Author's response to reviews

Title: Piloting the role of a pharmacist in a community palliative care multidisciplinary team: an Australian experience

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Author's response to reviews: see over
Dear Editor-in-Chief,

Thank you for inviting us to resubmit our manuscript, “Piloting the role of a pharmacist in a community multidisciplinary team: an Australian experience”, with major revisions.

We have addressed the comments made by the reviewer – please see the “Responses to Reviewer” table below. Accordingly, changes that have been made to the manuscript are shown as highlighted text (in yellow), as requested.

We look forward to hearing from you.

Warm regards,

Dr Safeera Hussainy (Corresponding Author)

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<th>Comment</th>
<th>Response</th>
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<td>Although the manuscript is generally easy to read and follow it has not been presented as a traditional manuscript would be. For example, a significant proportion of the manuscript is reported as bullet points or lists. Depending on style requirements, this may or may not be appropriate.</td>
<td>• The number of bullet points have been reduced and converted in to text where appropriate. This particularly applies to the Discussion section.</td>
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<td>The overall aim of the study to “develop a cost effective model …” has not been tested. No data to support this overall aim has been reported.</td>
<td>• The overall aim has now been reworded from “The overall aim of this study therefore was to develop a cost effective model of care…” to “The overall aim of this study therefore was to develop a model of care that supports the role of a pharmacist as a member of a community palliative care multidisciplinary team (called “the team” hereon) and is potentially cost-effective” (p.6, 2nd para, lines 3-6). The Background and Conclusion sections have also been amended to reflect the fact that assessing cost-effectiveness was a component of the study that ultimately was unable to be tested accurately.</td>
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<td>The project methods were divided into three main phases: development, implementation and evaluation. This seems logical and appropriate. However there are no clear objectives for each of these phases. This would improve the manuscript significantly and help define the scope of the manuscript.</td>
<td>• Objectives have now been included under each phase of the study.</td>
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<td>Currently the manuscript is very broad in scope and the net result of this is that none of the areas of evaluation have been reported in significant detail (eg survey, focus group, evaluation of PILs etc). For example, Phase 1 of the study involved a review of the literature but a review of the literature is not included in the manuscript.</td>
<td>• As this study was a quality improvement one, the approach, while rigorous, was to provide outcome data using several evaluation tools in a short time frame, to inform key stakeholders’ (e.g. government) decisions about the continuing inclusion of a pharmacist in a multidisciplinary palliative care team. All the results provided are representative of the data collected and should be viewed in combination, to provide an overall picture of whether the pharmacist’s role was successfully integrated in to the multidisciplinary team. For this reason, rather than submitting separate manuscripts on each evaluation area, we chose to avoid the ‘salami slicing’ approach and present the results of each area together. The literature review was done solely with the view to inform the project pharmacist’s role and the results have not been included in this manuscript.</td>
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The variety of process, impact and outcome measures have not been explicitly stated or described in the manuscript. They have not been linked to the individual phases of the project.

The study engaged one pharmacist only in the delivery of services, and although experienced, the results presented suggest that the role was evolving and exploratory. Perhaps this manuscript could be alternatively written up as a feasibility study for the inclusion of a pharmacist into a palliative care team.

The discussion contains a list of bullet pointed recommendations. Data presented in the manuscript does not really suggest that such recommendations can be made. It may be better to re-structure the discussion so that there is a closer link between the results and the discussion section; and a discussion of the results in the context of other published literature.

- These have now been explained in more detail in the text and linked to the individual phases of the project in Table 1.

- We agree that the role of the Project Pharmacist was evolving and explanatory. The fact that this is a feasibility or scoping study has now been acknowledged in the Discussion section.

- The Discussion section has been restructured in that the bullet points have been removed and there is now a closer link between the results and this section. Other literature has also been referred to in order to contextualise the study results.