## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (http://bmjopen.bmj.com/site/about/resources/checklist.pdf) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

## **ARTICLE DETAILS**

TITLE (PROVISIONAL)	Translating caring competencies to remote working environments: A		
	systematic review protocol		
AUTHORS	Nowell, Lorelli S; Lorenzetti, Diane; Jacobsen, Michele; Lorenzetti,		
	Liza; Paolucci, Elizabeth Oddone		

## **VERSION 1 – REVIEW**

REVIEWER	Jacob Appel
	Icahn School of Medicine at Mount Sina
REVIEW RETURNED	02-Feb-2021
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GENERAL COMMENTS	This is a well-formulated and well-written protocol that tackles an
	important subject that has grown only more important as a result of
	the COVID-19 pandemic.
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REVIEWER	Kenet Kasozi
I TEVIEW	Kabale University
REVIEW RETURNED	28-Feb-2021
REVIEW RETORNED	20 1 00 2021
GENERAL COMMENTS	This study protocol is timely and I believe it offers a precedent for
GENERAL COMMENTS	future studies in developing countries where the model of learning
	has been face-to-face contact. Challenges presented through
	covid19 imply that societies have to adapt and new methods have to
	be devised. This is the first study protocol that I believe addresses
	this challenge and I strongly recommend its publication in its current
	form since covid has affected how we work.
REVIEWER	Jerome Carson
	University of Bolton, Psychology
REVIEW RETURNED	06-Mar-2021
GENERAL COMMENTS	I liked this protocol study. I think it will perform a vital role for
	educators and clinicians. While it is always important to focus on the
	last 10 years especially in this area, the authors need to remember
	that there has been considerable research in this area for decades,
	just on a much smaller scale. We can think about the concept of
	remote medicine in Australia initially, and now in many parts of the
	world. In the UK, our Open University has been using distance
	learning for decades, and this is no doubt largely digital now. The
	other thing that the authors will need to address is that remote
	teaching will be quite easy for Universities to achieve, as education
	is what we do, and we have invested massively in being able to
	deliver teaching remotely. In my limited experience, clinical field
	settings will not find this as easy. This study needs to proceed asap
	settings will not find this as easy. This study needs to proceed asap

as there are vital lessons for us all to learn. Fortunately, our medical colleagues, working on vaccines will make our lives easier going

forward. However educators have already learned many lessons from the pandemic, which will improve their practice.

## **VERSION 1 – AUTHOR RESPONSE**

Reviewer 1				
This is a well-formulated and well-written protocol that tackles an important subject that has grown only more important as a result of the COVID-19 pandemic.	Thank you for this positive feedback.	N/A		
Reviewer 2				
This study protocol is timely and I believe it offers a precedent for future studies in developing countries where the model of learning has been face-to-face contact.  Challenges presented through covid19 imply that societies have to adapt and new methods have to be devised. This is the first study protocol that I believe addresses this challenge and I strongly recommend its publication in its current form since covid has affected how we work.	Thank you for this positive review.	N/A		
Reviewer 3				
I liked this protocol study. I think it will perform a vital role for educators and clinicians.	Thank you for this feedback. We agree that the findings from this review will be helpful for educators and clinicians.	N/A		
While it is always important to focus on the last 10 years especially in this area, the authors need to remember that there has been considerable research in this area for decades, just on a much smaller scale. We can think about the concept of remote medicine in Australia initially, and now in many parts of the world. In the UK, our Open University has been using distance learning for decades, and this is no doubt largely digital now.	We agree there has been considerable research on this topic that spans much longer than 10 years. Our purpose in placing the 10 year timeframe on the literature was to capture the most recent educational technologies and to maintain a manageable number of articles for our review. Even with the 10 year limitation we yielded 27040 titles and abstracts for screening. We will be looking to include seminal work that has been published outside of our 10 year timeframe in the introduction and discussion sections of our published review.	N/A		

The other thing that the authors will need to address is that remote teaching will be quite easy for Universities to achieve, as education is what we do, and we have invested massively in being able to deliver teaching remotely. In my limited experience, clinical field settings will not find this as easy.	Thank you for pointing out the differences in educating at a University versus educating in a clinical field setting. As indicated in our data extraction section, we will be looking for descriptions of setting and contextual information in each of the included studies and will report on these similarities and differences.	Page 11  Data extraction section
This study needs to proceed asap as there are vital lessons for us all to learn. Fortunately, our medical colleagues, working on vaccines will make our lives easier going forward. However educators have already learned many lessons from the pandemic, which will improve their practice.	Thank you for this comment. We are pleased you see urgency in the need for this review.	N/A