

## 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

<b>TITLE (PROVISIONAL)</b>	Community paramedicine – Cost-benefit analysis and safety with paramedical emergency services in rural areas: a scoping review protocol
<b>AUTHORS</b>	Elden, Odd Eirik; Uleberg, Oddvar; Lysne, Marianne; Haugdahl, Hege

### VERSION 1 – REVIEW

<b>REVIEWER</b>	Dr Deepak Bhandari Nepal Mediciti hospital Kathmandu Nepal
<b>REVIEW RETURNED</b>	06-Apr-2020

<b>GENERAL COMMENTS</b>	Thanks for giving me the opportunity to review the protocol. It looks like a great study. I hope the study will provide us with landmark protocol for the community paramedics.
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<b>REVIEWER</b>	Peter O'Meara Monash University, Australia
<b>REVIEW RETURNED</b>	01-May-2020

<b>GENERAL COMMENTS</b>	<p>Thank you for the opportunity to review your paper. Your overall objectives are clear and your research protocol is appropriate. However, I have some suggestions for your consideration.</p> <p>p. 1. Your first three sentences (Lines 5-14) are a little confusing as you make the pivot from paramedicine in general to community paramedicine. The words used in your letter are much clearer and could be usefully adapted for the paper itself. In several places you have used 'eg.' and 'etc.' in lieu of further explanation - while I am unsure about BMJ Open's position on abbreviations, my suggestion is to expand your sentences and used terms like 'for example'.</p> <p>p. 7, Line 36. You state that there are no relevant systematic or scoping review articles without qualifying your definition of relevant. I am aware of several reviews related to community paramedicine (one of which you have cited). Maybe you need to say any reviews related to cost-effectiveness or safety? Here are the CP reviews I am aware of:</p> <ul style="list-style-type: none"> <li>• Bigham BL, Kennedy SM, Drennan I, Morrison LJ. Expanding paramedic scope of practice in the community: a systematic review of the literature. <i>Prehospital Emergency Care</i>. 2013;17(3):361-372.</li> </ul>
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	<ul style="list-style-type: none"> <li>• Chan J, Griffith LE, Costa AP, Leyenaar MS, Agarwal G. Community paramedicine: A systematic review of program descriptions and training. Canadian Journal of Emergency Medicine. 2019:1-13.</li> <li>• Gregg A, Tutek J, Leatherwood MD, et al. Systematic Review of Community Paramedicine and EMS Mobile Integrated Health Care Interventions in the United States. Population health management. 2019.</li> <li>• O'Meara P. Community paramedics: a scoping review of their emergence and potential impact. International Paramedic Practice. 2014;4(1):5-12.</li> <li>• Pang PS, Litzau M, Liao M, et al. Limited data to support improved outcomes after community paramedicine intervention: A systematic review. The American journal of emergency medicine. 2019.</li> </ul> <p>Given the likely dearth of peer-reviewed articles on your topic, I am surprised that you have not considered the value of accessing non-peer reviewed journals and reports. This would be of potential value in the North American context where there are no peer reviewed paramedicine journals and a limited number of researchers working in the sector. I know that there have been many reports in the US about the cost-effectiveness of MIH programs.</p>
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<b>REVIEWER</b>	Matthew S Leyenaar McMaster University, CANADA
<b>REVIEW RETURNED</b>	07-May-2020

