Lifestyle and self-care advice within traditional acupuncture consultations: a qualitative observational study nested in a co-operative enquiry.
Evans, M., Paterson, C., Chapman, R., et al 2010 JACM

The objective of this research was to develop a methodology for observational research within tradition acupuncture consultations. Overall this has been achieved and the results provide evidence of how the communication within the therapeutic relationship is initiated and interwoven to include aspects of self care, and how discussion of self care is an integral part of the treatment.

This is an exceptional paper. It not only develops the methodology of mixed methods qualitative research, but also builds on previous studies regarding self help and self care as experienced by acupuncture patients. This research will be helpful to others who want to extend this study. Importantly this research provides a clear understanding of the relevance of the patient practitioner interactions within the acupuncture consultation and the implications for practice and research. I expect that this paper will be highly cited over the coming years.

A balanced view of the limitations in the methodology is well recognised and discussed. Additional limitations to consider are identified in this review below. Several relatively minor points remain for further clarification, and these are also identified below..

Page 2 the Design section of the Abstract:
The mention of "indirect observation" in this section is not reflected in the paper itself. Either introduce and explain indirect observation in the Methods, or delete here.

Page 2 Results section:
The concept of 'talk' is introduced here, and the inverted commas imply it is to be given a special meaning in this paper, and indeed this is covered well later. However for the Abstract which needs to be a stand alone summary of the paper, it is confusing. Either explain the way the term is used here, or replace with another word/phrase that is self-explanatory, such as interaction or communication.

Page 5 line 13:
The "indirect observation" is introduced here again, but does not reflect what follows, as there is no "observation", whether direct or indirect in any methods presented. Unless "observation" here means listening to audio-tapes. However observation has visual connotations, and is confusing if used in this context. Clarification is required.

Page 5 lines 19 -23. The definition of self care:
The UK Dept of Health definition of self-care appears to be inclusive of activities necessary for daily living such as personal hygiene, dressing, toileting, feeding sleeping plus those activities that are additional lifestyle choices e.g. method of exercise, particular diet, social interaction. However in the text it appears that 'self care' talk is restricted to the latter lifestyle adaptations only. A comment on why this study has a narrower focus should be considered.

Page 5 line 37

"As co subjects, the practitioners participated in what was being studies by recording their own consultations."
What methods were in place to ensure that practitioners submitted all recordings made, were any made that were not submitted? What methods were in place to ensure that practice was not altered due to recording to reflect best practice rather than usual practice? This might be a potential limitation, namely that the practitioners knew the context of the research, and could have changed their practice accordingly. Was there any monitoring of which patients the practitioners selected, and to what extent there might be potential selection bias? The potential limitations related to the above points should be considered for inclusion in the Limitations section of the Discussion?

Page 5, line 45:
The external researcher "ensured"….. I think this is too strong a claim, l and would suggest "enhanced" or some other wording to reflect the strengthening of rigour.

Page 5 Co-operative inquiry:
Were any patient representatives consulted regarding this research, and if so who were they and what was there involvement? And if not, it may be worth considering adding this as a limitation, with an explanation of why not?

Page 5, line 58:
Here the focus group is introduced, but is not followed up in the subsequent descriptions. Either delete from here, or explain fully after the section on "Patient Interviews on Page 6.

Page 7, Lines 7 -15
If the recordings were not fully transcribed what procedures were taken to prevent selection bias of the data. To what extent was there selectivity, for example, to only include sections that reflected a personal perspective or fulfil preconceptions?

Page 7, line 19:
The concept of "talk" is first introduced here. It would be helpful if what is meant here is fully introduced to the reader beforehand, rather than later (page 8). This would improve accessibility for the reader.

Page 7: Line 58:
The practitioner recruited "all patients on typical clinic days". Is this correct? It is understood that some practitioners were selective, but the implication here is that some practitioners recruited "all" their patients! Please can this be clarified?

Page 7 line 54 and page 9 line 23
It is understandable that practitioners would be cautious in recruiting patients, and perhaps only approached those they felt were likely to agree. In terms of future research, it is worth considering how to have methods that are less selective, i.e. surveying the patients first to ask them how they felt about being recorded and if they were willing to volunteer. Additionally, these data could have been collected after audio-recording to find out if the patient's attitude to recording changed during the process, and inform later studies.

Page 8 line 45 – Page 10 line
Trajectories
The trajectories are an interesting way of showing how the talks are initiated and interwoven. Was an equal amount of time spent on each category, or were some categories discussed more frequently and at greater length than others. With the timings of each type of talk being recorded, a useful contribution to future research might be to show how much time was spent on each category of talk and whether the time spent reflected priorities of care.

Page 9 Line 51
"In the example given in table 5, the acupuncture practitioner (A) has noted that the patient's tongue is still rather pale and patient (P) has volunteered that they had tried taking an iron and vitamin supplement but had topped due to side effects."

The quotes used in Table 5 allude to clinical anaemia and iron supplementation, but do not specifically mention the pale tongue and patient report of side effects. More discussion is made of eating beetroot and managing diet. Ideally tables should be self-explanatory, and these data on the pale tongue and side effects should be added to Table 5 to better set the context of the consultation and the advice arising from Chinese diagnosis.

Page10 lines 23 -29
The quotes in table 6 are reported to illustrate how a relationship might influence communication about self care. However, it is noted that the interviewers 2nd and 3rd questions are leading ones, i.e. leading the patient' response. Is there a better example with open questions from the interviewer?

Page 12, line 31 and 53.
The role of social talk being a precursor to self care talk is a really interesting point, and it is suggested that not enough is made of this in the manuscript...

Page 13 lines 23:
'Permeability' - could you add in a definition of permeability. For some readers permeability refers to something being penetrable and open to absorption and internal flow, rather than something that is multi layered with pathways.

Page 13 Limitations:
Some additional limitations are already suggested above. Moreover consider addressing the point that these patients are self-funded rather than NHS patients, in the context of implications for generalisability.