

Peer Review File

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Reviewer A

Comment 1: There is discussion of the importance of a culture of improvement (ln 44-45), valuing input from all team members (ln 96-98) and empowering allied healthcare professionals (ln 315-316). However, I find Figure 1 to reinforce this hierarchy of the surgical team, and therefore would make it difficult to speak up. The authors point this out and that the lead surgeon is ultimately responsible for care, but I think the figure does not do any favors to the argument that everyone's input is valued, and the authors might consider omitting this figure, as it only harms the argument for me and raises more questions, vs clarifying any points.

Reply 1: We welcome this point that the figure was contradictory to the point being made in the text and therefore have taken the advice to remove it. We believe the figure could be replaced by a more suitable representations of how we envisage reflective practice to take place, while maintaining the notion that there so be no hierarchy to the different roles within the team

Changes in the text: we have replaced the figure in line 450 and the figure legend on line 521-523

Comment 2: I am unclear of what an Allied Healthcare Professional is to the authors, line 93-98, first speak about it as physicians, then line 96 makes it seem like it is exclusively nurses and anesthesiologists, defining this a little clearer would be helpful. Also, it should be abbreviated for the first time here vs later on in the manuscript.

Reply 2: Thank you for bringing this to our attention. The confusion around AHP has been addressed in lines 89-112. We have now described the team as junior doctors, consultants, anaesthetic doctors, and other AHP such as nurses.

Changes in the text: We have replaced the text in lines 89-112 to clarify what is meant by AHP, and included it as an acronym thereafter in the text

Comment 3: At line 82 I was a little lost, but realized this is summarizing the outcome of the reflection, perhaps starting with, "The result of our reflective process was that..." to make it a little clearer.

Reply 3: We thank the reviewer for this comment and have implemented the change suggested

Changes in the text: line 82 has been amended to include the suggested text for clarity.

Comment 4: I would appreciate a little more detail in the implementation of this process (line 144-154), how long did it take? Who exactly participated from the case example? Who led the discussion? Etc.

Reply 4: We thank the reviewer for this suggestion and have implemented changes in line with the comments listed. We've added details on the members involved in the discussion, the duration of talks, how the meeting was chaired and attempts to avoid partiality in the role of chair.

Changes in the text: line 222-243

Comment 5: I was unclear that the reflections began at line 164, a subheading above line 159 might have been helpful to let me know we were moving into the actual reflections.

Reply 5: We thank the reviewer for this comment and have added the subheading for clarity on line 249

Changes in the text: line 249 now has the heading to introduce our example of reflective practice

Comment 6: The reflection section and table were missing the reflections from the other members of the team, such as nurses and anesthesiologists. If they are missing because they were not done in this case it can be pointed out as a limitation, otherwise not including them makes it seem like their reflections are not as valued, even though the authors cite the value of getting multiple perspectives from the team.

Reply 6: We would like to thank the reviewer for their comment. This raises an important point about the reflection section and table in the article. We acknowledge that the omission of perspectives from all nurses and anaesthetists, is a major limitation to this article. As a result of careful consideration, we have made the decision to remove the table from the article. We believe that including the table would have inadvertently perpetuated the same drawbacks of current reflective practice that we are striving to eliminate. Furthermore, we have emphasised that the reflections provided in the main body are merely a selection of examples illustrating how reflective practice should be conducted. We acknowledge that the omission of reflections from other allied health professionals is a limitation of our study, and we mention this in the interest of transparency.

Changes in the text: The amendments can be found on lines 196 and 365-366

Comment 7: Line 258-259 speaks about using this in daily practice, but I wonder about how this approach differs and/or aligns with other processes, such as morbidity and mortality conferences, which can be used for reflection for quality improvement. Does this replace those conferences, which are quite common? Or does this supplement it? What are the differences?

Reply 7: This is an important point and we thank the reviewer for highlighting it's need to be addressed.

Changes in the text: line 445-451 has now been reworded and extended to include details regarding how the new reflective framework can be implemented into current structures such as MM meetings and how this will lead to improved reflection.

Comment 8: The limitations of the reflective practice are not clearly described, what about the time it takes? How does it compare to current processes (above?) etc.

Reply 8: We thank the reviewer for highlighting the absence of limitations in our study. We have made sure to include a detailed paragraph on limitations in our conclusion

Changes in the text: line 574 - 587 now includes details on limitations and how they should be addressed in the future.

