

# Peer Review File

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## First Round Peer Review:

### Reviewer 1

#### Comments:

Thank you for your interest and leadership in interprofessional education (IPE). My recommendation is to reject the submission.

1. The manuscript was written as an Editorial submission and provides an overview of IPE activities as indicated by the title. However, the information provided in the Editorial does not convey new information and does not compare or contrast what currently exists in the literature.

**Re:** In response to the reviewer #1's notion that The manuscript was written as an Editorial submission and provides an overview of IPE activities as indicated by the title, we changed the manuscript category into case report based on the CARE reporting checklist.

2. The information in the submission could be discussed at a conference, during a webinar or consultation, but it is not appropriate for a peer-reviewed journal. Editorials provide an opportunity to present individual perspectives on a current topic and should be supported by the literature.

**Re:** In response to the reviewer #1's notion that the manuscript content does not support the aims and scope of the journal as noted on their website., we changed the manuscript including hospital leadership and management, and healthcare quality and patient safety in intervention field. (page2, line18).

3. In addition, the manuscript content does not support the aims and scope of the journal as noted on their website.

**Re:** In response to the reviewer #2's notion that at the end of the paper, there are a list of other structural parts, such as the student organization. How does that influence the educational modules?, we changed manuscript category based on the CARE reporting checklist and removed other structural parts.

### Reviewer 2

#### Comments:

This submission is promising and informative. This manuscript contains an enormous amount of useful information. However, the organization of the manuscript makes it difficult to understand. There are

multiple areas in the manuscript with very little tying these pieces together.

1. The description of the educational modules is good. Rationale behind the creation of these modules and any refinements would greatly strengthen this section. Also, at the end of the paper, there are a list of other structural parts, such as the student organization. How does that influence the educational modules?

**Re:** In response to the reviewer #2' s notion that For the purposes of a description of a program, it would seem most clear to indicate how the research is formulated and performed rather than the results themselves., we changed the manuscript based on purpose of case report, which examine the efficacy of IPE at Gunma University.

2. There is a section in the middle of the paper which contains education research. This section should be excerpted and developed into another manuscript. For the purposes of a description of a program, it would seem most clear to indicate how the research is formulated and performed rather than the results themselves.

3. Describing the development of this IPE program chronologically would make this manuscript more easily understandable. Also, the authors should take care to avoid the use of pronouns stringently.

**Re 2 & 3:** In response to the reviewer #2' s notion that Describing the development of this IPE program chronologically would make this manuscript more easily understandable., we modified the manuscript more easily as intervention filed (page2, line18).

4. In addition, the authors should use active voice instead of passive voice at all times. The error in using passive voice is very pervasive in this paper and makes it more difficult to read.

**Re:** In response to the reviewer #2' s notion that the authors should use active voice instead of passive voice at all times., we changed the sentence into active voice.

## **Second Round Peer Review:**

### **Reviewer 1**

#### **Comments:**

I would like to congratulate the Gunma University for being such a dedicated institution that prioritizes Interprofessional Education. For the authors, thank you for writing this excellent manuscript with the primary aim of examining the efficacy of IPE at Gunma University. Educators all over the world would be very interested on knowing the challenges, barriers and enablers that were encountered during the planning, implementation and assessment stages of IPE.

Kindly consider the following comments upon review of the manuscript.

1. Line 25: IPE plays an important role in the acquisition of an attitude for CP in undergraduate students.

(Recommend writing Collaborative Practice (CP) since this is the first time the CP is mentioned and later on you can use the CP throughout the manuscript or you can keep the Collaborative Practice (CP) in line 45, whichever you decide).

**Re:** In response to the reviewer #1's notion that Recommend writing Collaborative Practice (CP) since this is the first time the CP., we changed the manuscript into Collaborative Practice (CP) in the abstract.

2. Line 32-33: Gunma University has implemented a comprehensive IPE program, including lecture-style subjects for first-year students and a training-style subject for third-year students since 1997.

(How about the second-years students? Recommend mentioning the reason why second year students were not mentioned/included in the training)

**Re:** In response to the reviewer #1's notion that Recommend mentioning the reason why second year students were not mentioned/included in the training., we added the sentence "Because GUSH developed the curriculum to learn about IPE for 1st- and 3rd-year undergraduate students to prevent the undesirable effects of highly professional." in the intervention.

