PEER REVIEW HISTORY

ARTICLE DETAILS

TITLE (PROVISIONAL)	Patients as partners in Enhanced Recovery After Surgery: A qualitative patient-led study
AUTHORS	Gillis, Chelsia; Gill, Marlyn; Marlett, Nancy; Mackean, Gail; GermAnn, Kathy; Gilmour, Loreen; Nelson, Gregg; Wasylak, Tracy; Nguyen, Susan; Araujo, Edamil; Zelinsky, Sandra; Gramlich, Leah

VERSION 1 - REVIEW

REVIEWER	Marielle Coolsen Maastricht University Medical Centre+. Maastricht
REVIEW RETURNED	11-Apr-2017

GENERAL COMMENTS	This is a well-written and very relevant study with a good design. The matrix and recommendations that are presented by the authors are useful tools for care providers to set up a framework in which patients play a more active role in the ERAS program and carrying this out (fully or to a certain extent) will undoubtedly improve patient satisfaction and quality of health care. I have no further comments.

REVIEWER	Alison Lyon Western Sydney University, Australia
REVIEW RETURNED	13-Apr-2017

GENERAL COMMENTS	1) spelling mistake abstract participants section "aco-design" 2) There is no mention of patient consent process in Methods section 3) You mention Participatory Grounded Theory methodology, could you reference or explain this more fully. Your reference relates to Participatory Action Research. 4) Could you describe your purposive sampling approach more clearly - did you specifically invite certain patients as the study progressed to allow testing of emerging themes within patient subgroups or did you invite all patients who met the study inclusion criteria? 5) If you are using subsequent interviews to test emerging themes as per a grounded theory approach, how did you do this in a narrative interview? Please explain this process more fully, as commonly a semi-structured interview approach would be taken to test emerging themes. 6) How were any conflicting interpretations in the analysis managed? Did you conduct or encounter any negative cases in the analysis?

	7) space needed in results section 3. first sentence after noise level "mostof" 8) space needed results section 4 first line of quote "thesurgery" 9) space needed 2nd line 4th paragraph of discussion "identifieda" 7) Reference 9 - need space at first name 8) limitations - I think you need to discuss the Positioning of the interviewers - the PaCERs as a potential source of bias - these people are likely engaging in the research process as they feel strongly about patient advocacy. If this is felt not to be the case this should be addressed in the methods section where their role is explained.

VERSION 1 – AUTHOR RESPONSE

Reviewer: 1
Reviewer Name: Marielle Coolsen
Institution and Country: Maastricht University Medical Centre+. Maastricht
Please state any competing interests or state 'None declared': None Declared

Please leave your comments for the authors below
This is a well-written and very relevant study with a good design.
The matrix and recommendations that are presented by the authors are useful tools for care providers to set up a framework in which patients play a more active role in the ERAS program and carrying this out (fully or to a certain extent) will undoubtedly improve patient satisfaction and quality of health care.
I have no further comments.

Reviewer: 2
Reviewer Name: Alison Lyon
Institution and Country: Western Sydney University, Australia
Please state any competing interests or state 'None declared': None declared

Please leave your comments for the authors below
1) spelling mistake abstract participants section "aco-design"

Interestingly, our version, in Microsoft word format, does not have the spacing issues that the reviewer has kindly pointed out. We will address this issues with the editor, thank you.

2) There is no mention of patient consent process in Methods section

Thank you. We have added a sentence to the methods section to explain the patient consent process. There were two levels of consent for patients:
a) Interested patients (at their surgeon's office or during the primary hospital stay) consented to have their contact information given to a PaCER researcher who then explained the study more fully, and send them a Consent for Participation Form for further information.
b) Patients were sent a Consent for Participation Form with a request to read the information and respond to the researcher either by email or telephone if they had any questions. Prior to the start of each focus group or interview, all patients were asked if they had read and understood the consent form and if they had any questions. Participants were also reminded that the information would be kept confidential and asked to confirm that they knew we would be audio recording the group or interview. They then signed the consent form.

3) You mention Participatory Grounded Theory methodology, could you reference or explain this more

fully. Your reference relates to Participatory Action Research.

We would like to thank the reviewer for this comment because we believe this point needs clarification. The references provided describe studies that employed Participatory Grounded Theory, as developed by Dr. Nancy Marlett. Participatory Grounded Theory merges participatory research methods with the principles of grounded theory. Dr. Marlett has recently been invited by the Journal of Grounded Theory to describe this new method in an upcoming series on new grounded theory methods.

We have also added the following citations:
Simmons, O. E. & Gregory, T. A. (2003). Grounded action: Achieving optimal and sustainable change, Forum: Qualitative Social Research, 4(3), Art 27.

