

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Experiences of telehealth e-mentoring within postgraduate musculoskeletal physical therapy education in the United Kingdom and Canada: a protocol for parallel mixed methods studies and cross cultural comparison
AUTHORS	Heneghan, Nicola; Nazareth, Madeleine; Johnson, Wendy; Tyros, Isaak; Sadi, Jackie; Gillis, Heather; Rushton, Alison

VERSION 1 – REVIEW

REVIEWER	Andrea Furlan University of Toronto Canada
REVIEW RETURNED	09-Sep-2020

GENERAL COMMENTS	<p>This is an interesting protocol and very relevant given the pandemic situation affecting the globe.</p> <p>I was expecting to read more about the telehealth e-mentoring itself. I suggest the authors to add a section to describe the patient-therapist encounter, and also to describe the mentor-mentee encounter. Please describe what happens at the encounter and how the mentor is providing feedback. For example, is the mentor in the same zoom room as the patient and the therapist student? Please explain what is done if physical exam is necessary. What are the aspects of the therapy that can and cannot be done via telehealth.</p> <p>Please explain the confidentiality and privacy of using zoom for the telehealth, and also for the data collection for this study.</p>
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REVIEWER	Fabrizio Stasolla, PhD Giustino Fortunato University of Benevento (Italy).
REVIEW RETURNED	23-Oct-2020

GENERAL COMMENTS	<p>I reviewed the protocol submission and found it very interesting. However, I feel that relevant issues should be carefully addressed in a suitable revision. Therefore I invite the authors to tackle my concerns.</p> <ol style="list-style-type: none">1. The abstract should have a background and objective sub-heading rather than Introduction.2. The rationale of the current protocol should be further justified with regard to the theoretical framework provided in the Introduction.3. Both including and excluding criteria for the recruited participants should be explicitly stated.4. Time line of the protocol implementation is actually unclear.5. In the study setting section, I could find only two British Universities to collect data while it was claimed that a two-
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	countries comparison was planned (i.e., UK - Canada). Clarification is needed. 6. Limitations of the current protocol should be further argued. I suggest to introduce a final section entitled "Limitations".
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REVIEWER	Jenny Downs Telethon Kids Institute
REVIEW RETURNED	28-Nov-2020

GENERAL COMMENTS	<p>The authors plan a case study design where they will investigate telehealth mentoring of physiotherapy students in the musculoskeletal area, using qualitative and quantitative methods to explore in depth the experiences and outcomes of each of the stakeholders. This study is unique in its careful attention to how allied health students can participate in mentoring to support their learning and knowledge translation. I like the attention to the personal connection and communication that mentoring offers which I feel is important not to lose in our increasingly digital world. It is also important to investigate methods to create high quality learning experiences in the event of COVID-19 rebounds and lockdowns.</p> <p>However, I believe that this is need for some improvements and request that you please address the following issues:</p> <ol style="list-style-type: none"> 1. The strengths and limitations box needs a summary of strengths and limitations, but is currently just a summary of the study. Please adjust this. 2. The final sentence of the 3rd paragraph of the introduction is unclear to me. EG, how can you have concurrent validity of an outcome? 3. Please provide the number of items per patient outcome measure, and the online platform that will be used to collect these data. I would like to understand your structure as to why these domains were selected for measurement. 4. I understand that the quantitative data will be compared before and after treatment but I am not sure what the findings will mean to the study objective of evaluating the effect of mentoring on patient outcomes. There is no comparison and patients could improve by natural history or a placebo effect. 5. My understanding is that the section "Patient and public involvement" is concerned with consumer consultation as to their needs for this study, not simply that the study has been informed by many years of experience. Please review this section and consider any specific consultations that informed the development of this study. 6. I also feel that the framework approach for your study needs more explicit explanation. Please describe the seven stages as they will apply to your study. 7. I also feel that the discussion needs some additional exploration of the concepts upon which the study is based, particularly the cross cultural similarities and differences that you are aware of and will need to be considered.
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VERSION 1 – AUTHOR RESPONSE