3. Line 33-36: It is, therefore, suggested that the goal of students' realization of IPE may be professional identity and concrete knowledge for patient safety, especially for communication and leadership, commonly in pre-qualified IPE intervention. (The wording of this sentence as a conclusion part of the abstract: "the goal of students' realization of IPE" is unclear. Recommend: As an aftermath of IPE intervention, there is realization of professional identity and concrete knowledge of communication and leadership for patient safety...)

**Re:** In response to the reviewer #1's notion that Recommend: As an aftermath of IPE intervention, there is realization of professional identity and concrete knowledge of communication and leadership for patient safety..., we agree with the reviewer then modified a sentence "As an aftermath of IPE intervention, there is realization of IPE may be professional identity and concrete knowledge for patient safety..." in the abstract.

4. Line 36-37: The need for in-service IPE for sustaining attitudes and providing a useful CP, which results in good clinical outcome. (Recommend completing the sentence)

**Re:** In response to the reviewer #1's notion that Recommend completing the sentence, we agree with the reviewer then modified a sentence "Then we strongly suggested that there is a need for in-service IPE in order to sustain attitude and provide a useful CP, which results in good clinical outcome." in the abstract.

5. Line 46: World Health Organization (WHO) (1) has published a report of framework for action on interprofessional education (IPE) and interprofessional collaborative practice (CP). In the framework, five factors of educator mechanisms support and eight factors of curricular mechanisms which develop and deliver IPE, are identified. (What are these mechanisms and eight factors? Eight or seven?)

terprofessional Education Collaborative Practice Health and Education Systems

Educator mechanisms

- Champions
- Institutional support
- Managerial commitment

- Shared objectives
  - Staff training
- Curricular mechanisms
- Adult learning principles
  - Assessment
  - Compulsory attendance
  - Contextual learning
  - Learning outcomes
  - Logistics and scheduling
  - Programme content

In this Framework, examples of some of these mechanisms have been divided into two themes: educator mechanisms (i.e. academic staff training (how was the staff trained?), champions (how did you recruit champions?), institutional support (what form of support did you get from administration?), managerial commitment (who stepped up to commit to oversee all the implantation of IPE?), learning outcomes(How was the learning outcome assessed?)] and curricular mechanisms (i.e. logistics and scheduling (What challenges have you encounter with logistics and scheduling and how was it mitigated?), programme content (who decides on the program content?), compulsory attendance (Mandatory versus voluntary? Is the mandatory training across all programs and all years in the program?), shared objectives (when you develop the objectives is there a separate overall IPE objective and a specific program objective?), adult learning principles, contextual learning, assessment).

**Re:** In response to the reviewer #1’ s notion that What are these mechanisms and eight factors? Eight or seven?, we mistaken the number and to modify the sentence “In the framework, five factors of educator mechanisms support and seven factors of curricular mechanisms” in the introduction.

6. Line 62-64: As such, the primary aim of this project was to examine the efficacy of IPE at Gunma University. This case is unique because development of IPE program fostering attitudes of undergraduate students of both medicine and health sciences toward useful collaboration in patient safety. (Recommend completing the thought of the sentence or modifying the message of the sentence)

**Re:** In response to the reviewer #1’s notion that Recommend completing the thought of the sentence or modifying the message of the sentence, we modified the sentence “The primary aim of this project was to examine the efficacy of IPE at Gunma University. This case is unique in that the provision of IPE for undergraduate students of both medicine and health sciences has fostered the attitudes toward meaningful collaboration.” in the introduction.

7. Line 64-65: Then there are only two institutions in the world, including Gunma University, as the WHO Collaborating Centre, which specializes in this IPE. (This is quite an accomplishment! Recommend mentioning the two institutions. Readers can be curious to know upfront. Is it Jimma University, Ethiopia?).

**Re:** In response to the reviewer #1’ s notion that Recommend mentioning the two institutions., we modify the sentence “ Then there are only two institutions in the world, which specialize in this IPE at Gunma University as well as University of Malawi, as the WHO Collaborating Centre.” in the introduction.

8. Line 70-71 Under Methods:The participants were recruited from Gunma University Faculty of Medicine

consists of School of Medicine (GUSM, 120 students) and GUSH. Recommend defining GUSH (what is GUSH? Science and Health? Recommend GUSH, 160 students... to match with the GUSM, 120 students)

**Re:** In response to the reviewer #1's notion that Recommend defining GUSH, we already defined the GUSH in middle of introduction "Since 1997, the Gunma University School of Health Sciences (GUSHS) has implemented a comprehensive IPE program" in the introduction.

