PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	PATIENT EXPERIENCE AND REFLECTIVE LEARNING (PEARL): A MIXED METHODS PROTOCOL FOR STAFF INSIGHT DEVELOPMENT IN ACUTE AND INTENSIVE CARE MEDICINE IN THE UK
AUTHORS	Brookes, Olivia; Brown, Celia; Tarrant, Carolyn; Archer, Julian; Buckley, Duncan; Buckley, Lisa; Clement, Ian; Evison, Felicity; Gao, Fang; Gibbins, Chris; Hayton, Emma; Jones, Jennifer; Lilford, Richard; Mullhi, Randeep; Packer, Greg; Perkins, Gavin; Shelton, Jonathan; Snelson, Catherine; Sullivan, Paul; Vlaev, Ivo; Wolstenholme, Daniel; Wright, Stephen; Bion, Julian

VERSION 1 – REVIEW

REVIEWER	Sara Horton-Deutsch University of San Francisco, CA USA
REVIEW RETURNED	20-May-2019

GENERAL COMMENTS	This is a highly relevant project. Minor revisions include explicating the study limitations.

REVIEWER	Adam Perzynski Case Western Reserve University and MetroHealth United States of America
REVIEW RETURNED	22-May-2019

GENERAL COMMENTS	My thanks to the authors and to the associate editor of BMJ for the opportunity to review this interesting study protocol manuscript. The manuscripts describes a critically important and somewhat complex multi-phase mixed methods research project designed examine and rethink the measurement of patient experience. The theoretical model underpinning the project is likely to lead to important and novel findings. The study will be a multi-site study in the United Kingdom. Overall, this is a very well-written and compelling study protocol manuscript. I have a few suggestions and concerns listed below: 1) Although the protocol is rigorously described, some more careful attention to both the STROBE guidelines or other similar reporting checklist for observational students and the COREQ guidelines for qualitative studies should be adhered to. For the COREQ, not all points apply to all studies, but the authors were not exhaustive of the what should be reported in this protocol.

	2) In the description of the analysis plans, the authors give insufficient attention and detail regarding how they will (1) conduct survey data analysis and (2) combine results from the multiple mixed methods components. What will they do with the survey data? Multivariate analysis? Predictive models? Simple descriptive statistics? For the mixed methods results, will they use some sort of mixed methods convergence matrix? Another approach? 3) The authors mention a planned clinical trial at the end of the project. What is the plan for how will the results of the four workstreams will be used to inform the trial design?

REVIEWER	Dr. Ken Yan Wong Cardiff University, School of Healthcare Sciences United Kingdom
REVIEW RETURNED	03-Jun-2019

GENERAL COMMENTS	Dear paper authors and journal editors, I thank you for the opportunity to review this protocol entitled: PATIENT EXPERIENCE AND REFLECTIVE LEARNING (PEARL): A MIXED METHODS PROTOCOL FOR PERSONAL INSIGHT DEVELOPMENT IN HEALTHCARE. As a researcher in the field of reflective practice in healthcare settings, I must say that I am very interested in this study and look forward to seeing the study in publication. Generally, I am satisfied with the protocol presented. The authors have shown commendable effort in developing a novel and practical approach to reflection in the clinical setting using both COM-B model and Schon's reflection in/on action. Nonetheless, I do have a few pointers I would like to raise for the authors' consideration which I believe would enhance the clarity of this protocol. 1. Concerns regarding the honesty of reflection and reticence amongst doctors to reflect honestly is raised in Pg 9 line 17. However, it is not clear how the researchers of this study will address this practically (in the context of their data collection, apart from avoiding identifiable data) and theoretically (in the context of building a Reflective Learning Framework). I would advise the authors to consider practical steps to encourage honest and open participation, and the potential limitations (and strengths) of the Reflective Learning Framework with regards to the honesty of the reflection. As a suggestion, allowing participants to submit anonymous private reflections voluntarily, supplementary to their participation in the various project activities, may ensure that participants can communicate their thoughts/reflections honestly without the fear of being identified in the process. 2. Another consideration is that this study may potentially raise certain unethical practice in its various types of data (patient and staff surveys, observations, workshops, interviews etc.). Authors should consider how these situations can be managed in the research. 3. In Pg 9 line 14 and 36, emotional strength was raised as a factor for effective reflection in the protocol background but within the methods, there needs to be more consideration for situations

	where participants of the study may become too emotional as a result of this reflective process. I hope these comments are of help to the authors.