<p>Reviewer: 1 Reviewer Name: Andrea Furlan Institution and Country: University of Toronto Canada</p> <p>Please state any competing interests or state 'None declared': None declared</p> <p>Comments to the Author</p> <p>This is an interesting protocol and very relevant given the pandemic situation affecting the globe.</p> <p>I was expecting to read more about the telehealth e-mentoring itself. I suggest the authors to add a section to describe the patient-therapist encounter, and also to describe the mentor-mentee encounter. Please describe what happens at the encounter and how the mentor is providing feedback. For example, is the mentor in the same zoom room as the patient and the therapist student? Please explain what is done if physical exam is necessary. What are the aspects of the therapy that can and cannot be done via telehealth.</p>	<p>Thank you for your positive comments regarding this protocol and planned project.</p> <p>We have added a box (Figure 2) as suggested which describes the telehealth in more detail including information relating to the</p> <ol style="list-style-type: none"> 1. patient-therapist encounter 2. mentor-mentee encounter <p>This also illustrates that physical examination was possible although adapted for the purpose of remote examination.</p> <p>It was from the research that we are able to disseminate information regarding any perceived limitations in regard to telehealth e-mentoring. There was a need to implement this to support student progress with the national lockdown as a result of Covid-19 pandemic and findings will inform the latter query.</p>
<p>Please explain the confidentiality and privacy of using zoom for the telehealth, and also for the data collection for this study.</p>	<p>In Figure 2 we report data management processes and consent. Our a priori consultations, as reported in the PPI section provide assurance that all processes used respected the need for confidentiality and privacy.</p>
<p>Reviewer: 2 Reviewer Name: Fabrizio Stasolla, PhD Institution and Country: Giustino Fortunato University of Benevento (Italy).</p> <p>Please state any competing interests or state 'None declared': I do not have any conflict of interest</p> <p>Comments to the Author</p> <p>I reviewed the protocol submission and found it very interesting. However, I feel that relevant issues should be carefully addressed in a suitable revision. Therefore I invite the authors to tackle my concerns.</p> <ol style="list-style-type: none"> 1. The abstract should have a background and objective sub-heading rather than Introduction. 	<p>Thank you for your positive comments and interest in this protocol and planned project.</p> <p>The structure and headings reflect those required by the journal so we have not revised this.</p>
<ol style="list-style-type: none"> 2. The rationale of the current protocol should be further justified with regard to the theoretical framework provided in the Introduction. 	<p>Whilst not raised by other reviewers, the authors hope that with the re-structuring and revisions in the introduction this has further clarified the rationale.</p>
<ol style="list-style-type: none"> 3. Both including and excluding criteria for the recruited participants should be explicitly stated. 	<p>We have added in 'Exclusion criteria for patient participants includes those who are not reporting a MSK complaint e.g. stroke rehabilitation. Mentees and mentors without licence to practice and professional indemnity insurance for the respective countries will be excluded.'</p>

4. Time line of the protocol implementation is actually unclear.	We have now added in 'Data collection will take place from May 2020 through to June 2021' in the Design and methods section.
5. In the study setting section, I could find only two British Universities to collect data while it was claimed that a two-countries comparison was planned (i.e., UK - Canada). Clarification is needed.	We have now added the names of the countries for clarity.
6. Limitations of the current protocol should be further argued. I suggest to introduce a final section entitled "Limitations".	We have now added a section 'Limitations' as requested.
<p>Reviewer: 3 Reviewer Name: Jenny Downs Institution and Country: Telethon Kids Institute Please state any competing interests or state 'None declared': None declared</p> <p>Comments to the Author The authors plan a case study design where they will investigate telehealth mentoring of physiotherapy students in the musculoskeletal area, using qualitative and quantitative methods to explore in depth the experiences and outcomes of each of the stakeholders. This study is unique in its careful attention to how allied health students can participate in mentoring to support their learning and knowledge translation. I like the attention to the personal connection and communication that mentoring offers which I feel is important not to lose in our increasingly digital world. It is also important to investigate methods to create high quality learning experiences in the event of COVID-19 rebounds and lockdowns. However, I believe that this is need for some improvements and request that you please address the following issues:</p>	Thank you for your very positive comments and interest in this project.
1. The strengths and limitations box needs a summary of strengths and limitations, but is currently just a summary of the study. Please adjust this.	In accordance with the author guidelines the manuscript currently provides an article summary and subheading for strengths and limitations. We are therefore uncertain what the reviewer is requesting here.
2. The final sentence of the 3rd paragraph of the introduction is unclear to me. EG, how can you have concurrent validity of an outcome?	There is evidence that telehealth examination be equivocal to in-person examination for the assessment of pain, swelling etc.; hence there is concurrent validity of outcomes. As this has not been raised by other reviewers we have not made any further changes.
3. Please provide the number of items per patient outcome measure, and the online platform that will be used to collect these data. I would like to	We have added now added <ul style="list-style-type: none"> • Figure 2 to describe the telehealth in more detail • In 'Data collection and procedures' section we have added a sentence to communicate