<b>GENERAL COMMENTS</b>	<p>Thank you for the opportunity to review the scoping study protocol entitled "Community Paramedicine – Cost-benefit analysis and safety with paramedical emergency services in rural areas: a scoping review protocol"</p> <p>Community paramedicine is a relatively new model of care for paramedic practice and works of this nature are welcomed contributions to an expanding evidence base. Your manuscript outlines a scoping study that could have a significant impact on the program design, delivery, and clinical practice within community paramedicine programs in rural areas. I believe that this study is very important to the continued efforts of paramedic services to better address the needs of the patients they serve. Overall, the manuscript is very well written with appropriate attention to the requirements of the journal. I have made the recommendation for minor revisions according to appropriate and up-to-date references.</p> <p>Regarding appropriate and up-to-date references:</p> <ul style="list-style-type: none"> <li>• The first paragraph of the INTRODUCTION (page 5 starting at line 5) does not clearly differentiate community paramedicine from emergency medical response. Additional and more up-to-date references are available that may improve the context of community paramedic practice. It may be more suitable to describe community paramedicine in the context of the Norwegian setting given differences that exist between different countries and building on the #4 article referenced.</li> <li>• Arksey and O'Malley include a Consultation Exercise as an additional, albeit optional, component of scoping studies. I would like to know first, if the consultation process as outlined by</li> </ul>
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	<p>Arksey and O'Malley was considered and second, why it was or was not included in the study design.</p> <ul style="list-style-type: none"> <li>• The paragraph describing Stage 2 of the Methods (page 7 starting at line 29) does not include a reference to search strategies for articles related to paramedic practice by (Olaussen et al, Paramedic literature search filters: optimised for clinicians and academics. BMC Medical Informatics and Decision Making (2017) 12:146). It may be that this strategy was not considered however reference to the decision to follow it or not should be included.</li> <li>• On page 7 at line 37, you indicate that no relevant systematic or scoping reviews appeared in your search strategy. While this may be true, you do include one scoping study in your references and I am aware that more are available. Even if other scoping studies do not specifically address your research question, acknowledging the topics covered in other reviews whether that be about community paramedicine, cost-benefit analysis, patient safety, and/or rural practice are needed to make the manuscript complete.</li> </ul> <p>I would be willing to review a revised manuscript. I consent to the publication of these comments as part of my review. I have no conflicts of interest to disclose.</p>
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## VERSION 1 – AUTHOR RESPONSE

### Reviewer 1 comments:

Thanks for giving me the opportunity to review the protocol. It looks like a great study. I hope the study will provide us with landmark protocol for the community paramedics.

### Author's reply:

We thank you for your comment and hope we can live up to your expectations.

### Reviewer 2 comments:

Thank you for the opportunity to review your paper. Your overall objectives are clear and your research protocol is appropriate. However, I have some suggestions for your consideration.

1. p. 1. Your first three sentences (Lines 5-14) are a little confusing as you make the pivot from paramedicine in general to community paramedicine. The words used in your letter are much clearer and could be usefully adapted for the paper itself.

### Author's reply:

We thank you for your suggestion. We have rephrased our introduction in accordance with your suggestion. Please see page 2 in the revised manuscript.

2. In several places you have used 'eg.' and 'etc.' in lieu of further explanation - while I am unsure about BMJ Open's position on abbreviations, my suggestion is to expand your sentences and used terms like 'for example'.

### Author's reply:

We thank you for your suggestion and fully agree. The abbreviations eg. and etc. have been changed throughout the article.

3. p. 7, Line 36. You state that there are no relevant systematic or scoping review articles without qualifying your definition of relevant. I am aware of several reviews related to community paramedicine (one of which you have cited). Maybe you need to say any reviews related to cost-effectiveness or safety? Here are the CP reviews I am aware of:

- Bigham BL, Kennedy SM, Drennan I, Morrison LJ. Expanding paramedic scope of practice in the community: a systematic review of the literature. *Prehospital Emergency Care*. 2013;17(3):361-372.
- Chan J, Griffith LE, Costa AP, Leyenaar MS, Agarwal G. Community paramedicine: A systematic review of program descriptions and training. *Canadian Journal of Emergency Medicine*. 2019:1-13.
- Gregg A, Tutek J, Leatherwood MD, et al. Systematic Review of Community Paramedicine and EMS Mobile Integrated Health Care Interventions in the United States. *Population health management*. 2019.
- O'Meara P. Community paramedics: a scoping review of their emergence and potential impact. *International Paramedic Practice*. 2014;4(1):5-12.
- Pang PS, Litzau M, Liao M, et al. Limited data to support improved outcomes after community paramedicine intervention: A systematic review. *The American journal of emergency medicine*. 2019.

#### Author's reply:

We apologize for our lack of clarity. We are sincerely grateful for your suggestions and examples for relevant articles. As suggested, we have added the following text: «concerning cost-benefit analysis or safety in this search result». Please see page 5 in the revised manuscript.

4. Given the likely dearth of peer-reviewed articles on your topic, I am surprised that you have not considered the value of accessing non-peer reviewed journals and reports. This would be of potential value in the North American context where there are no peer reviewed paramedicine journals and a limited number of researchers working in the sector. I know that there have been many reports in the US about the cost-effectiveness of MIH programs.