Teram, E., Schachter, C. L., & Stalker, C. A. (2005). The case for integrating grounded theory and participatory action research: empowering clients to inform professional practice. Qualitative Health Research 15(8), 1129-40

4) Could you describe your purposive sampling approach more clearly - did you specifically invite certain patients as the study progressed to allow testing of emerging themes within patient subgroups or did you invite all patients who met the study inclusion criteria?

Initially, we invited all patients who met the inclusion criteria. In order to reach saturation, we performed a second round of recruitment. Given that the first round of recruitment consisted of patients who had surgery within the previous 12 months, the second round of recruitment, which included interviews with patients during their primary hospital stay for surgery and 3 weeks post-surgery, was initiated to provide greater depth and test emerging theories. The methods section has been revised.

5) If you are using subsequent interviews to test emerging themes as per a grounded theory approach,
how did you do this in a narrative interview? Please explain this process more fully, as commonly a semi-structured interview approach would be taken to test emerging themes.

PaCER's goal is to allow each participant to give the "story of their experience" before asking any questions that may have emerged from the iterative analysis of the data. Once the patient has told us their experience, we do ask open-ended questions regarding emerging themes that may not have been covered in the "patient's story". We have added a sentence to describe this in the data collection/analysis cycles section.

6) How were any conflicting interpretations in the analysis managed? Did you
conduct or encounter any negative cases in the analysis?

Each audio file was transcribed verbatim and was analyzed individually by three PaCER researchers who then met to go through the analysis. Any conflicting coding was discussed before coming to a consensus.

We coded both negative and positive gradations of experience in an emerging theme so that we could understand all aspects of the experience before reporting both what had worked well or not worked well. Given the space restrictions, this article is focused on what the majority of patients would like to see changed with ERAS as well as what worked well for the majority of patients. Our data were remarkably consistent although there were differences in degree of "good or bad" experiences.

7) space needed in results section 3. first sentence after noise level "mostof"
8) space needed results section 4 first line of quote "thesurgery"
9) space needed 2nd line 4th paragraph of discussion "identifieda"
10) Reference 9 - need space at first name

Interestingly, our version, in word format, does not have the spacing issues that the reviewer has kindly pointed out. We will address this issues with the editor, thank you.

11) limitations - I think you need to discuss the Positioning of the interviewers - the PaCERs as a potential source of bias - these people are likely engaging in the research process as they feel strongly about patient advocacy. If this is felt not to be the case this should be addressed in the methods section where their role is explained.

All qualitative research is subject to bias. We used several strategies to raise the credibility and trustworthiness of the research: (1) The patient researchers facilitating the groups, interviewing patients and analyzing the data had to memo, understand, reflect on, and state his/her biases (Kirk & Muller, 1975; Patton, 1990) (2) As surgical patients we had a familiarity with the experiences of the participants. (3) We used research colleagues, academic supervisors from PaCER, and peers to review and discuss the memos, emerging data, coding, and themes (Lincoln & Guba, 1986). (4) We employed iterative questioning, triangulation (e.g., grounded theory and participatory grounded theory (Teram, Schacter & Stalker, 2007 and two different data collection techniques), and gathered thick description of patient experiences (Lincoln & Guba, 1986, Patton, 1990). (5) We completed a literature review to assess the congruence of our findings with previous research (Lincoln & Guba, 1986; Morse et al., 2002).

We have added a sentence in the methods section regarding memoing by PaCERs. An explanation of how our findings were confirmed with ERAS researchers and PaCER academics is already included in the “reliability” section of the manuscript.

References:

Kirk, J. & Muller, M.L. (1986). Reliability and Validity in Qualitative Research. Newbury Park: Sage.

Patton, M.O. (1990). Qualitative Evaluation and Research Methods. Newbury Park: Sage.

Lincoln, Y.S. & Guba, E.G. (1986). But is it rigorous? Trustworthiness and authenticity in naturalistic evaluation. In D.D. Williams (Ed.) Naturalistic Evaluation (pp. 73-84). San Francisco: Josey-Bass.

Teram, E., Schachter, C. L., & Stalker, C. A. (2005). The case for integrating grounded theory and participatory action research: empowering clients to inform professional practice. Qualitative Health Research 15(8), 1129-40

Morse, J.M. (2002). Verification strategies for establishing reliability and validity in qualitative research. International Journal of Qualitative Methods, 1(2), 13-22.

VERSION 2 – REVIEW

REVIEWER	Alison Lyon Western Sydney University, Australia
REVIEW RETURNED	25-May-2017

GENERAL COMMENTS	Thank you for your thorough response to comments. Well done on a quality piece of qualitative research.