

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Using theatre as an arts-based knowledge translation strategy for health-related information: a scoping review protocol
AUTHORS	Hall, Amanda; Furlong, Bradley; Pike, Andrea; Logan, Gabrielle; Lawrence, Rebecca; Ryan, Alexandra; Etchegary, Holly; Hennessey, Todd; Toomey, Elaine

VERSION 1 – REVIEW

REVIEWER	Melissa Mei Yin Cheung The University of Sydney, Australia
REVIEW RETURNED	15-Jul-2019

GENERAL COMMENTS	<p>Thank you for your work, this is an interesting topic. Please find below points for your consideration. Page and line numbers refer to that of the PDF document.</p> <ul style="list-style-type: none"> o In the Abstract (page 4, line 9), please provide the expanded form of “KT” as this is the first mention o In the Introduction section (page 8, line 36), the sentence does not flow well: “think about how best to translation findings for knowledge users.” Ditto for page 11, line 8: “to allow care providers assimilate knowledge and understanding ...” Ditto in the Methods and Analysis section (page 15, line 3): “these include study (i) study characteristics ... o It is mentioned in the Methods and Analysis section (page 13, line 48) that “the searches will not be limited by language.” What resources will be available to the research team in regards to non-English papers? o In Stage 4: Charting the data (page 15, lines 13-15), it states that “two reviewers will independently extract data on the first 10% of included studies using the data extraction form.” How will the data of the remaining 90% of the included studies be extracted? o In the Ethics and Dissemination section (page 17, line 34), perhaps “INVOLVE UK” is referring to “INVOLVE UK”? o There is inconsistent use of the expanded and abbreviated form of “knowledge translation” and “KT” throughout the manuscript
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REVIEWER	Shauna Kingsnorth Teaching & Learning Institute, Bloorview Research Institute; Holland Bloorview Kids Rehabilitation Hospital, Department of Occupational Science & Occupational Therapy, University of Toronto, Canada
REVIEW RETURNED	01-Aug-2019

GENERAL COMMENTS	This is an extremely well-written and clearly laid out scoping review protocol aligned with recognized best and wise practices in designing and reporting of this methodology. A compelling case is
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	<p>made to focus on theatre as a KT strategy within health contexts and the potential contribution of this work to the field is well stated. Inclusion of a 'patient and public involvement' statement and 'consultation' activities are particularly appropriate for a KT focused paper and aligned with iKT principles of participatory approaches. There may be some additional search terms that would bolster reach in data gathering efforts and I would encourage the authors to consider ways of disentangling 'dissemination' and 'implementation' constructs in discussions of KT practice in the focus of the paper.</p> <p><u>Minor edits for consideration</u></p> <p>Page 15, line 34: check spelling of UK organization listed</p> <p>Supplementary File 2 example doesn't align with data extraction description provided in Stage 4 – seems more in keeping with second round of extraction focus on effectiveness described in Stage 5</p> <p>Unclear status of executing search string (i.e., not yet started or underway), but offer the following suggestions for additional terms for consideration if feasible to incorporate:</p> <ul style="list-style-type: none"> - 'Dissemination' – protocol routinely references dissemination as a key outcome but this is not captured in the search string (rather focus on implementation) - 'knowledge mobilization and other related knowledge transfer terms' – KT is a vary 'Canadian' label and thus may limit search - 'public health' or something along these lines – a case is made in the protocol that theatre may be effective in reaching broader audiences (e.g., general public), however the list of search terms appears very focused on mechanisms targeting healthcare providers specifically - Would simulation be a relevant term given use of actors and healthcare contexts or is this an exclusion from an 'arts' perspective? <p>Re: disentangling dissemination and implementation – these terms seem to be used interchangeably in the manuscript and/or only one aspect highlighted in some places and another in others. There may be added value to achieving the broad study aim in teasing apart 'dissemination practice' from 'implementation practice' in data extraction, analyses, and reporting of findings regarding the 'state of the science' for theatre as a KT strategy</p>
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REVIEWER	Hilary Bungay Anglia Ruskin University United Kingdom
REVIEW RETURNED	02-Aug-2019