VERSION 1 – AUTHOR RESPONSE

AUTHORS' RESPONSE TO REVIEWERS OF bmjopen-2019-030679	
EDITOR'S COMMENTS:	AUTHORS' RESPONSES
Reviewer #1: Sara Horton-Deutsch, University of San Francisco, CA, USA	
This is a highly relevant project. Minor revisions include explicating the study limitations.	Thank you. We have added 3 sentences on limitations to page 15.
Reviewer #2: Adam Perzynski, Case Western Reserve University and MetroHealth, United States of America	
My thanks to the authors and to the associate editor of BMJ for the opportunity to review this interesting study protocol manuscript. The manuscripts describes a critically important and somewhat complex multi-phase mixed methods research project designed examine and rethink the measurement of patient experience. The theoretical model underpinning the project is likely to lead to important and novel findings. The study will be a multi-site study in the United Kingdom. Overall, this is a very well-written and compelling study protocol manuscript. I have a few suggestions and concerns listed below:	Thank you.
1) Although the protocol is rigorously described, some more careful attention to both the STROBE guidelines or other similar reporting checklist for observational students and the COREQ guidelines for qualitative studies should be adhered to. For the COREQ, not all points apply to all studies, but the authors were not exhaustive of the what should be reported in this protocol.	Thank you for these recommendations. We have included both the STROBE and COREQ checklists with the revised manuscript, referencing the manuscript page numbers where relevant (see below).
2) In the description of the analysis plans, the authors give insufficient attention and detail regarding how they will (1) conduct survey data analysis and (2) combine results from the multiple mixed methods components. What will they do with the survey data? Multivariate analysis? Predictive models? Simple descriptive statistics? For the mixed methods results, will they use some sort of mixed methods convergence	We have added a paragraph to the section on Workstream 2 (P11) describing how the survey data will be analysed, presented, and used by the local project teams.

matrix? Another approach?	
3) The authors mention a planned clinical trial at the end of the project. What is the plan for how will the results of the four workstreams will be used to inform the trial design?	We anticipate that the product of the developmental phase of PEARL will be a toolkit for reflective learning. The form this will take will become apparent in the final year of this project, but it will certainly fall into the category of a complex intervention. We expect the four workstreams to test the methodologies which will be employed in any subsequent trial of the toolkit. This is likely to take the form of a step-wedge randomised trial.
Reviewer #3: Dr. Ken Yan Wong, Cardiff University, School of Healthcare Sciences, United Kingdom	
I thank you for the opportunity to review this protocol entitled: PATIENT EXPERIENCE AND REFLECTIVE LEARNING (PEARL): A MIXED METHODS PROTOCOL FOR PERSONAL INSIGHT DEVELOPMENT IN HEALTHCARE. As a researcher in the field of reflective practice in healthcare settings, I must say that I am very interested in this study and look forward to seeing the study in publication. Generally, I am satisfied with the protocol presented. The authors have shown commendable effort in developing a novel and practical approach to reflection in the clinical setting using both COM-B model and Schon's reflection in/on action. Nonetheless, I do have a few pointers I would like to raise for the authors' consideration which I believe would enhance the clarity of this protocol.	Thank you.
1. Concerns regarding the honesty of reflection and reticence amongst doctors to reflect honestly is raised in Pg 9 line 17. However, it is not clear how the researchers of this study will address this practically (in the context of their data collection, apart from avoiding identifiable data) and theoretically (in the context of building a Reflective Learning Framework). I would advise the authors to consider practical steps to encourage honest and open participation, and the potential limitations (and strengths) of the Reflective Learning Framework with regards to the honesty of the reflection. As a suggestion, allowing participants to submit anonymous private reflections voluntarily, supplementary to their participation in the various project activities, may ensure that participants can communicate their thoughts/reflections honestly without the fear of being identified in the process.	We agree that there are multiple biases which affect our ability to engage in effective reflection. We will make these biases explicit in the guidance which we will develop in the toolkit. During this developmental phase, the (anonymous) staff survey (Workstream 2) will contain a number of questions about reflection and reflective capability, allowing respondents to express themselves freely.

2. Another consideration is that this study may potentially raise certain unethical practice in its various types of data	This is an important point. We have not included this in the
(patient and staff surveys, observations, workshops, interviews etc.). Authors should consider how these situations can be managed in the research.	protocol, but we have already agreed with the local project teams that survey responses which make serious allegations in relation to clinical practice and patient safety will be reported to the independent non-executive chair of the local project team for further action.
3. In Pg 9 line 14 and 36, emotional strength was raised as a factor for effective reflection in the protocol background but within the methods, there needs to be more consideration for situations where participants of the study may become too emotional as a result of this reflective process.

I hope these comments are of help to the authors. | We agree that emotional support is an important element in effective reflective learning. In the codesign workshops we will explore this issue with the local project teams and ensure that existing staff support mechanisms are engaged in PEARL as well. |