#### Author's comments:

We thank you for your suggestion, which highlights an important methodological aspect of this study, on which we have elaborated considerably. We have tried to weigh the pros and cons for non-peer reviewed paramedicine journals in our scoping review article. To leave out non-peer review articles is an obvious limitation of our article. However, by the help of a medical librarian (ML - third author), our previous searches in grey literature have been inconsistent. By using <http://www.greylit.org/home> we get one hit on ((emergency medicine rural)) and 164 hits with ((emergency medicine)) and none with ((paramedicine)).

If we use Google Scholar as search engine with the combination of terms:

((«Emergency Medical Services» OR «Community Health Workers» OR «allied health personnel» OR paramedic OR paramedics) AND ("cost-benefit analysis" OR "Health Care Costs" OR (Safety AND Cost Analysis)) AND "rural|health|services")) –review = 5390 hits  
 ((«Emergency Medical Services» OR «Community Health Workers» OR «allied health personnel» OR paramedic OR paramedics) AND ("cost-benefit analysis" OR "Health Care Costs" OR (Safety AND Cost Analysis)) AND ("rural health" OR "rural health services")) = 660 hits  
 ((paramedicine OR "emergency medicine" OR paramedic) AND ("cost-benefit analysis" OR (Safety AND Cost Analysis)) AND ("rural health")) –review = 5770 hits  
 A simplified search with ((paramedic cost benefit rural emergency medicine safety)) gave us 18.000 hits.

Very few articles are non-peer review. Some hits are from textbooks, but almost all hits are from peer-reviewed journals.

We fully agree with the reviewer's concern that there will possibly be few articles included in our scoping review article. This is a limitation with the chosen search method and will be discussed as a limitation in our scoping review article. On the other hand, we found inconsistency in the above-mentioned search results with other electronic databases for non-peer reviewed articles. The aim of this scoping review is to map possible gaps in our knowledge base. Based on the uncertainties experienced by using non-peer reviewed articles, we have chosen electronic databases for peer-reviewed articles only. However, we will be happy to reconsider if advised by the editor.

#### Reviewer 3 comments:

Thank you for the opportunity to review the scoping study protocol entitled “Community Paramedicine – Cost-benefit analysis and safety with paramedical emergency services in rural areas: a scoping review protocol”. Community paramedicine is a relatively new model of care for

paramedic practice and works of this nature are welcomed contributions to an expanding evidence base. Your manuscript outlines a scoping study that could have a significant impact on the program design, delivery, and clinical practice within community paramedicine programs in rural areas. I believe that this study is very important to the continued efforts of paramedic services to better address the needs of the patients they serve. Overall, the manuscript is very well written with appropriate attention to the requirements of the journal. I have made the recommendation for minor revisions according to appropriate and up-to-date references.

1. The first paragraph of the INTRODUCTION (page 5 starting at line 5) does not clearly differentiate community paramedicine from emergency medical response. Additional and more up-to-date references are available that may improve the context of community paramedic practice. It may be more suitable to describe community paramedicine in the context of the Norwegian setting given differences that exist between different countries and building on the #4 article referenced.

Author's reply:

We thank you for your suggestion and agree. The first paragraph of the INTRODUCTION have been revised as advised. Please see page 2 in the revised manuscript.

2. Arksey and O'Malley include a Consultation Exercise as an additional, albeit optional, component of scoping studies. I would like to know first, if the consultation process as outlined by Arksey and O'Malley was considered and second, why it was or was not included in the study design.

Author's reply:

We thank you for your suggestion. Consultation Exercise was not considered due to limited knowledge concerning this component of scoping studies. We are grateful for your help with expanding our knowledge. In your and your colleagues' article, "A scoping study and qualitative assessment of care planning and case management in community paramedicine" published in the Irish Journal of Paramedicine July 2018, consultation exercise was used. We believe consultation exercise will enhance and strengthen the review process; therefore, we would like to include consultation exercise to our study as well. Please see page 5 in revised manuscript under "Methods and analysis".

3. The paragraph describing Stage 2 of the Methods (page 7 starting at line 29) does not include a reference to search strategies for articles related to paramedic practice by (Olaussen et al, Paramedic literature search filters: optimised for clinicians and academics. BMC Medical Informatics and Decision Making (2017) 12:146). It may be that this strategy was not considered however reference to the decision to follow it or not should be included.

