Author’s response to reviews

Title: The IASP Pain curriculum for undergraduate allied health professionals: educators defining competence level using Dublin Descriptors.

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Version: 2 Date: 14 Nov 2019

Author’s response to reviews:

To: Dr. Stephen Loftus, BMC Medical Education.

About: Point-to-point response letter MEED-D-19-00673R1

Manuscript: The IASP Pain curriculum for undergraduate allied health professionals: educators defining competence level using Dublin Descriptors. Wim van Lankveld, Ph.D.; Basema Afram, PhD; J. Bart Staal, PhD; Rob van der Sande, PhD

BMC Medical Education

dd.: November 6, 2019

Dear Dr. Stephen Loftus,

Thank you for reviewing the manuscript "The IASP Pain curriculum for undergraduate allied health professionals: educators defining competence level using Dublin Descriptors." (MEED-D-19-00673R1). We are very glad that the manuscript is potentially acceptable for publication in BMC Medical Education, once we have carried out some essential revisions suggested by your reviewers.
Below we have copied the points that have been raised and need to be addressed. For each point we will describe (in italics) how we have addressed these items in the revised manuscript. We provide a detailed response to each reviewer/editorial point raised, and describe what amendments have been made to the manuscript text and where these can be found (e.g. Methods section, line 12, page 5). If we do not disagree with comments raised, we provide a detailed rebuttal to help explain and justify our decision. In the uploaded document all changes have been made using track change to enable you to follow the process.

Editor Comments:

1. The authors seem to be using the Delphi method, according to the references used. They need to state this in the text and briefly explain what the Delphi method involves for readers who might be unfamiliar with this approach.

The Editor has made the correct assumption that we have been inspired by the Delphi method for this study. However, for the aim of this study is was not necessary to complete the full Delphi process, and this was the reason why we were hesitant to elaborate on this method in full. In our study we used only one step if the Delphi method to describe agreement amongst educators and health professionals on content and competence level. But we agree with the reviewer that some additional information about the Delphi method might be helpful for the reader to understand the manuscript. Therefore we added the following lines.

(Methods: page 4 line 94-99)

The Delphi method is a popular tool to identify and prioritize decision making. It involves different steps to identify the most important issues of interest by soliciting qualified experts, using controlled opinion feedback. Depending on the research question, different rounds of controlled feedback in an iterative process can be used to generate consensus between experts [24]. For this study we applied just one step of the Delhi study to describe agreement amongst educators and health professionals on content and competence level.

2. The claim that panels of 10-15 experts can guarantee validity is presumably an assumption from the Delphi method but without that clarification the claim comes across as unsupported.

The editor is right that this should be clarified. This is done by rewriting one sentence.

(Methods page 5, line 111).
Following the Delhi approach, a sample of between 10 and 15 experts can yield sufficient results.

3. Likewise, the choice of 70% as the cutoff point for acceptance also comes across as arbitrary. Does this come from the Delphi technique as well or is it just a figure that suggests strong agreement?

In a similar way we have adapted a line the analysis section:

(Analysis page 7, line 176-178)

Acceptable levels of agreement in Delphi studies might vary depending on the topic, but a level of agreement of 70% is frequently used [28] and was adopted for this study.

4. I think the readership of the journal would find this paper to be of interest if they are considering how to take a curriculum designed for one audience and to modify it for another. This method offers a means of approaching such an adaptation and this claim too could be made more explicit.

We would like to thank the editor for this suggestion. We have included the following lines in the discussion.

(Discussion, page 14, line 383-385)

The method described in this study might help other professionals considering how to take a curriculum designed for one audience and to modify it for another.

5. The standard of English is generally very good but there are occasional errors that need correcting.

Occasional errors have been corrected when found.

Reviewer reports:

Richard Pitt, MPhil BSc (Reviewer 1): Thanks for the very positive response. No further clarification is requested.
Julia Paul, PhD, RN, ACNS-BC, CCRN, CWS, NP (Reviewer 2): Thank you for the positive comments given in your introduction and merits statement.

6. Information about how the curriculum is mandatory (such as in lines 57-61 on page 3) would be helpful in determining the significance of the project. The mandatory nature of the curriculum is mentioned in line 83 on page 4 but is not explained. Who has determined that the IASP curriculum is mandatory for undergraduates?

We agree with the reviewer that the word mandatory as used in the manuscript is confusing and needs further explanation. The guidelines reflect the opinions of the IASP Education Initiatives Working Group that was initiated to develop an interprofessional pain curriculum. The iterative development process included extensive discussion for consensus, cross-referencing with the revised uniprofessional drafts, feedback from the total Working Group, and input from a wide variety of professionals and countries in the IASP Education SIG membership (N=61). The IASP Council approved the original submission on August 14, 2012. This study is an extension of this work.

However, the mandatory nature of the curriculum is still an opinion (which we underscore), but cannot be enforced in any way. Because the word mandatory is likely to be confusing, we have eliminated this word when possible, or replaced it with another word. The word has been eliminated In: Abstract: line 22; Introduction: line 85; Methods: line 91; Discussion: line 320. The word mandatory has been replaced by the word required in Results, line 152. The word mandatory was remained in line 339 as the word in this context is unambiguous (Experts were asked to select only those items they considered mandatory for all disciplines involved).

Additionally, we have now given more information about the nature of the curricula by inserting the following line

(Introduction, page 3, line 59-60)

The interprofessional curriculum provides a basic overview of suggested topics for interprofessional learning that can be developed further and in more detail uniprofessionally.

7. Some rationale regarding the decision to have the lecturers' opinions (Panel 1) shared with the experts (Panel 2) would be helpful. It may have been appropriate to allow the opinions of the international pain experts (Panel 2) to influence the responses of the pain lecturers (Panel 1) or to have no influence of one group upon the other.
The rationale for this decision was that the educators working together in an interprofessional pain education programme made certain choices in developing this programme. It is of interest to see if the panel of international experts could endorse these choices. This was elaborated in the text by including the following lines:

(Methods, page 4, line 102-105)

Educators working together in an interprofessional pain education programme make certain choices in developing this programme. It is of interest to see if the panel of international experts could endorse these choices. Therefore, the results of panel 1 were corroborated ….

The second point is related to the first point raised by the editor. It would have been interesting to see how the experts in team 1 reacted to the opinion of team two. However, this was not within the scope of the study. We believe that this topic was sufficiently discussed in the answer to the first point.

8. Additional Comments.

Please review the list of abbreviations included on page 15. "FEY" and "IEP" are not consistent with the abbreviations included in the text.

The reviewer is correct (and very thorough): the two abbreviations were incorrect and have been corrected to FYE (For Your Eyes), and IPE (Inter Professional Education).

9. Further discussion regarding what will be done with the excluded items would be helpful. For example, it is concerning that content regarding interventions for persons with substance use disorders is excluded, as nurses and others with undergraduate degrees will be providing care to such individuals.

The reviewer is correct in stating that additional information/education is needed for specific disciplines. This was implied in the original IASP Curriculum and also addressed in point 6 of this point-to-point reply. Furthermore, we have added some additional lines in the discussion to make this point absolutely clear.
As stated in the IASP curriculum, this outline provides a basic overview of suggested topics for interprofessional learning. It does not replace the uniprofessional curricula that provide additional depth in content required by each individual profession and discipline. For instance, for disciplines working with patients and substance abuse disorders additional information is needed specific for that disorder.

We hope that we were able to answer all points raised to your satisfaction, and are looking forward to your answer.

Kind regard,

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