GENERAL COMMENTS	The protocol for this scoping review appears to be the precursor to a
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	potentially interesting body of empirical research. The review process is well defined and will hopefully provide sufficient evidence to warrant a full systematic review in the future.
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REVIEWER	Scott, Shannon University of Alberta
REVIEW RETURNED	08-Aug-2019

GENERAL COMMENTS	<p>Thank you for the opportunity to review this study protocol. The methods outlined are appropriate to address the review purpose. I have a few suggestions to strengthen the ongoing work:</p> <p>1) on page 7 - there is a statement made about 30 different KT strategies in the literatures. In addition to the resources cited I would also encourage the authors to cite the EPOC taxonomy of interventions.</p> <p>2) on page 9 - the authors state that the only other review provided only a high level over of theatre as an arts-based strategy. However, when examining the type of data to be extracted in this review about the interventions (theatre), I am concerned that this concern will not be overcome. There needs to be more specificity in the data extraction proposed about the intervention details.</p> <p>3) The author do not outline how they are ensuring that theatre as a KT strategy is going to be assessed. How are the researchers going to assess that RESEARCH is being put into action. There were no steps outlined to demonstrate this assessment. Without this piece, the review may include using theatre to disseminate messages but the messages may not be research-based or research (a clear premise of KT work). Currently the key message is being extracted, this is not enough to assess if research is being disseminated.</p> <p>4) I would recommend that a research librarian design a search strategy specifically for this review (not augment a search strategy from another review).</p> <p>5) I have concerns about the general nature of the data extraction form. For a study protocol, there needs to be more specificity. As well, there needs to be clear inclusion and exclusion screening forms included.</p> <p>6) I would recommend that the research team integrates the following classification schema into their work. The notion that is important for the research team to consider is the ability of theatre to transfer/disseminate key message (given the level/extent of interpretation with theatre. The schema presented in the publication below outlines that important tension. Archibald, M. et al., (2014). The development of a classification schema for arts-based approaches to KT. <i>Worldviews on evidence-based nursing</i>, 11(5).</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer(s)' Comments to Author:

Reviewer: 1

Reviewer Name: Melissa Mei Yin Cheung, The University of Sydney, Australia

Thank you for your work, this is an interesting topic. Please find below points for your consideration. Page and line numbers refer to that of the PDF document.

1. In the Abstract (page 4, line 9), please provide the expanded form of “KT” as this is the first mention

Thank you, we have changed this to “Knowledge Translation (KT)” on page 2 line 4.

2. In the Introduction section (page 8, line 36), the sentence does not flow well: “think about how best to translation findings for knowledge users.” Ditto for page 11, line 8: “to allow care providers assimilate knowledge and understanding ...” Ditto in the Methods and Analysis section (page 15, line 3): “these include study (i) study characteristics

Thank you, we have changed these sentences as follows:

- “...think about how best to translate research findings for knowledge users...”
- “...and traumatic brain injury through multi-sensory mechanisms...”
- “...these include (i) study characteristics...”

3. It is mentioned in the Methods and Analysis section (page 13, line 48) that “the searches will not be limited by language.” What resources will be available to the research team in regards to non-English papers?

We have added in the following sentence on page 11, line 7-10 to clarify our resources:

“The searches will not be limited by language; for non-English studies a combination of freely available online language translation software programs and consultation with colleagues within our respective institutions will assist with translation to English.”

4. In Stage 4: Charting the data (page 15, lines 13-15), it states that “two reviewers will independently extract data on the first 10% of included studies using the data extraction form.” How will the data of the remaining 90% of the included studies be extracted?

One person will extract data for the remaining 90% of studies. This has been added to page 13, line 8-9.

5. In the Ethics and Dissemination section (page 17, line 34), perhaps “INVOLVE UK” is referring to “INVOLVE UK”?

Yes, thank you we have changed this.

