Author’s response to reviews

Title: Frameworks for Embedding a Research Culture in Allied Health Practice: a Rapid Review

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Author’s response to reviews:

We thank the reviewers for their time and valuable insights. The manuscript and tables have been clarified and amended and we hope that this reflects their suggestions.

Reviewer #1

1. Title: Consider identifying the paper as a rapid review in the title.

• We have added “a rapid” to the title

2. Abstract: You state in the background of the abstract that this is a systematic review but then in the methods- a rapid review, please reword to keep consistent.

• We have amended this text to read “rapid” review in both the introduction and the methods sections of the abstract

3. Background:
Line 48 p1 introduction- You could use more updated references to support this statement about reduced research skills in AH. There has been a great body of research evaluating research capacity and skills of AH clinicians in the last 5-10 years.

• We have added additional, more up to date, references to paragraphs 3 and 4 of the background.

4. Line 15, p2 of intro-
The connection of ideas between earlier sentences in this paragraph (i.e., need for health policy and program design informed by research evidence) and the final sentence of the need for research capacity building of clinicians so they can undertake research could be made clearer. I think it would be useful to include a connecting sentence here.

• Thank you for this suggestion. We have added a connecting sentence.

5. P7, line 1 - you state published worldwide literature but then also include unpublished literature in the review- may want to modify this sentence.

• We included published and not unpublished data.

6. P7, line 3, "As the basis for developing a new policy framework … in the health sector." Is it the health sector or allied health you are interested in?

• We have amended this to the “allied” health sector.
7. P7, line 22 There seems to be a number of concepts this review is trying to focus on… Could you reword this paragraph by stating what the primary and secondary focuses are? It seems the focus of the paper is diffused by the many different foci you are trying to include. This could then flow better with your aims.

• Thank you for suggesting this clarification. We have reworded this section under the heading of “Aims” to read as separate primary and secondary aims

8. Methods

What was the justification for only looking at one Australian government library service catalogue when other Australian government service reports may also be available?

• This has been amended

9. As per PRISMA guidelines- include the dates when you conducted the searches.

• This has been amended

10. As per PRISMA guidelines provide at least one full search strategy for one of the databases you used (perhaps as an appendix or supplementary file) so that the search could be repeated

• This has been added as an appendix
11. Line 33 p 10- can you define more objectively what you mean by "clearly irrelevant", i.e., didn't meet the search eligibility criteria?

• This has been changed to “did not meet the eligibility criteria”

12. Line 52, page 10- see typo

"Method quality appraisal was t conducted when there was a validated instrument for the…"

• This has been corrected

13. Page 10, line 48- typo

(ii) the formation themes through overarching similarities and connections

• This has been changed to –“the formation of themes….”

14. Results

P 11, line 28- consider rewording the term "cull" as this word may evoke other connotations.

• This has been changed to –“round” (cull deleted)
15. P11 line 38 "…and the final included frameworks reflected this tradition." It is unclear what you mean by the last phrase of this sentence, as it does not appear to add any meaning I would consider deleting.

• This has been deleted

16. I would consider Table 2 as an appendix or supplementary file rather than in main text.

• This table has been added to the appendices as appendix 2

17. There is a lot of redundancy between Tables 1 and 3 can you merge them together as one table? I would also consider including more detail in the tables about the included studies themselves rather than the reference (which is already in the reference list), for example, the location of the study, design, type/profession of participants (if any), type of study (e.g., qualitative, review etc.) as columns.

• Thank you for this very good suggestion. We have merged into one table (now table 1) and added detail in columns as suggested

18. See typo p15, line 15 "responsibly” and line 22 “dedicated assigning”

• This has been changed to “responsibilities” and deleted extra “dedicated”
19. The first sentence under "Theme 4" doesn't seem to directly relate to attributes of individual clinicians but probably fits better with earlier themes. To clarify, perhaps you could have an opening sentence under theme 4 which summarises the theme and then in the rest of the paragraph describe it in more detail.

- This section of text has been relocated to theme 2

- Text has been added to introduce theme 4

20. Is there any way you can make Table 4 more visually appealing—perhaps as a figure?

- Table 4 is now Table 2 and has been amended to include more comprehensive descriptions of the themes and align with the results section

21. Is there any conceptual relationship/interplay between these themes?

- The extent to which there is a conceptual relationship is beyond the scope of a rapid review and awaits further investigation and we have added this to the limitations section

22. The third aim of your study was to summarise the strength and weaknesses of each framework. You have outlined this in the text in particular for five papers however state that you could not apply the MMAT due to lack of reported data. 'Was this the case for all the studies? You state that "The ORACLE Framework was derived by robust mixed methods that included qualitative methods for face validity and quantitative methods for scoring a matrix". How did
you come to the conclusion that this used robust mixed methods? You may need more detail in this section to objectify these statements. Particular as your research question is around identifying how "robust" the frameworks are.