Author's reply:

Thank you for your suggestion. Olaussen et al's article was very interesting to read. We recognize the value of their work. We also struggled with a definition of paramedic before our first PubMed search, and we ended up with a very wide definition. We intended to use a sensitive filter, which hopefully would give us a necessary high number needed to read (NNR) in order to capture all relevant articles, we therefore chose MeSH terms; Emergency Medical Technician, Allied Health Personnel, Community Health Workers and Emergency Medical Services. The opposite approach with "a specific filter, which is optimal for clinicians, students, and others who accept a search strategy which may not identify all relevant papers, but at the benefit of reducing the NNR" we deemed not productive in a scoping protocol. We agree with your suggestion and added Olaussen et al.'s article (reference number 20) as a reference in our scoping review protocol. Please see page 5 in revised manuscript under "Stage 2: Identifying relevant studies—search terms and inclusion/exclusion criteria"

4. On page 7 at line 37, you indicate that no relevant systematic or scoping reviews appeared in your search strategy. While this may be true, you do include one scoping study in your references and I am aware that more are available. Even if other scoping studies do not specifically address your research question, acknowledging the topics covered in other reviews whether that be about community paramedicine, cost-benefit analysis, patient safety, and/or rural practice are needed to

make the manuscript complete.

Author's reply:

Thank you for your suggestion and again we fully agree. The second reviewer, who made a suggestion concerning our lack of clarity in the protocol, also highlighted this subject. We have revised the text accordingly, please see page 5 in the revised manuscript.

Formatting amendments

Please re-upload your supplementary files in PDF format.

Author's reply: We apologize this was not done previously and will re-upload our supplementary files in the requested PDF format.

We have noticed that you have uploaded the file "Elden\_coverletter.doc (v1.0)" under 'supplementary file'. However, we can't see any citation for this file within the main text. If this file needs to be published as supplementary file, please cite it as 'supplementary file' in the main text. Otherwise, kindly change its file designation to 'Supplementary file for editors only'.

Author's reply: We apologize and will change its file designation to "Supplementary file for editors only".

We sincerely hope our response adequately addresses your concern and suggestion for improving the manuscript.

## VERSION 2 – REVIEW

<b>REVIEWER</b>	Peter O'Meara Monash University, Department of Paramedicine, Australia.  I have written extensively about the concept of community paramedicine, many using ethnographic and systems approaches. I am on the editorial boards of several paramedic journals and trade magazines throughout the world.
<b>REVIEW RETURNED</b>	19-Jun-2020

<b>GENERAL COMMENTS</b>	Thank you for the opportunity to review your protocol related to community paramedicine. I found your rationale was good through its focus on the patient. Adding the consultation step to the protocol is a good idea. A couple of questions only. Firstly, are you restricting your review to only peer-reviewed publications? This relate to the complete lack of specialist scholarly paramedic journals in North America which results in studies being published in 'trade' journals such as JEMS and Canadian Paramedicine. The publication of some empirical studies from the US is particularly haphazard. Secondly, have you considered including Quality of Life outcome studies as part of your project. There has been at least one such study published from Canada. Typo. p. 5, Line 38. Replace identify with identified. Good luck with the review at this time, with some prospect of you finding studies of interest.
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<b>REVIEWER</b>	Matthew S Leyenaar McMaster University, Canada
<b>REVIEW RETURNED</b>	23-Jun-2020



<p><b>GENERAL COMMENTS</b></p>	<p>The authors have made some revisions to address the comments that my fellow reviewers and I made. I appreciate their comments and explanations attached to the revised copy. However, I have made the recommendation for minor revisions as I do not feel that some of the comments have been addressed.</p> <p>Regarding appropriate and up-to-date references:</p> <ul style="list-style-type: none"> <li>• Previously, I stated that “The first paragraph of the INTRODUCTION (page 5 starting at line 5) does not clearly differentiate community paramedicine from emergency medical response.” I do not feel that your edits have addressed or clarified the topic and leaves the reader confused. It may be worthwhile to move the edits made to the abstract into the main text. I also suggested that “It may be more suitable to describe community paramedicine in the context of the Norwegian setting given differences that exist between different countries and building on the #4 article referenced.” On page 20 at line 20, you indicate that part of identifying the research questions is to explore “the potential to introduce community paramedicine in rural areas in Norway.” While the INTRODUCTION points to the challenges associated with an aging rural population, I’m left looking for something to draw together these issues in the application of community paramedicine as you have defined it (and the example of a Norwegian context).</li> <li>• Previously I stated that “you indicate that no relevant systematic or scoping reviews appeared in your search strategy. While this may be true, you do include one scoping study in your references and I am aware that more are available. Even if other scoping studies do not specifically address your research question, acknowledging the topics covered in other reviews whether that be about community paramedicine, cost-benefit analysis, patient safety, and/or rural practice are needed to make the manuscript complete.” For example, “Community Paramedics: a scoping review of their emergence and potential impact” by O’Meara exclusively cites the role of community paramedics in the rural setting. While O’Meara’s review is not specifically about cost-benefit analysis or patient safety, three of the articles that met his inclusion criteria had either cost or safety measures reflected in their impact. I saw that a fellow reviewer also suggested that more qualification was needed to your statement on “relevant reviews.” Why is your study needed when O’Meara included cost and safety as measures of the impact of community paramedicine in his study? Similar comparisons or reflections could me made to the other reviews you were directed to.</li> </ul>
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## VERSION 2 – AUTHOR RESPONSE