6. There is inconsistent use of the expanded and abbreviated form of “knowledge translation” and “KT” throughout the manuscript

Thank you we have changed this throughout the manuscript to only use “KT”.

Reviewer: 2

Reviewer Name: Shauna Kingsnorth, Teaching & Learning Institute, Bloorview Research Institute; University of Toronto, Canada.

This is an extremely well-written and clearly laid out scoping review protocol aligned with recognized best and wise practices in designing and reporting of this methodology. A compelling case is made to focus on theatre as a KT strategy within health contexts and the potential contribution of this work to the field is well stated. Inclusion of a 'patient and public involvement' statement and 'consultation'

activities are particularly appropriate for a KT focused paper and aligned with iKT principles of participatory approaches. There may be some additional search terms that would bolster reach in data gathering efforts and I would encourage the authors to consider ways of disentangling 'dissemination' and 'implementation' constructs in discussions of KT practice in the focus of the paper. Minor edits are suggested in the attached document.

Minor edits for consideration

1. Page 15, line 34: check spelling of UK organization listed
Thank you this has been changed as per reviewer 1 comment 5.
2. Supplementary File 2 example doesn't align with data extraction description provided in Stage 4 – seems more in keeping with second round of extraction focus on effectiveness described in Stage 5

Thank you, we have edited our data extraction file and relevant sections in Stage 4 and Stage 5.

3. Unclear status of executing search string (i.e., not yet started or underway), but offer the following suggestions for additional terms for consideration if feasible to incorporate: 'Dissemination' – protocol routinely references dissemination as a key outcome but this is not captured in the search string (rather focus on implementation). 'knowledge mobilization and other related knowledge transfer terms' – KT is a very 'Canadian' label and thus may limit search. 'public health' or something along these lines – a case is made in the protocol that theatre may be effective in reaching broader audiences (e.g., general public), however the list of search terms appears very focused on mechanisms targeting healthcare providers specifically. Would simulation be a relevant term given use of actors and healthcare contexts or is this an exclusion from an 'arts' perspective?

We thank this reviewer for providing further possible search terms. We acknowledge there was an error in the search string we uploaded as it was missing the last section of knowledge translation terms due to a cut and paste error. This should resolve the knowledge translation and dissemination related terms. However, we had not included terms related to public health and thus have added this in as well. The revised search string is not located in the Supplementary file 1.

4. Re: disentangling dissemination and implementation – these terms seem to be used interchangeably in the manuscript and/or only one aspect highlighted in some places and another in others. There may be added value to achieving the broad study aim in teasing apart 'dissemination practice' from 'implementation practice' in data extraction, analyses, and reporting of findings regarding the 'state of the science' for theatre as a KT strategy

In terms of descriptions of dissemination and implementation constructs, we agree that this will be discussed in the main paper particularly with respect to the aim of the KT strategy.

Reviewer: 3

Reviewer Name: Hilary Bungay, Anglia Ruskin University, United Kingdom

The protocol for this scoping review appears to be the precursor to a potentially interesting body of

empirical research. The review process is well defined and will hopefully provide sufficient evidence to warrant a full systematic review in the future.

We thank the reviewer for their time.

Reviewer: 4

Reviewer Name: Shannon Scott, University of Alberta

Thank you for the opportunity to review this study protocol. The methods outlined are appropriate to address the review purpose. I have a few suggestions to strengthen the ongoing work:

1. on page 7 - there is a statement made about 30 different KT strategies in the literatures. In addition to the resources cited I would also encourage the authors to cite the EPOC taxonomy of interventions.

Thank you we have added this citation as number 25.

2. on page 9 - the authors state that the only other review provided only a high level overview of theatre as an arts-based strategy. However, when examining the type of data to be extracted in this review about the interventions (theatre), I am concerned that this concern will not be overcome. There needs to be more specificity in the data extraction proposed about the intervention details.

