

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Bridging knowledge, policies and practices across the aging and disability fields: a protocol for a scoping review to inform the development of a taxonomy
AUTHORS	Nalder, Emily; Putnam, Michelle; Salvador-Carulla, Luis; Spindel, Andria; Batliwalla, Zinnia; Lenton, Erica

VERSION 1 – REVIEW

REVIEWER	Joseph E. Gaugler School of Nursing, University of Minnesota, United States
REVIEW RETURNED	10-Aug-2017

GENERAL COMMENTS	<p>This protocol is on a topic of increasing importance: the need to review existing literature to examine ways and methods of "bridging" the methodological gaps between disabilities and geriatrics/gerontology. I have several comments:</p> <ol style="list-style-type: none"> 1. I question the scoping approach, and the sole focus on peer reviewed literature (in fact, I am often puzzled why scoping reviews are done in favor of systematic ones, as the latter does not require substantially more information, but that information is quite a bit more useful than what is provided in a scoping review). Although there may or may not be a robust peer reviewed literature in this area, there likely are a number of white papers or other public reports that document such bridging efforts. They should not be ignored. 2. The focus on bridging should be twofold: 1) on those aging with a disability/developmental disability; and 2) efforts to utilize knowledge from disabilities studies and gerontology/geriatrics to inform one another. This is not made clear in the Introduction. It appears the scoping review will only focus on point 1, which is unnecessarily restrictive. 3. I found the Introduction unnecessarily long, and it should be streamlined. 4. How will mixed methods studies be treated in the scoping review? 5. The operationalization of "bridging" and how it will be determined in existing research is somewhat vague.
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REVIEWER	Caitlin Coyle University of Massachusetts Boston, United States of America
REVIEW RETURNED	06-Sep-2017

GENERAL COMMENTS	<p>Understanding the small, but growing, body of literature addressing issues facing adults and families aging with disability is an important task for scholars and this paper stands to contribute to that effort by generating a review of academic efforts to-date on this particular topic. Overall, the manuscript is well written and will be an excellent contribution.</p> <p>1. Overall, I think a more clear definition/rationale for why “bridging” should be addressed over collaboration, partnership or other common verbage to delineate a cross-disciplinary effort would be helpful to someone that is not deeply embedded in the work of bridging. Is bridging better than collaboration or a multidisciplinary approach in which both disciplines are represented and working the same thing?</p> <p>2. On page 8, authors state that a second purpose of the study is to “...identify areas where bridging is required to improve the inclusion and participation of individuals aging with disabilities...”</p> <p>a. It is unclear how a review of existing bridging activities will allow you to make these identifications. Will you simply infer that areas that do not surface in the search are areas that require bridging? Will you assume that because bridging activities that are picked up in this search are because they are areas that require such activity? More clarification is needed.</p> <p>3. Overall, the rationale of why this paper is important is currently weak. What do gerontologists or aging scholars stand to learn from the disability literature and vice versa, why is there synergy here? There is a research question, 1 objective with 4 components and two purposes. For the purpose of simplification, what if the authors structured the manuscript with a detailed explanation of the research question followed by a section headed “Study rationale” or something that allows them to explain why they are undertaking this project (e.g., a combination of purpose/objective description. As a reader, I am currently unsure of which of these items (question, objective, purposes) is what I should take away as the main focus of the review. Perhaps the discussion of a future taxonomy development is premature and adds to the confusion about the purpose of this particular paper?</p> <p>4. Regarding the methods: the eligibility criteria laid on page 9 seems difficult to obtain in a full paper review, let alone a title/abstract review. I suggest that the authors develop a minimum search criteria for title/abstract review in the first stage and then apply their full eligibility criteria to the full-text review. This could prove to be more efficient and effective.</p> <p>5. Do we know that aging and disability literatures are well cross-linked with the databases selected? What about pubmed or psychinfo? Can the author provide examples/citations of other scoping reviews that cross-disciplines?</p> <p>6. Can the authors provide a citation for why 10% of the sample will be examined by two reviewers? Why not 25%?</p> <p>7. Is the librarian a co-author on the paper? Strikes me that this is a crucial aspect of this study.</p>
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	<p>8. On page 10, the authors state “where there is disagreement...a third more senior researcher experienced in the area of bridging will be consulted”—why the emphasis on seniority? Why would a third member of the research team not be equivalent?</p> <p>9. On page 11, line 52, I would move the sentence “qualitative content analysis involved the following steps...” up to the top of the paragraph as the 2nd sentence.</p> <p>10. As far as charting data by domain described at the top of page 12—how will authors handle papers that address more than one domain? For example, a paper that addresses both service delivery and policy?</p> <p>Editorial:</p> <p>1. I could not located Appendix A</p> <p>2.</p> <p>3. On page 7, line 42, please replace the ampersand with the word “and” and add the word “and” before the 3) point of content.</p> <p>4. On page 12, the mention of “long-term services and supports seems out of place as this paper is not focusing on that particular realm of studies; but rather including it in a broader look at the evidence in both aging and disability fields.</p> <p>5. Word choice on page 13—instead of “broad or poorly defined fields”---what about multidisciplinary or interdisciplinary fields that draw from more than one field definition?</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer 1 comments