• Thank you for this suggestion. The Methods section has been amended. We have added more detail to the method quality assessment section. MMAT appraisal scores have been added for SEER, SAGE, ORACLE, RCC, SPIRIT and the Community of Practice Model.

23. Discussion

It would be useful to have an opening summary statement of your main findings to open the discussion, linking to your original aims/ research question.

• The first paragraph of the discussion has been amended and we have also added this in the conclusion

24. You state in the discussion that "Some of the included frameworks did not demonstrate robust development methods..." this implies that some did have robust development methods, however as per my earlier comment there was limited objective appraisal of risk of bias of the frameworks.

• We have added MMAT and CASP appraisal assessments to the results section

25. In your conclusion you state "public and private hospitals" as your setting. As the findings could be used more widely (i.e., community health settings, outpatient clinics), it may be better
to keep more broad language e.g., public and private healthcare services. You would also need to consider revising in the abstract.

• This has been changed to “healthcare services” in the conclusion and in the abstract

26. References: Make sure you use the correct referencing style for your websites. See reference 3 which is just a website link.

• This has been amended for all web site references

Reviewer #2

1. There are multiple aims and it is not clear whether this manuscript is the first of a two part series. The eventual objective is not achieved by this article and the first 2 steps of this review are well met. As a reader, this paper seems to synthesis the key and essential elements from other frameworks, which most probably is the beginning of building a framework to inform policy, which is the over-riding purpose of the bigger project.

• We have reworded this section under the heading of “Aims” to read as separate primary and secondary aims

2. The methodology is well described, but could be improved in places. A clearer delineation between inclusion and exclusion criteria would be helpful

• We have clarified this in the Eligibility Criteria section
3. and a justification of why you focus on allied health, yet you have included broad health and policy frameworks, models and programs.

- Our wording was unclear and we have clarified the Eligibility Criteria section of the Methods.

4. Please also explain from figure 1 how you identified 5 government reports.

- This is outlined in paragraph 2 under the heading “Identification of included papers”.

5. Please clarify if the focus of your thematic analysis was to meet the second aim; synthesise existing evidence to identify key and essential elements for embedding a culture of research OR for the broader aim of building research capacity.

- We have added the following sentence to the Data Analysis section of the Methods: The content analysis aimed to identify the key items that were important for embedding a research culture and the thematic analysis aimed to build an understanding of the broader framework of research capacity building.

6. It is not clear how you summarised the strengths and limitations of existing frameworks (the third aim). This was partly met by the quality appraisal of 4 frameworks and 1 tool - but you have not used this information in differential interpretation. As this is an inherent part of a systematic review, it does not really need a separate aim.
• We have added MMAT and CASP method quality assessments and amended the Results section

7. This discussion seems wandering and somewhat repetitive.

• Thank you for this recommendation. We have amended paragraph 1 and deleted some text throughout the discussion

8.
I am surprised that there is only one allied health specific model.

• We have revised this section in paragraph one of the discussion - there are two broad allied health care, one that is speech pathology only and two that are primary care and include allied health, medicine and nursing

9. The distinction between systems and organizational factors was another surprise.

• We interpreted this as the local organisation, for example, a hospital and an overall system, for example, the Victorian State Government that provided legislation and governance

10. I had difficulty aligning this with the themes identified in table 4. I did not feel that this was located back in the broad literature and by this stage of the article the concept of frameworks and models was lost - it seemed like a different level of thematic analysis of key components.
• Thank you for pointing this out. Table 4 is now Table 2 and it has been amended to reflect the themes stated in the results section. We have clarified that there was not another level of analysis not included in the results section

• Each theme is stated and elaborated with summary points of key elements

11. In your practice implications, it seems again that you are taking this data to develop another framework, this time for clinicians rather than policy. Why?

• This has been reworded as a framework specifically for clinicians was not intended.

12. The conclusion is not conclusive.

• We have amended and added text: The results of this review will inform an allied health research capacity building framework at government and policy level to oversee investment, uptake and implementation