Author’s response to reviews

Title: Evaluating users' experiences of electronic prescribing systems in relation to patient safety: a mixed methods study

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Response to reviewers

Reviewer’s comment  Authors’ comments

1. In addition to the mean number of fixations provided in Table 1, please also provide the standard deviations (or confidence intervals) to show the variations across different participants.

   Thank you very much for your feedback. We have now added the standard deviations in Table 1.

2. In the Abstract/Results, "Study 1 showed increased visual attention toward ....", the word "increased" is a bit misleading, as it made me to think if there was an intervention here, which actually not the case. Please use an appropriate word, e.g., great, much, etc.

   Thank you, we have changed the wording on page 2 (Abstract) and page 9 (Results).

   Page 3, line 33: Think-aloud protocol was used by Horsky and colleagues in 2017 (Clinical reasoning in the context of active decision support during medication prescribing)

   Thank you for making us aware. We have now added this reference to the paragraph explaining think aloud and eye-gaze tracking on page 3.

   Please clarify why participants were asked to prescribe only one medication. Approximately how long was each eye-gaze tracking session?

   Thank you, we have now added more information on why only one medication was prescribed on page 4 (Procedure); as well as how long each session was on page 6.

   Page 4, line 46: Please clarify why 68% is considered 'average' usability
Thank you. We apologise for this error; a raw score of 68 is equivalent to a percentile of 50% and, hence, classified as average. We have now added further information and references that can be used to understand the percentile calculation and interpretation on page 4 of the manuscript (Procedure).

Page 6, line 57: Please clarify how the cross-industry usability comparisons are made

Thank you. Clarifications are now provided on page 7 of the manuscript (Results).

Page 3, line 16: 'in relation to' instead of 'in response to' UI design?

Corrected, thank you!

Page 3, line 55: 'to prescribe for' instead of 'prescribing for'?

Corrected, thank you!

Page 4, line 2: 'we conducted a mixed methods study'

Corrected, thank you!

Page 9, line 1: 'enabling the need to enable greater…' - if possible, please replace either enabling or enable

Corrected, thank you!

Page 9, line 36-44: This sentence was difficult to follow. If possible, please amend.

Thank you! We have now split the sentence into two to enable greater ease in reading flow.

Page 9, line 49: '…the degree to which these UI features play in influencing prescribers'…'

Thank you, we have adapted the phrase in line with your suggestion.

Table 4, Facilitating greater patient interaction: please clarify how the example quote is a suggestion for improvement

Thank you, we have now added some clarification in the Results section on page 8.

Could the author demonstrate that the level of attention during electronic prescription to be a surrogate marker for the desired clinical outcome (i.e. allergic events). With a smaller sample size (i.e. the prescriber), a self-controlled study using pseudo patients would be appropriate. What is the relationship between the users' comments and the clinical outcome? Could the author demonstrate that a causality existed between the favorite of comments and clinical outcome?

Unfortunately, we are unable to provide any more information on this topic. This is because of the small sample size, in line with being a feasibility study, and so we do not have a sufficient sample to make any inferences around associations or causality among comments and clinical outcome, or among visual attention and clinical outcome. However, we have added some comments based on your feedback in the implications for research and practice section, which can be found on page 10.