We thank this reviewer for pointing out that more information about our data extraction process is required in this protocol. Originally, we intended to include a larger description of our data extraction variables and examples of our preliminary results tables but thought this was unnecessary. I have added in the description of data extraction elements on page 22 and a summary of this information on page 13 line (section 5).

3. The authors do not outline how they are ensuring that theatre as a KT strategy is going to be assessed. How are the researchers going to assess that RESEARCH is being put into action. There were no steps outlined to demonstrate this assessment. Without this piece, the review may include using theatre to disseminate messages but the messages may not be research-based or research (a clear premise of KT work). Currently the key message is being extracted, this is not enough to assess if research is being disseminated.

We thank the reviewer for this important point. We have included more information to clarify our inclusion and exclusion criteria for the intervention (theatre) on page 12 and indicated in the bolded text of the section below.

“Studies that report specifically on the use of theatre as means of KT of health-related information that is derived from health research sources (published peer-reviewed research or practice guidelines) with any target population (public, patients, workers, care providers) will be included in the review. Theatre productions that are based on information sources not supported by research such as opinion papers or magazine articles in which the supporting research cannot be verified will be excluded.”

- I would recommend that a research librarian design a search strategy specifically for this review (not augment a search strategy from another review).

Thank you for this recommendation. However, the search was already developed in consultation with our university librarian and they suggested adapting and augmenting existing search strategies as the best option. However, as per our response to reviewer 2 - comment 3, we realise there was a cut and paste error in our previous search and we have now fixed the error and have edited it to add in additional terms to capture a public health audience as per reviewer 2's suggestion.

- I have concerns about the general nature of the data extraction form. For a study protocol, there needs to be more specificity. As well, there needs to be clear inclusion and exclusion screening forms included.

Thank you as stated in comment 2, we have included more detail in the data extraction form and have also included the inclusion/exclusion screening form as supplementary file on Page 23.

- I would recommend that the research team integrates the following classification schema into their work. The notion that is important for the research team to consider is the ability of theatre to transfer/disseminate key message (given the level/extent of interpretation with theatre. The schema presented in the publication below outlines that important tension. Archibald, M. et al., (2014). The development of a classification schema for arts-based approaches to KT. *Worldviews on evidence-based nursing*, 11(5).

Thank you for this comment. We agree it is important to assess if a theatre production can actually uphold the integrity of the research findings and key messages in the script and in the enactment of that script. We take the point of this reviewer about the use of interpretation in arts-based mediums, particularly how it is described in her paper on arts-based KT strategies (Archibald et al. 2015). In the paper by Archibald et al, we agree with the authors that there is a degree of ambiguity in content that is inherent in many arts-based mediums, while this is to allow for dialogue and possibly a deeper understanding by the consumer, it may also limit the potential for accurate KT of a particular concept from health research. Assessing the integrity of the theatre production as it relates to accurately presenting the research findings/key messages would be done by assessing content validity from the researcher's perspective particularly during the development stages of the theatre production. We have included this as one of the outcomes in our assessment and will be able to comment on how much we know about this from the available literature. We have also re-reviewed the classification schema outlined by Archibald et al. and completely agree that this would be beneficial to include in our synthesis of the types of theatre used in the literature as it relates to the types of arts-based KT strategies. Thus, we have integrated the classification schema into Stage 5: Collating, summarising and reporting the results.

VERSION 2 – REVIEW

REVIEWER	Melissa Mei Yin Cheung The University of Sydney, Australia
REVIEW RETURNED	16-Sep-2019

GENERAL COMMENTS	Thank you for your revisions to this manuscript.
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REVIEWER	Shauna Klingnsorth
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	Bloorview Research Institute, University of Toronto, Canada
REVIEW RETURNED	13-Sep-2019

GENERAL COMMENTS	The reviewer comments have been addressed. No further recommendations.
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REVIEWER	Scott, Shannon University of Alberta, Edmonton, CANADA
REVIEW RETURNED	18-Sep-2019

GENERAL COMMENTS	All outstanding comments were well addressed! No concerns.
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