Comment 9: I'm also curious how the authors ended up on developing a more stringent counseling approach and updating the NHS website as the solution. Were other solutions discussed? Was this solution decided during the reflection? I find the solution as the sole change a little troubling because it puts the complete onus on technologically literate patients who would think to look online. Is there a process to embed in current practice to prevent this? I'm unsure if this is already done, but is the patient examined in the pre-op area? Was an abdominal exam done, or even someone checking to ask how they are feeling? That might reveal the finding (and a lot more findings in other types of patients). These may have been considered but it was not clear to me.

Reply 9: We would like to thank the reviewer for highlighting this detail. During the reflective meeting, many of the agreed actions were missed from the paper which has now been addressed to ensure more detail has been provided.

Changes in the text: line 453 - 471 now includes details on how we addressed our case in particular, with more detail on the actions taken within our team specifically, in addition to the previously mentioned point on updating the website.

Reviewer B

Comment 1: According to the abstract and title, this paper was to be about developing and using individual and collective reflective practice to improve surgical care and education.

The title and abstract referenced the development of a reflective framework, but the conclusion of the paper referenced reflecting on a case, which is what the paper actually was. This mismatch created confusion because I kept looking for how a framework was developed, but instead had a long case study/reflection.

Reply 1: The authors would like to thank the reviewer for their feedback. We appreciate the interest in the methodology and agree that this should form a more substantial part of the manuscript. In line with this suggestion, we have restricted the main body of the manuscript to include extensive detail on the development of our framework. Furthermore, we have re-worded and restructured the title and article respectively, to fit the aims of the study more closely.

Changes in the text: This amendment can be found in the title, the abstract and in the main body in lines 93-143

Comment 2: Carefully review the tense and plural vs singular verbs - there were a few issues within the abstract/manuscript.

Reply 2: Thank you for highlighting the grammatical inconsistencies in this manuscript. We have tried our best to ensure all have been amended where present. As a note, the example individual reflections were not intended to be a reflection of the individuals themselves necessarily, but an opportunity of the person to reflect on the team's actions as a collective, in a personal space without influence from others.

Changes in the text: These changes exist throughout the text.

Comment 3: There were some strong statements made in the intro that really needed citations (i.e. line numbers 39, 44, 46)

Reply 3: We thank the reviewer for picking up on this major limitation in our submitted manuscript and appreciate the editorial board for giving us the opportunity to amend it.

Changes in the text: The citations in the manuscript have generally been improved throughout the paper, including but not limited to lines 39, 44 and 46.

Comment 4: Lines 67-68 seemed like an unfinished thought.

Reply 4: Thank you to the reviewer for this comment, which we agree with. The structure of this sentence, and the preceding sentence has been changed to make it sound more fluent and convey the aim of summarising how we reached a conclusion following reflective practice.

Changes in the text: This amendment can be found on lines 67-68

Comment 5: Line 71 overstates the researchers' role in bringing reflective practice to surgery.

Reply 5: We thank the reviewer for this comment and have actively made changes to address the structure of the sentence. It now places less emphasis on the singular case in the importance of why such as reflective structure should be made.

Changes in the text: This amendment can be found on line 71

Comment 6: What's the purpose of 82-88 - If you want to keep it, I recommend tying it directly to the thesis of the paper more intentionally. Maybe even saying something like after using our framework...

Reply 6: Thank you to the reviewer for highlighting that this paragraph was misplaced in the manuscript. It has now been moved to the preceding paragraph where it was initially intended to be. Here it serves the function to summarise how the novel framework resulted in a meaningful action being taken.

Changes in the text: This amendment can be found on lines 82-88

Comment 7: Is the redundancy of the case nec - seems like by line 113 you might be on to the development of the framework.

Reply 7: We thank the reviewer for this comment and agree that the paper should focus more on the development of the structured reflection. In response we have added a more detailed summary of how the structure was developed and the literature review which was utilised.

Changes in the text: This amendment has been added in lines 110-169

Comment 8: There is a key component missing from the team - the reflective practice should include an x - it looks like the focus is on surgeons only?

Reply 8: We would like to thank the reviewer for their comment. This raises an important point about the reflection section and table in the article. We acknowledge that the omission of perspectives from all nurses and anaesthetists, is a major limitation to this article. As a result of careful consideration, we have made the decision to remove the table from the article. We believe that including the table would have inadvertently perpetuated the same drawbacks of current reflective practice that we are striving to eliminate. Furthermore, we have

emphasised that the reflections provided in the main body are merely a selection of examples illustrating how reflective practice should be conducted. We acknowledge that the omission of reflections from other allied health professionals is a limitation of our study, and we mention this in the interest of transparency.