9. Line 73-74 The current IPE Program was mandatory for the 1st-year students of GUSM and GUSH. (Inquiry: What was the period covered by this case study 1997-2007 and was the IPE mandatory for all those years? What kind of IPE Program was implemented? Kindly specify: self-directed independent research, problem-based learning, collaborative group discussion?)

**Re:** In response to the reviewer #1's notion that Inquiry: What was the period covered by this case study 1997-2007 and was the IPE mandatory for all those years? What kind of IPE Program was implemented? Kindly specify: self-directed independent research, problem-based learning, collaborative group discussion?, we modified the sentence "The survey and accompanying cover letter were distributed to students from 1999 to 2018." in the methods. Then we add the sentence "The students work in groups and undergo a series of activities, including group discussion, clinical training at facilities, general meeting, and reporting a simulated interprofessional training." in the intervention.

10. Line 78-79: A multivariate analysis of variance (MANOVA) model was used, and then factor analysis of the responses was performance with varimax rotation. (Kindly verify if you meant performance or "performed" with varimax rotation).

**Re:** In response to the reviewer #1's notion that Kindly verify if you meant performance or "performed" with varimax rotation, we agree with the reviewer then modified a sentence "then factor analysis of the responses was performed with varimax rotation." in the methods.

11. Line 83: W used a Japanese version of the questionnaire, a modified T-83 TAQ, in which four reverse-coded items (items 20, 21, and 24 in the "mutual support" category and item 30 in the "communication" category) were changed to positively-worded items, with reference to the previous literature (14). (Recommend: We used instead of W, or is there a specific meaning of W?)

**Re:** In response to the reviewer #1's notion that Recommend: We used instead of W, we modified the sentence "We used a Japanese version of the questionnaire, a modified T-TAQ" in the methods.

12. Line 109 related to team approaches in the health care/medical care setting. This lecture style consisted of 30-hour lessons. (Kindly elaborate the 30-hour lessons. Other institutions would be very interested so they can do it as well in their own institutions)

**Re:** In response to the reviewer #1's notion that Kindly elaborate the 30-hour lessons, we add the sentence "The lecture style is provided to students in terms of address the specific needs and challenges, a perspective (public health nurses, clinical laboratory technicians, occupational therapists, physical therapists, nurses), leadership in the collaborative practice, roles of WHO in Human Resources for Health, and so on." in the intervention.

13. Line 112-114.

The training style called "Teamwork Training" is included in mandatory training. This style is a core program of our IPE program, as described previously. The current IPE Program is mandatory for the

3rd-year students of GUSH and elective with a credit for students of GUSM. (Kindly explain why not made mandatory for all? Please specify what kind of teamwork training was implemented, is it simulation-based, or group work case discussion...or something else specific).

**Re:** In response to the reviewer #1's notion that Kindly explain why not made mandatory for all, School of Medicine had implemented the lecture which named collaborative practice before School of Health Sciences implemented IPE in 1999. Now students of school of medicine select between collaborative practice at school of medicine or teamwork training at school of health sciences.

14. Based on reference 8,9-the original and distinctive IPE was delivered to the third year undergraduate students for the first time in 1999. Simulated IPE had been done continuously for 10 years (planned, implemented and evaluated).

2 types of delivery:

1) Lecture style on mandatory "Holistic Medicine /teamwork studies" and elective "Interprofessional work overview" (Is this for the first and second years, mandatory for all or elective?)

**Re:** In response to the reviewer #1's notion that Is this for the first and second years, mandatory for all or elective?, we have implemented mandatory IPE by lecture style for 1st undergraduate students of both school of medicine and health sciences.

2) Training based – "Teamwork Training" – core program of the Gunma IPE. (Recommend elaborate on the paper so the readers who are interested can be able to understand and implement similar training at their own institution. The third year students learn clinical skills – what specific clinical skills are they learning? The clinical training outside the university – what specific training is being implemented and who are the faculty facilitating the training? How are the facilitators prepared to facilitate this teamwork training? Who developed the simulated case scenarios?)

