Author’s response to reviews

Title: Perceived barriers to pharmacist engagement in adverse drug event prevention activities

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Author’s response to reviews: see over
EDITOR

BMC Health Services Research

Dear Sir/Madam,

RE: REVISION OF MANUSCRIPT MS1605506827144226
(Perceived barriers to pharmacist engagement in adverse drug event prevention activities)

Thank you for your response. I forward herewith the actions to reviewers’ comments as per the requirements. In line with your request to improve the language, a senior lecturer has accepted to proof read and edit appropriately at no cost. The review is as shown below:

REVIEWER 1

Major Compulsory Revisions

1. No Objectives were stated in the text or abstract.

Objectives have been stated in the main text

2. The Figure of the process model does not connect very well to the text.

A detailed description of the process model has been added under the discussion section.

3. In the Conclusion it is stated that the attitudes of doctors and nurses were a major barrier to clinical interventions by pharmacists, and led to a lack of acceptance pharmacist recommendations. However, 90% of the pharmacists’ recommendations in the studied interventions were accepted. Please clarify that.

A statement has been added to the effect that, although majority of the recommendations were accepted, pharmacists mentioned the attitudes of doctors and nurses as a major barrier. It then presupposes that, the acceptance rate could increase with the right attitudes. In addition, it will be easier for pharmacists to undertake interventions.

Minor Essential Revisions

4. There is a difference between medication errors and drug-related problems

The terminology ‘medication error’ has been maintained throughout the manuscript.

5. The 4th paragraph of the Discussion (lines 242-251) raises a discussion of pharmaceutical care.

Part of the paragraph has been replaced with description of the model.

Discretionary Revisions
6. Pharmacist clinical knowledge is discussed in lines 260-268.
No action

7. In lines 276-278 you talk about shared views of team members’ roles. Can you elaborate about ways to achieve that?
No action

8. Do you want to raise the length of time between when the pharmacist filed the clinical intervention report and the interview as a limitation?
This has been added under ‘limitation’

9. Can more description be added about the clinical intervention reports made by the pharmacists? What was their purpose in the hospital?
A description has been added

REVIEWER 2

This is an interesting piece of work that a few changes would improve the clarity and understanding of greatly.

Minor Essential Revisions

Abstract - Background

Clinical interventions are one of a range of ways that pharmacists prevent medication errors. As it is currently worded it reads as though this is the only method. Suggest adding to the start of the second sentence 'One such method', the process by which hospital pharmacists undertake clinical ....

The statement has been amended as recommended.

It would appear as though some of the activities undertaken as a clinical intervention are about supporting appropriate and high quality medicines use rather than just preventing ADEs. If this in the case then suggest rephrasing the sentence to The perceived barriers to pharmacists succeeding in getting their recommendations accepted could inform future medicines safety strategy development.

Changed as such

Abstract - Method

Suggest breaking into 2 sentences. In the first include that routine clinical interventions were collected at a tertiary hospital over 23 months. In the second sentence clarify you sampled those to interview.

Two sentences has been provided under the abstract-method

line 2 - ?missing word, should it read 'Though the majority' rather than Though ‘the’ added
line 12 - nurses also prevent many errors reaching the patient, especially when pharmacists are not present on the ward.

A statement has been added that ‘nurses and others also prevent errors’

line 21 - not sure what is intended by the word trial ?describe

Word replace with ‘describe’

Study design -

Some of the information needed in this section is included elsewhere in the report and would be clearer if moved to this section.

I have included in this section, the description of the study design.

line 32 - what was evaluated any by whom?

line 33 - include what you interview covered i.e. line 72-73 here so that the reader knows. Where your interviews semistructured?

Added semistructured interview guide and also brought the description of the guide from results.

line 49 refers to 17 pharmacists eligible to participate but line 66 mentions 19 -this needs reviewing.

It was 17 pharmacists who were invited and therefore the figure ‘19’ deleted.

Line 158 -9 ?missing word in sentence Participants believe....

amended

Limitations of study method/design need to be described

Limitations of the study added as per first reviewer’s recommendation.

Line 287 ? missing word, The barriers to undertaking clinical...

Word added

Line 290-1, need to reconcile this with the fact that over 90% of recommendations were accepted. Maybe this is about increasing the proportion accepted or having recommendations more readily accepted - not sure what you interview transcripts would support.

As described above, sentence has been rephrased to support the fact that, although recommendations were accepted, pharmacists mentioned that the attitudes were a major barrier to them.

References - Be consistent in style throughout e.g. Capitalising journal title.

All journals have been capitalised.

Check spelling e.g. busyness, counseling.

Busyness is derived from the word busy and that is what the authors of the paper has provided.
Counselling has been corrected.

Ref 31 - please confirm author.
Author confirmed and rewritten

Discretionary Revisions

Abstract - use described or documented instaed of chronicled?
‘Described’ used

Abstract results - suggest reorder first sentence to ’Results showed that pharmacists followed a sequential order when undertaking a clinical intervention’.
Amended as such

line 17 - you could expand further on what the intervention documentation could be used for e.g. targetted training, identifying need for guidelines etc.
no action

line 61, suggest at in a 23 month period to end of sentence about intervention quantity.
Amended as such

Line 63-65 - This is a fabulous result- well done I think you should make more of it.
No action

Line 97 - not sure what is meant by medical problems
Replaced with ‘medication errors’

line 165-6 suggest change to .... Pharm D qualification would prepare pharmacy graduates to better perform....
Change effected

line 228 suggest include over 23 month period.
The addition made

Table 1 - would be really interesting to see the min, max and mean/median number of intervention reports per pharmacist also.
Median with min and max has been added to Table 1

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CORRESPONDING AUTHOR