1. I question the scoping approach, and the sole focus on peer reviewed literature (in fact, I am often puzzled why scoping reviews are done in favor of systematic ones, as the latter does not require substantially more information, but that information is quite a bit more useful than what is provided in a scoping review). Although there may or may not be a robust peer reviewed literature in this area, there likely are a number of white papers or other public reports that document such bridging efforts. They should not be ignored.

Response:

We chose a scoping review for this study rather than a systematic review for several reasons. First, our research question, which was to understand the nature of bridging activities, thereby clarifying the concepts underpinning this research area so that they can be incorporated into the development of a taxonomy, is not suited to a systematic review. Clarifying conceptual boundaries of a topic is one rationale for completing a scoping review, whereas a systematic review requires a more precise question, with the intervention or outcomes of interest clearly defined. We agree that robust systematic reviews are important. This scoping review can help to ascertain whether there is sufficient evidence evaluating similar aspects of bridging that could be synthesized in a systematic review. The second reason for selecting a scoping review methodology was the fact that bridging is a broad topic with evidence produced in multiple fields (e.g., knowledge translation, integrated care, rehabilitation). We felt that mapping the evidence on bridging would illuminate areas of strength, and gaps in the current evidence, to generate research priorities.

We thank the reviewer for suggesting that we also look at the grey literature in this review, and agree that this would be worthwhile. We have elected to examine the scientific literature as a first step because the lack of clarity regarding the conceptual boundaries of bridging makes it challenging to plan a grey literature search (e.g., identifying relevant websites, white papers, or policy documents to examine). We plan to utilise the stakeholder consultation to obtain feedback about the review findings, and also to plan whether further analysis of grey literature is required, and how to approach this search. We have added the following to the manuscript to acknowledge the fact that we are not including grey literature is a limitation of the study: “The fact that we did not include grey literature in our search also may limit the results, as it is possible that we will not capture relevant bridging activities, not evident in scientific literature. (page 11)”

Comment

2. The focus on bridging should be twofold: 1) on those aging with a disability/developmental disability; and 2) efforts to utilize knowledge from disabilities studies and gerontology/geriatrics to inform one another. This is not made clear in the Introduction. It appears the scoping review will only focus on point 1, which is unnecessarily restrictive.

Response:

Thank you for highlighting this. We do plan to include studies describing efforts to utilize knowledge from disabilities studies, and gerontology/geriatrics, to inform one another. We made the following changes in the introduction to make this point more explicit: “Bridging activities can support each field in learning from the other, and approaching the issues of aging and disability from multiple perspectives (page 4)”

Comment:

3. I found the Introduction unnecessarily long, and it should be streamlined.

Response: Based on this feedback we have revised and condensed the introduction.

Comment:

4. How will mixed methods studies be treated in the scoping review?

Response: Mixed methods studies that satisfy all other inclusion criteria will be included in the review. This is reported on page 8 , line 8.

Comment:

5. The operationalization of “bridging” and how it will be determined in existing research is somewhat vague.

Response: We thank the reviewer for this comment and agree that some additional details on how we will operationalize bridging in the review is required. We have added the following to describe this more clearly in our methods:

“We will include articles if they describe the tasks enacted or required for bridging. Tasks will be defined as intentional or purposeful actions taken to access and apply knowledge from one field (aging or disability) to the other. Examples may include exchange of knowledge (e.g., guideline development or conferences involving stakeholders from each field), development of formal or informal partnerships (across fields), or interprofessional collaboration to adapt existing services using knowledge from aging and disability. Recognizing that bridging activities may not always be described in the title or abstracts of published literature, any abstracts which include terms like coalition, partnership, collaboration or exchange, will be reviewed in full-text to ascertain if they describe bridging tasks. (page 8)”

Reviewer 2 comments

6. Overall, I think a more clear definition/rationale for why “bridging” should be addressed over collaboration, partnership or other common verbage to delineate a cross-disciplinary effort would be helpful to someone that is not deeply embedded in the work of bridging. Is bridging better than collaboration or a multidisciplinary approach in which both disciplines are represented and working the same thing?