**Re:** In response to the reviewer #1's notion that Recommend elaborate on the paper so the readers who are interested can be able to understand and implement similar training at their own institution., we add the sentence "The training style is provided to students to the following; overall guidance (4-hour), promoting of a sense of unity among students in groups (4-hour), group work (24-hour), a kick-off meeting and an overall guidance prior to clinical training (4-hour), clinical training at above-assigned training facilities (20-hour), group work (20-hour), the debriefing meeting (10-hour), and group work (4-hour). At least one faculty member is assigned to each group. As all members of group meet only once a week for this training, with the expectation of the clinical training session at facilities, students and faculty use a mailing list for close communication and coordination. During the group work learning process, each group of students develops a clinical training plan closely supported by the faculty as facilitator. Case scenarios common at facilities are developed in advance, and students are expected to deliberate and play their role in their simulation." in the intervention.

15. Line 148-150

In addition to IPE program at a pre-licensure stage, we assessed alumni who have studied in IPE program at a pre-licensure stage whether they maintain a positive attitude toward collaborative practice in the clinical settings in a cross-sectional study comparing to undergraduate students (Was it part of the method or was it the intent of the research method to follow-up the alumni?)

**Re:** In response to the reviewer #1's notion that Was it part of the method or was it the intent of the research method to follow-up the alumni?, it was a part of the method.

16. Line 170-171. It is, therefore, suggested that the need for in service IPE for sustaining attitudes and providing a useful CP, which results in good clinical outcome. (Recommend rewording the sentence to have it flow spontaneously, depending on what you want to convey: such as... It is therefore suggested that there is a need for in-service IPE in order to sustain attitude and provide a useful CP, which can result in a good clinical outcome).

**Re:** In response to the reviewer #1 's notion that Recommend rewording the sentence to have it flow spontaneously, depending on what you want to convey, we agree with the reviewer then modified a sentence "It is, therefore, suggested that there is a need for in-service IPE in order to sustain attitude and provide a useful CP, which results in good clinical outcome." in the discussion.

## **Reviewer 2**

### **Comments:**

Thanks for submitting your manuscript to the Journal of Hospital Management and Health Policy. Please see my comments below –

#### **1. Abstract**

1) Instead of IPE in the first line, I would suggest include Interprofessional Education (IPE). First time you use a word, please include full word.

**Re:** In response to the reviewer #2's notion that I would suggest include Interprofessional Education (IPE). First time you use a word., we changed the manuscript into Interprofessional Education (IPE) in the abstract.

#### **2. Introduction Section**

1) Very well described. I think addition of literature on importance of IPE during the pandemic will add value to the current paper. Recent research suggests that IPE and training is extremely important during COVID-19 pandemic especially when health professionals from different disciplines work together to provide care to patients. Importance of IPE during the pandemic will also help in building a stronger case in discussion section. Following research manuscripts may help in building this section.

<https://www.mdpi.com/2227-9032/9/5/567>

<https://www.dovepress.com/interprofessional-education-competition-during-the-covid-19-pandemic-a-peer-reviewed-fulltext-article-JMDH>

<https://www.tandfonline.com/doi/full/10.1080/13561820.2020.1801614>

**Re:** In response to the reviewer #2's notion that I think addition of literature on importance of IPE during the pandemic will add value to the current paper., we add the sentence and reference "There is an increased need for IPE in the global health crisis and rapid increasing in COVID-19 (10)." in the introduction.

#### **3. Methods**

1) I would suggest including a table to provide information about sample. For example, number of

participants from different disciplines, gender, and age. This will add more clarity to the paper. Did you collect additional information about participants (than what you have included here)?

**Re:** In response to the reviewer #2's notion that Did you collect additional information about participants, we didn't collect data in terms of disciplines, gender, and age. We will implement research to collect that data in the future.

2) Please describe data collection instrument/questionnaire (briefly).

3) Intervention is well described.

**Re:** In response to the reviewer #2's notion that Please describe data collection instrument/questionnaire (briefly)., we add the sentence "The survey and accompanying cover letter were distributed to students from 1999 to 2018." in the methods.

4. Discussion and Findings are well described. However, I would suggest that authors discuss findings in light of COVID-19 pandemic. Please see my comments above.

**Re:** In response to the reviewer #2's notion that I would suggest that authors discuss findings in light of COVID-19 pandemic., we add the sentence "There is a need for longitudinal approach in the COVID-19 pandemic in order to establish the evidence on online IPE which students learn attitudes toward meaningful collaboration in a team-based setting." in the discussion.

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