### Reviewer 2 comments:

Thank you for the opportunity to review your protocol related to community paramedicine. I found your rationale was good through its focus on the patient. Adding the consultation step to the protocol is a good idea. A couple of questions only.

1. Firstly, are you restricting your review to only peer-reviewed publications? This relate to the complete lack of specialist scholarly paramedic journals in North America which results in studies being published in 'trade' journals such as JEMS and Canadian Paramedicine. The publication of some empirical studies from the US is particularly haphazard.

Author's reply: We sincerely thank you for reviewing our scoping review protocol. To leave out non-peer review articles is an obvious limitation for our article, and we understand your concern. However, we found inconsistencies in search results with electronic databases for non-peer review. Our main argument to exclude the non-peer review articles is because of its methodological challenges (transparency and replicability) and the time required. Furthermore, we lack robust, empirical, evaluative evidence from both the academic communities and the fields of practice that reviews are more impactful through the inclusion of grey literature, according to Adams et al.: "Shades of Grey: Guidelines for Working with the Grey Literature in Systematic Reviews for Management and Organizational Studies" <https://doi.org/10.1111/ijmr.12102>). As the aim of this scoping review is to map possible gaps in our knowledge base, we have decided to restrict our review to only peer-reviewed publications. This could be a limitation with the chosen search method and will be discussed as limitations in our scoping review article.

2. Secondly, have you considered including Quality of Life outcome studies as part of your project. There has been at least one such study published from Canada.

Author's reply: In our understanding, Quality of Life outcome has become a significant concept and target for research in the fields of health and medicine during the last decades. Quality of Life outcome is important in improving symptom relief, care and rehabilitation of patients. Therefore also very interesting in our project with focus on cost-benefit analysis. We highly appreciate your comment, as we primarily not included this subject in our search terms. We wish to follow your suggestion and add it as one of our MeSH-terms. It was not included in the search performed 28.01.20, but will be included in a renewed and updated search as part of this study.

3. Typo. p. 5, Line 38. Replace identify with identified. Good luck with the review at this time, with some prospect of you finding studies of interest.

Author's reply: We thank you for your suggestion and agree. We have changed the wording from identify to identified.

Reviewer 3 comments:

The authors have made some revisions to address the comments that my fellow reviewers and I made. I appreciate their comments and explanations attached to the revised copy. However, I have made the recommendation for minor revisions as I do not feel that some of the comments have been addressed. Regarding appropriate and up-to-date references:

1. Previously, I stated that "The first paragraph of the INTRODUCTION (page 5 starting at line 5) does not clearly differentiate community paramedicine from emergency medical response." I do not feel that your edits have addressed or clarified the topic and leaves the reader confused. It may be worthwhile to move the edits made to the abstract into the main text.

Author's reply: We sincerely thank you for reviewing our scoping review protocol. We thank you for your suggestion and agree with you. The first paragraph of the INTRODUCTION has been revised as advised.

2. I also suggested that "It may be more suitable to describe community paramedicine in the context of the Norwegian setting given differences that exist between different countries and building on the



#4 article referenced.” On page 20 at line 20, you indicate that part of identifying the research questions is to explore “the potential to introduce community paramedicine in rural areas in Norway.” While the INTRODUCTION points to the challenges associated with an aging rural population, I’m left looking for something to draw together these issues in the application of community paramedicine as you have defined it (and the example of a Norwegian context).

