Reviewer’s report

Title: Variables associated with interprofessional collaboration: A comparison between primary healthcare and specialized mental health teams

Version: 0 Date: 08 May 2019

Reviewer: Carole Orchard

Reviewer's report:

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There is a clear attempt to learn about how teams collaboratively function and how they might vary in two settings. There was an extensive attempt to find supporting literature for their study. The synthesis of that literature related to mental health practice is very relevant. However, the literature related to interprofessional collaborative teamwork is lacking.

Literature Review: Most framing papers are from around 2005 or earlier. Much has been learned in the field of IPC since that time. While practice based focused teams such as those in mental health try to gain more clarity to improve their teamwork focusing only on like-minded teams can neglect the locating of more relevant frameworks, theories, and measures that would perhaps of benefited the authors of this excellent attempt. In 2010 the Canadian interprofessional health Collaborative released its Interprofessional competency framework that has been widely adopted as key competency domains related to this form of teamwork. This work would have provided an excellent means to further inform your literature review and your discussion section of this paper. It is widely known within IPC that 'role clarification' is fundamental to collaborative practice as well as 'interprofessional communication' and 'conflict resolution' and 'team functioning' and 'collaborative leadership' are all necessary for team trust to evolve. The final competency domain is 'patient/client/family/community centred care'. This latter element the crux for this form of practice, was only very briefly addressed. Hence the authors are encouraged to re-think their organizing of the literature and the discussion to assist in further informing mental health professionals from the findings.

Methods: The measures used to collect the data are stated to be psychometrically tested, however neither their references nor their psychometrics are provided. Sadly it then makes it very difficult for those of use with an interest in the methods used to be able to follow to reasoning processes. While the analysis is interesting an aspect that was not attended to is the fact that each team in any setting demonstrating the PROCESS of collaboration will have variations. A limitation not addressed is the need for case study research methods to then discover varying patterns across teams. Those from PHC and those in specialized practice could then be addressed for their within setting pattern similarities and variations. Having measured many practicing teams I have learned few measure the same.

A further important area that needs addressing is the lack of operational definitions for your variables in the study. Since many people tend to describe for example 'collaboration' as a norm term today with lack of understanding to its actual conceptual clarity it needs this orientation for the reader. This is similar for such terms as 'organizational support', multifocal identification', 'knowledge integration', and 'team climate'.
Discussion: The authors are also encouraged to review Howarth et al (2012). Let’s stick together... in the Journal of Interprofessional Care. This is an excellent ground theory study that may assist in your interpretation of our findings. Further work to consider is that of Pettigrew & Troop (2008) around mediators to inter-group contact theory. This framework assists in understanding what is required for health professionals from different professions to effectively work together. Again is likely to assist you in the discussion section of your findings. You may also wish to review the study of a team forming to provide care for patients with diabetic foot ulcers that discusses role clarification as a continuous process required to effective teamwork (Adams et al, 2014) Metamorphosis of a team... Journal of Interprofessional Care. While there is an excellent review of literature on teams it seems focused more on what does not work than the above that would also provide insight into what was working well in the teams studied.

Limitations section: This section needs to be attended to. A cross-sectional design can never provide causation. You also used a convenience sample (thus no randomization) and also no control group comparisons. You also need to address the variations in team functioning and how using the full data set in your analysis may cause specific aspects of importance about teams studied to be lost. for example it has been shown that when teams have members who worked together for many years and there is a small group of members who are younger, status quo in teams often is controlled by the older members. In your study you suggest it is age but this important demographic variable was not assessed. Please also remove statements around generalization to state the interpretation is limited to the Quebec system and to the sites used in this study to reflect an accurate post-positivist perspective.

Thank you for this concerted effort to gain an understanding between groups offering mental health care. This is an area needing such studies. It is hoped that the above comments when addressed, will enhance its value to readers.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

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