Response:

Thank you for raising this important question. Bridging, in fact, is a broader term than multi-disciplinary or inter-professional collaboration. Whilst collaboration would certainly be an important part of bridging, there may be other tasks required to bridge these fields. For example, bridging may include financing models that encourage integration of care, as well as efforts to intentionally use knowledge from disability / or gerontology to inform research in the other field, or to develop new healthcare or rehabilitation services. We also felt that collaboration in itself may not always reflect bridging if there is no intentional exchange of knowledge or integration of services/policies/practices across fields. Our goal in this study is to begin to define the concepts and tasks underpinning bridging in order to advance research on this topic. We felt that this conceptual work was a necessary first step to addressing the question of when collaboration versus other bridging tasks may be needed, and which are more effective in what contexts. We have revised the introduction to make this rationale more explicit in the background.

Comment:

7. On page 8, authors state that a second purpose of the study is to “...identify areas where bridging is required to improve the inclusion and participation of individuals aging with disabilities...”

a. It is unclear how a review of existing bridging activities will allow you to make these identifications. Will you simply infer that areas that do not surface in the search are areas that require bridging? Will you assume that because bridging activities that are picked up in this search are because they are areas that require such activity? More clarification is needed.

Response:

We agree that this review will not allow us to make any determinations about how bridging influences participation or inclusion of individuals aging with disability. We have amended this statement to reflect our interest in describing not only the bridging tasks but also the contexts where they are used. The contexts we believe will inform us regarding the purpose of the various bridging activities, or the issues experienced by individuals aging with disability that the bridging activity is intended to overcome. The following changes have been made to the manuscript: “Thus, despite a recognised need for bridging activities to support those aging with disability there remains no clarity on what bridging entails, or which tasks are employed to facilitate bridging, and in what contexts (page 5)”.

Comment:

8. Overall, the rationale of why this paper is important is currently weak. What do gerontologists or aging scholars stand to learn from the disability literature and vice versa, why is there synergy here? There is a research question, 1 objective with 4 components and two purposes. For the purpose of simplification, what if the authors structured the manuscript with a detailed explanation of the research question followed by a section headed “Study rationale” or something that allows them to explain why they are undertaking this project (e.g., a combination of purpose/objective description. As a reader, I am currently unsure of which of these items (question, objective, purposes) is what I should take away as the main focus of the review. Perhaps the discussion of a future taxonomy development is premature and adds to the confusion about the purpose of this particular paper?

Response:

We wanted to thank the reviewer for this feedback. It was helpful for us to return to the paper and make our rationale for this review more explicit. We have made several changes to the background section to explain: 1) why bridging is important (i.e., to address knowledge gaps and silos in service systems); and 2) why this study is required to better understand/define the concepts and tasks underpinning bridging. We also revised the section describing the study question, objectives and purpose so this was more streamlined. We removed the discussion of developing a taxonomy as suggested.

Comment:

9. Regarding the methods: the eligibility criteria laid on page 9 seems difficult to obtain in a full paper review, let alone a title/abstract review. I suggest that the authors develop a minimum search criteria for title/abstract review in the first stage and then apply their full eligibility criteria to the full-text review. This could prove to be more efficient and effective.

Response:

Thank you for this suggestion. We have revised the protocol to clarify how we will manage the article screening at both the title and abstract and full-text stages. Specifically, we plan to have three members of the research team review titles and abstracts, refining the inclusion and exclusion criteria if needed, until a strong level of agreement exists. We have included a citation for another protocol adopting a similar approach. In recognition of the fact that information on bridging is likely not reported in the title/abstract, we also added a caveat that any articles using terms like partnership or collaboration, would be screened in full to determine if there was discussion of explicit bridging. We have also provided further clarification of how we will determine the articles describing bridging, on page 8.

