies were doctor-parent dyads, not triadic. Children involved little in medical consultations
Runeson <i>et al</i> ³³ Paediatric hospital ward, Sweden.	Qualitative study of 140 critical incidents reported in paediatric triadic encounters	Children's protests were often ignored. Health professionals and parents were in control.
Stivers ³⁴ Paediatric outpatients, US	Qualitative study of 291 videotaped consultations	Children said very little. Children regularly did not end up presenting the problem, even when invited to
Young <i>et al</i> ³⁵ Oncology clinic, UK	Qualitative study of 13 interviews with children and their parents	Parents described acting in an executive-like capacity, managing how and what their children were told. Some of the patients found their parents constraining and some said that they felt marginalised
Wassmer <i>et al</i> ³⁶ Paediatric outpatients, UK	Quantitative study of 51 audio-recorded consultations	Child's contribution to the conversation was 4.2%, which involved giving and seeking information and social conversation. The longer the child's contribution, the shorter the parent's was. Older children talked more than younger children
Van Dulmen ³⁷ Paediatric clinic/ The Netherlands	Quantitative study analyses 846 videotapes of consultations	Children had very little say. They answered questions on medical information. Paediatricians talked to the child or the parent. No evidence of real multiparty talk. Older children were treated in a more child-centred way
Nova <i>et al</i> ³⁸ Paediatric clinic, Italy	Qualitative analysis of 10 videotaped consultation Content and discourse analysis	Quantitatively limited child contribution to the consultation. (This sample selected videos for inclusion only if a child spoke; those in which a child was silent were excluded.) The authors demonstrated that the children could communicate with adults about the subjective experience of the visit or the illness, which may be ignored by the adults.