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Title	Specialists and family physicians in interprofessional teams — shifting perspectives caring for patients with multimorbidity: a qualitative study
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Reviewer 1	Dr. Erin Wilson
Institution	Nursing, University of Northern British Columbia, Prince George, BC
General comments and author response	Thank you very kindly for the opportunity to review. 1. It is interesting that these findings were uncovered as a result of analyzing spontaneous comments in interviews with specialists and FPs but was not the focus of the overarching research question that prompted the interviewing. This info could be earlier in the manuscript. It is alluded to in the Data Analysis section, but a fuller explanation is lacking until the reader reaches the Limitations section. Response: We have provided more detail in the data analysis section regarding the spontaneous comments in the interviews. (page 7) 2. Introduction – It's a bit disjointed. It begins by reporting on patient concerns, but there is no linkage in how interprofessional care may address these concerns. Instead, the focus moves towards team processes and team performance, leaving the impression that the patient has been side-lined in focus. Consider re-wording the intro to keep the focus consistent or perhaps start more narrowly. Response: We have rewritten the introduction to address the reviewers concerns about it being disjointed and keeping the patient as the main focus. (pages 4-5) 3. There is also some inconsistent wording in the intro, e.g. "low-acuity settings" on p. 5. Is this the same as primary care? Response: We have addressed both reviewer 1 and 2's concerns about the statement e.g., low acuity settings on page 5. 4. In the last paragraph of the Introduction, could provide some refs for TIP/IMPACT so that the reader can understand or refer to what is meant by the term interprofessional primary care consultation model? Later in the paper TIP/IMPACT is referred to as "The Program" – could mention here that this is what it will be referred to as – or could just change "The Program" to TIP/IMPACT? Response: In the methods section under setting we have provided a more detailed description of the TIP program and refer to it now throughout the paper as the TIP Program. (page 6) 5. Participant Recruitment – Here TIP/IMPACT is referred to as a clinic – makes it difficult for the reader to conceptualize what this looks like – is it one clinic the program is run out of? Is it a program run out of multiple clinics?

	Response: On page 6 we have clarified the number of programs running at the time of the study data collection. 6. Results –Three themes are identified, and as each one is presented in this section, #2 and #3 align nicely with how they are first identified at the beginning of the section. However, #1 is first listed as “benefits of practicing” in an IPT and “appreciation” of team, and then it changes to “creating new perspectives”. The wording in one spot or the other (p. 7) could be changed for consistency. Response: Thank you to reviewer 1 for this recommendation and-we have changed the wording for consistency (pg.8). 7. The first 3 quotes are all from “Psych”. Are these from the 3 distinct psychiatrist participants? It seems important to distinguish this as each of these quotes says more or less the same thing – “their take”, “different styles”, “different perspectives”. Adding in a number or similar to distinguish participants may improve transparency (e.g Psych1, Psych2, FP1, etc). Response: We have added in the participant number to distinguish participants and hope this improves the transparency. 8. On p. 9, the para that begins “Engaging the patient…” – is the patient present during the consultation? Response: Please see description of TIP Program (page 6). 9. The quote “it’s not a show for amateurs” by a FP does not seem to fit with theme #1, and it seems to contradict theme #3 as being an opportunity for learners. Can this be addressed or reconciled in some way? Response: A portion of this quote was removed “its not a show for amateurs” as we agree it does cause some confusion because the emphasis is now on the interprofessional team members’ strong sense of professional identity. 10. Theme #3 – it’s not clear if/how the Program does support trainees? The phrasing is such that it seems the Program is a model for this type of learning but are participants recommending trainees participate or are they endorsing the current/ongoing participation of trainees that is already happening? Response: We have included a sentence on page 10 clarifying that trainees are participating. 11. Interpretation – Refs for para one – to provide some context for what the “merger of different facilitators for learning” are within this Program. Response: We have added references as requested – see page 11.