Author’s reply: We thank you for your suggestion and agree with you. We have revised the third paragraph of the INTRODUCTION.

3. Previously I stated that “you indicate that no relevant systematic or scoping reviews appeared in your search strategy. While this may be true, you do include one scoping study in your references and I am aware that more are available. Even if other scoping studies do not specifically address your research question, acknowledging the topics covered in other reviews whether that be about community paramedicine, cost-benefit analysis, patient safety, and/or rural practice are needed to make the manuscript complete.” For example, “Community Paramedics: a scoping review of their emergence and potential impact” by O’Meara exclusively cites the role of community paramedics in the rural setting. While O’Meara’s review is not specifically about cost-benefit analysis or patient safety, three of the articles that met his inclusion criteria had either cost or safety measures reflected in their impact. I saw that a fellow reviewer also suggested that more qualification was needed to your statement on “relevant reviews.”

Author’s reply: Thank you for addressing this most important issue. We agree fully with you and your fellow reviewer. We have revised “Stage 2: Identifying relevant studies—search terms and inclusion/exclusion criteria” according to your suggestion.

Many articles that do not specifically address our research question, does however cover large parts of our research area and share important knowledge. We intend to search for them on MEDLINE via PubMed, CINAHL, Cochrane and Embase. We are grateful for the extensive research you and Professor O’Meara have done along with several other researchers in this field. Our objective is that by using the methodology developed by Arksey and O’Malley with a five-stage approach we will be able to identify relevant systematic and scoping reviews. We are aware of several well-written studies on the subject.

4. Why is your study needed when O’Meara included cost and safety as measures of the impact of community paramedicine in his study? Similar comparisons or reflections could be made to the other reviews you were directed to.

Author’s reply: We thank you for your highly relevant question. The objective stated in the mentioned article by O’Meara was to “examine the extent, range and nature of research activity; determine the value of undertaking a full systematic review; summarise and disseminate research findings; and identify research gaps in the existing literature.” From our point of view, this article primarily focused on the existing research activity within community paramedicine from 2005 to 2014. The authors concluded that there was emerging research literature contributing to the development of community paramedicine programs. Although community paramedicine is new developed branch of the pre-hospital medicine, we assume that since the article by O’Meara was published in 2014, there has been further ongoing research activity within this field of medicine. Our scoping review will also address those articles published after 2014 and at the same time our research questions address other and more specific subjects regarding cost-benefit analysis and safety characteristics. These issues represent more narrow issues and therefore our study is intended to identify gaps in the research/knowledge base and to provide more knowledge not covered this specifically in previous publications.

We sincerely hope our response adequately addresses your concerns and suggestions for improving the manuscript.

### VERSION 3 – REVIEW

<b>REVIEWER</b>	Peter O'Meara Monash University, Australia
<b>REVIEW RETURNED</b>	24-Jul-2020

<b>GENERAL COMMENTS</b>	It has recently come to my attention that scoping review protocols can be registered with the Open Science Framework at <a href="https://osf.io">https://osf.io</a> Ref. Lockwood C, Tricco AC. Preparing scoping reviews for publication using methodological guides and reporting standards. Nursing & Health Sciences. 2020;22(1):1-4.
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<b>REVIEWER</b>	Matthew S Leyenaar McMaster University, Canada
<b>REVIEW RETURNED</b>	05-Aug-2020

<b>GENERAL COMMENTS</b>	Thank you for the opportunity to review your work and good luck with accomplishing the study.
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### VERSION 3 – AUTHOR RESPONSE

Reviewer 2 comments:

It has recently come to my attention that scoping review protocols can be registered with the Open Science Framework at <https://osf.io> Ref. Lockwood C, Tricco AC. Preparing scoping reviews for publication using methodological guides and reporting standards. Nursing & Health Sciences. 2020;22(1):1-4.

Author's reply: We sincerely thank you for reviewing our scoping review protocol. We agree with you and find it wise to register our project at <https://osf.io>

We have registered our project with the Open Science Framework, please see <https://osf.io/nt2gw>

Reviewer 3 comments:

Thank you for the opportunity to review your work and good luck with accomplishing the study.

Author's reply: We sincerely thank you for reviewing our scoping review protocol.

We sincerely hope our response adequately addresses your concerns and suggestions for improving the manuscript.