understand your structure as to why these domains were selected for measurement.	<p>rationale for selection of outcomes and the number of items to the manuscript</p> <p>The reviewer is minded to review supplementary file 1 for more information as needed.</p>
4. I understand that the quantitative data will be compared before and after treatment but I am not sure what the findings will mean to the study objective of evaluating the effect of mentoring on patient outcomes. There is no comparison and patients could improve by natural history or a placebo effect.	Thank you for that. As detailed in the data management section the patient participant data will simply allow us to describe changes pre and post physical therapy and characterise those who were willing to present for physical therapy in this way. Whilst we acknowledge there is no comparator group we are interested in examining the experiences of telehealth e-mentoring from a patients perspective and importantly aspects which are meaningful in regard to the patient-therapist relationship (PEI and CARE measures).
5. My understanding is that the section "Patient and public involvement" is concerned with consumer consultation as to their needs for this study, not simply that the study has been informed by many years of experience. Please review this section and consider any specific consultations that informed the development of this study.	Thank you, this is a valid point and we have now included a further sentence to communicate this. 'Given the novelty of this approach to postgraduate education, our pre-study consultation involved, students, patients, practitioners, and representatives from relevant professional, ethical and legal bodies'.
6. I also feel that the framework approach for your study needs more explicit explanation. Please describe the seven stages as they will apply to your study.	Whilst this is a well-established approach to data analysis, we have now added the 7 stages in for clarity.
7. I also feel that the discussion needs some additional exploration of the concepts upon which the study is based, particularly the cross cultural similarities and differences that you are aware of and will need to be considered.	We have revised and developed the discussion making explicit reference to telehealth e-mentoring being an authentic alternative to existing approaches to mentored clinical practice and cross cultural analysis.

VERSION 2 – REVIEW

REVIEWER	Fabrizio Stasolla Hiustino Fortunato University of Benevento (Italy)
REVIEW RETURNED	24-Dec-2020

GENERAL COMMENTS	I feel that all my arised concerns have been adequately addressed. Therefore, I, m glad to recommend the publication of the submission in its current form.
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REVIEWER	Jenny Downs Telethon Kids Institute, Australia
REVIEW RETURNED	23-Dec-2020

GENERAL COMMENTS	<p>Thank you for revising your manuscript and for your specific attention to my comments. I have 2 further minor points.</p> <p>I appreciate your argument regarding the contents of the strengths and limitation box, but I feel that the limitations should be more explicit. EG, the lack of a control group for the quantitative</p>
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	<p>evaluation. I feel that this should be included in the limitations paragraph also.</p> <p>I am still not clear on the sentence of there being concurrent validity for a range of outcomes (eg pain etc). Could you argue this more specifically? EG, "there is good or satisfactory or poor concurrent validity for the measurement of outcomes such as pain conducted using telehealth methods compared to"</p>
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VERSION 2 – AUTHOR RESPONSE

Reviewer: 2

Dr. Fabrizio Stasolla, Università Giustino Fortunato Comments to the Author:

I feel that all my arised concerns have been adequately addressed. Therefore, I, m glad to recommend the publication of the submission in its current form.

Thank you

Reviewer: 3

Dr. Jenny Downs, Telethon Kids Institute, The University of Western Australia, Curtin University
Comments to the Author:

Thank you for revising your manuscript and for your specific attention to my comments. I have 2 further minor points.

I appreciate your argument regarding the contents of the strengths and limitation box, but I feel that the limitations should be more explicit. EG, the lack of a control group for the quantitative evaluation. I feel that this should be included in the limitations paragraph also.

As an exploratory study and in line with our aim and objectives, specifically objective 1, we wanted to 'To examine the influence of telehealth e-mentoring on health outcomes in patients with MSK complaints'. It was not our intention to make any comparison with other approaches and as such reference to a control group is unsupportable.

I am still not clear on the sentence of there being concurrent validity for a range of outcomes (eg pain etc). Could you argue this more specifically? EG, "there is good or satisfactory or poor concurrent validity for the measurement of outcomes such as pain conducted using telehealth methods compared to"

Whilst we have made reference to there being good concurrent validity, we have now added '*between telehealth based physiotherapy assessment and that involving face to face assessment*' to make it clear we were drawing on evidence where assessment via remote means was found comparable to the considered gold standard as part of a face to face encounter.