Comment:

10. Do we know that aging and disability literatures are well cross-linked with the databases selected? What about pubmed or psychinfo? Can the author provide examples/citations of other scoping reviews that cross-disciplines?

Response:

We agree that because of its strengths in indexing unique literature from the field of psychology, as well as its particularly granular indexing for qualitative studies, PsycINFO is a key database for cross-disciplinary scoping reviews. As indicated in the search methods, we will include PsycINFO in our search. We chose not to include PubMed since we conducted a comprehensive search in Ovid Medline. While PubMed does index some content that Ovid Medline does not, because we searched the supplementary Ovid Medline indexes, Epub Ahead of Print, In-Process and Other Non-Indexed Citations and the Daily Update, all of this unique content would have been captured. The only material we would have missed by not searching PubMed would be the NCBI e-books, which would not have met the inclusion criteria for the review. Ref:

https://www.nlm.nih.gov/pubs/factsheets/dif_med_pub.html

The seven databases described in the search methods were selected to find relevant literature in the following disciplines: biomedicine, nursing, occupational therapy and other allied health, psychology, sociology and social work. The following scoping reviews used a similar approach for selecting databases for their cross-disciplinary search strategies:

- 1) McKenzie, K., Martin, L., & Ouellette-Kuntz, H. (2016). Frailty and intellectual and developmental disabilities: A scoping review. *Canadian Geriatrics Journal*, 19(3), 103-112. doi:10.5770/cgj.19.225;
- 2) Babatunde, F., MacDermid, J., & MacIntyre, N. (2017). Characteristics of therapeutic alliance in musculoskeletal physiotherapy and occupational therapy practice: A scoping review of the literature. *BMC Health Services Research*, 17(1) doi:10.1186/s12913-017-2311-3;

3) Roy, L., Vallée, C., Kirsh, B. H., Marshall, C. A., Marval, R., & Low, A. (2017). Occupation-based practices and homelessness: A scoping review. *Canadian Journal of Occupational Therapy*, 84(2), 98-110. doi:10.1177/0008417416688709.

Comment:

11. Can the authors provide a citation for why 10% of the sample will be examined by two reviewers? Why not 25%?

Response:

We have amended our process of calibration to formulate and test the inclusion/exclusion criteria. Instead of looking at 10% of the identified articles, we will have three raters review the articles, until a high level of agreement is reached to ensure that our inclusion and exclusion criteria can be reliably implemented. We have included a citation for another scoping review protocol that used a similar process.

Comment:

12. Is the librarian a co-author on the paper? Strikes me that this is a crucial aspect of this study.

Response:

We agree the role of the librarian in this work is crucial, and the librarian is an author on this manuscript.

Comment:

13. On page 10, the authors state “where there is disagreement...a third more senior researcher experienced in the area of bridging will be consulted”—why the emphasis on seniority? Why would a third member of the research team not be equivalent?

Response:

We agree that resolving discrepancies may not require a senior researcher, and thus we have amended this to reflect only a third member of our research team.

Comment:

14. On page 11, line 52, I would move the sentence “qualitative content analysis involved the following steps...” up to the top of the paragraph as the 2nd sentence.

Response:

We have made this change as suggested: see page 10.

Comment:

15. As far as charting data by domain described at the top of page 12—how will authors handle papers that address more than one domain? For example, a paper that addresses both service delivery and policy?

Response:

Where articles address more than one domain we will assign a primary domain, and then list any secondary domains of interest. As two raters will be completing all data extraction we will be able to compare and discuss which domains were considered the primary focus of the study to ensure there is agreement.

Editors comments

16. I could not located Appendix A

Response:

We have included our Medline search strategy as an example in appendix A. However, we would welcome the editors feedback on whether this should be included as an appendix, in a table, or as a supplement to the article.

Comment:

17. On page 7, line 42, please replace the ampersand with the word “and” and add the word “and” before the 3) point of content.

Response: These changes have been made.

Comment:

18. On page 12, the mention of “long-term services and supports seems out of place as this paper is not focusing on that particular realm of studies; but rather including it in a broader look at the evidence in both aging and disability fields.

Response:

Thank you for highlighting this. We agree with the suggestion, and have removed the reference to long-term care and supports on page 12.

Comment:

19. Word choice on page 13—instead of “broad or poorly defined fields”---what about multidisciplinary or interdisciplinary fields that draw from more than one field definition?

Response: We have changed the wording as suggested.