	12. Para 2 re: creating novel perspectives and new knowledge – is it new knowledge? Or is it comprehensive or integrative knowledge of the patient? Response: This wording has been changed to reflect the reviewer comments. See page 11. 13. The second sentence in Para 2 that begins “One of the main facilitators …” is awkward. The sentences about communities of practice and Bandura seem out of place here, as they were not part of the framing for the paper. There is no circling back to these ideas in the conclusion. Not certain what it adds to the interpretation. Further, communities of practice are typically seen as distinct from patient consultations, which is what this model seems to be, and it may be a stretch to say a synchronous interprofessional patient consultation is synergistic with a CoP. Consider re-wording to instead strengthen the argument to enhance and promote synchronous consultations between specialists and primary care providers? Response: We agree with your point, the community of practices and Bandura are out of place in this paper and have been removed from page 13. 14. The last sentence of para 3 (p. 13) in this section seems awkward – can it be re-worded to tie it in more directly to theme #2? E.g. to say how we can begin to move beyond traditional consultant models or …? Response: This has been reworded as per the reviewer recommendation. (page 12) 15. Also in this para, I would be interested to see interpretation of one of the quotes from the FP on p. 10 that it takes a “special kind of consultant to do this…” – this seems a really key facet of the paper and the success of the model. If the “traditionalists” won’t engage in this work, is there lit that can point to how to change culture in the consultant model of providing care? Perhaps here is where the learning theory could be brought to bear … Response: This has been reworked as per the reviewer recommendation, added reference to adult learning theory (page 12) 16. In para 4, it would be helpful to provide interpretation for the quote of “not a show for amateurs” juxtaposed against theme #3 of the Program being an important educational opportunity for trainees. Is there some advice to be offered here about the shaping of the opportunity or the prep of the trainee prior to engaging in the Program? Response: This quote was removed as it appeared to cause confusion and we feel that our response to point 15 addresses how the TIP program is an important educational opportunity for trainees. 17. Conclusion – The data demonstrating that specialists and FPs believe the

	program is an effective care delivery strategy is clear. How it is an effective teaching strategy is less clear. There is only one quote on p. 11 from one of the psychiatrist participants that specifically mentions a model of interprofessional practice as fostering interdisciplinarity. Consider either strengthening the findings for theme #3 or gentler wording in the conclusion (e.g. to say that there is recognition that learners need more exposure to non-traditional consultation models). Response: We have rewritten the section on the role of learners in the TIP program as per the reviewer's comments. (page 13)
Reviewer 2	Mark Clarfield MD
Institution	Soroka Hospital, Geriatrics, Medical School for International Health, Beer Sheva, Israel
General comments and author response	1)The authors address a very important subject, this especially the case as the population ages and more patients present with multiple pathologies, necessitating the effective and efficient involvement of various medical and para- professionals. 2) They seem to have met most of the criteria for qualitative studies (COREQ checklist). Response: We thank reviewer # 2 for his supportive comments in points 1 and 2. 3) I do not know if the authors have any more data to support the themes they uncovered but the results section seems a bit dilute to me. If not, this is not a fatal flaw but the reader I am sure would welcome some more data if they exist. Response: Due to concerns about the word count, we have not added additional quotes. 4) Other points: a) P5, line 5: Is it really true that "The literature about team performance in low acuity settings is minimal"? A quick search via Google Scholar of " team performance in low acuity health settings" listed dozens of studies, some of which must have some relevance to this manuscript. Response: This has been addressed on page 5, wording has been changed b) P5, line 28. I would imagine that not all readers of the CMAJ will be familiar with the TIP/IMPACT model of care. As such it should be briefly described along with a reference. I googled it and found a nice summary easily. Without this background the reader is not in any position to really understand what the authors found. Response: We have now provided a more detailed description of the TIP Program on page 6 c) I suggest explaining what the abbreviations stand for the first time they are used; eg "Psych, GIM" etc. Response: We have added an explanation of the abbreviations to table 1 (page 23)

	d) As the authors point out, the TIP/IMPACT context would seem to be an excellent learning site both for students and residents at all of the relevant disciplines. Where any involved? Response: Added a sentence at the end of results section under Theme 3 (page 10) and it was suggested in the limitations section (page 12) that this would be a good topic for further research. e) Limitations, page 13. I understand the authors' reticence to generalize from their study but suggest line 39 be revised as follows: “The sample was limited to one program with only a few participants and may not be wholly transferable to another context." Response: We have revised the opening sentence of limitations in response to the reviewers’ suggestions. (Page 12) f) I would be interested in reading what the authors consider the further research implications for such a program. One would hope that the positive descriptions outlined in this paper might be translated into an assessment of its potential effect on patient care. The authors might want to briefly suggest research directions that might follow from their findings. Response: We have made additional comments regarding future research directions. (page 12)