Changes in the text: The amendments can be found on lines 196 and 365-366

Comment 9: Overall, the paper either needs a new title and abstract or needs to be restructured to match the title and abstract with a focus on the framework - how the framework was developed; the evidence based educational foundation of it's development... The case would be a smaller part of the paper only used to illustrate the framework. As it is now, the framework figure isn't referenced until the last page.

Reply 9: The authors would like to thank the reviewer for their feedback. We appreciate the interest in the methodology and agree that this should form a more substantial part of the manuscript. In line with this suggestion, we have restricted the main body of the manuscript to include extensive detail on the development of our framework. Furthermore, we have re-worded and restructured the title and article respectively, to fir the aims of the study more closely.

Changes in the text: This amendment can be found in the title, the abstract and in the main body in lines 93-143

Reviewer C

Comment 1: For instance, the authors should provide more empirical evidence/examples about why/how reflection can improve individual and group performance.

Reply 1: We thank the reviewer for picking up on this major limitation in our submitted manuscript and appreciate the editorial board for giving us the opportunity to amend it.

Changes in the text: The citations in the manuscript have generally been improved throughout the paper, including those which provide evidence about how individual and group reflection can improve clinical practice in lines 48-56.

Comment 2: The authors also discuss cognitive biases in the abstract but only lightly discuss how reflection could prevent falling prey to cognitive biases in the main manuscript text (see a new review that came out on the subject here:

<https://academic.oup.com/bjs/advance-article-abstract/doi/10.1093/bjs/znad004/7031265?redirectedFrom=fulltext>).

Reply 2: Thank you to the reviewer for their comment. We agree that the main manuscript text could have provided more detailed discussion on how reflection can help prevent falling prey to cognitive biases. We have taken action to improve the manuscript and include details on how reflection improves the risk of falling into cognitive biases and which biases are most commonly reported, as per the article suggested.

Changes in the text: This amendment has been added in line 195

Comment 3: Additionally, given that the authors discussed creating a framework for in practice self and group reflection, I was expecting to read about the methodology about how the framework was created and how it could be applied in practice. The manuscript felt incomplete after I was done reading it. I encourage the authors to dive a little deeper into developing the reflection framework.

Reply 3: We thank the reviewer for this comment and agree that the paper should focus more on the development of the structured reflection. In response we have added a more detailed summary of how the structure was developed and the literature review which was utilised.

Changes in the text: this amendment has been added in lines 110-169

Comment 4: The sentences “This framework encourages...” and “Reflective practice also...” seem redundant.

Reply 4: We thank the reviewer for highlighting the redundancy of these two sentences in the abstract and appreciate the editorial board for giving us the opportunity to amend it.

Changes in the text: The second sentence beginning with ‘Reflective practice also...’, has been removed.

Comment 5: Could the authors include some empirical research or examples demonstrating how/why reflection is important for improving individual and/or group performance?

Reply 5: We thank the reviewer for picking up on this major limitation in our submitted manuscript and appreciate the editorial board for giving us the opportunity to amend it.

Changes in the text: The citations in the manuscript have generally been improved throughout the paper.

Comment 6: Background: Perhaps the author could reference their work more? For instance, the sentence “This can lead to increased competence and better outcomes for patients.” should be referenced.

Reply 6: We thank the reviewer for highlighting this major limitation in our previously submitted manuscript and appreciate the editorial board for giving us the opportunity to amend it.

Changes in the text: The citations in the manuscript have generally been improved throughout the paper, including the inclusion of a citation for the sentence “This can lead to increased competence and better outcomes for patients”, on line 49.

Comment 7: The literature review that builds to the rationale feels a bit thin. I would provide more empirical evidence/examples that demonstrate what self/group reflection can do.

Reply 7: We thank the reviewer for picking up on this major limitation in our submitted manuscript and appreciate the editorial board for giving us the opportunity to amend it.

Changes in the text: The citations in the manuscript have generally been improved throughout the paper, including those which provide evidence about how individual and group reflection can improve clinical practice in lines 48-56.

Comment 8: Although it was interesting to read each person's perspective about the case, I was expecting to read methodology about how to build this framework and how to apply it to the case.

Reply 8: The authors would like to thank the reviewer for their feedback. We appreciate the interest in the methodology and agree that this should form a more substantial part of the manuscript. In line with this suggestion, we have restricted the main body of the manuscript to include extensive detail on the development of our framework.

Changes in the text: This amendment can be found added in lines 93-143