

## 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>	How to measure cultural competence when evaluating patient-centred care: A scoping review
<b>AUTHORS</b>	Ahmed, Sadia; Siad, Fartoon; Manalili, Kimberly; Lorenzetti, Diane; Barbosa, Tiffany; Lantion, Vic; Lu, Mingshan; Quan, Hude; Santana, Maria-Jose

### VERSION 1 – REVIEW

<b>REVIEWER</b>	Mary A Matteliano University at Buffalo, United States
<b>REVIEW RETURNED</b>	02-Feb-2018

<b>GENERAL COMMENTS</b>	Very important topic addressing patient centered care by using quality indicators that measure whether cultural competence is being enacted. Especially significant was the fact that structural barriers and process indicators were addressed. However, within structural barriers were transportation issues addressed as a QI and if this was not found then it might be important to discuss this. Under process indicators, was racial/ethnic background of provider, working or having previous experience in a diverse setting, and cultural competence training in curriculums. As far as documentation of research, the painstaking attention to details of literature review was admirable.
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<b>REVIEWER</b>	Lisa Seto Nielsen Assistant Professor, School of Nursing, Faculty of Health, York University, Toronto, Ontario, Canada
<b>REVIEW RETURNED</b>	06-Feb-2018

<b>GENERAL COMMENTS</b>	Thank you for the opportunity to review this manuscript. It was a concise and well executed scoping review of patient-centred quality indicators measuring cultural competence. The rationale adequately explained the need for the scoping review, defined terms, and explored previous related work in the area but clearly identifying that this work is new. The methods were sufficiently explained and search strategy was easy to follow for replication. Results were clearly articulated, explaining the different domains and was subsequently elaborated and described in the discussion section. Overall this was a straightforward and accessible scoping review on patient centred care and cultural competence. The discussion on the relevance of including cultural humility (why not cultural safety?) was interesting and nuanced and would hope that future research will explore this further as this scoping review has laid the ground work for. Thank you for a thoughtful contribution.
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<b>REVIEWER</b>	Elizabeth Manafo
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	Alberta SPOR Support Unit, Patient Engagement Platform
<b>REVIEW RETURNED</b>	02-Apr-2018

<b>GENERAL COMMENTS</b>	<p>This manuscripts provides a timely addition to the growing literature around cultural competence, patient centered care and indicators and measures to promote higher quality of care received by patients and their families.</p> <p>The following comments are for the authors consideration to strengthen the clarity and depth of their manuscript:</p> <p><b>Introduction</b>          This section is clear and to the point - while I appreciate word limitations, the reader may benefit from additional context to better build the case to situate the importance of this study.</p> <ol style="list-style-type: none"> <li>1. The overall description of PCC and culturally competent care could use more description - the statements are very broad and high level and do not necessarily build the case for why PCC and culturally competent care are of vital importance in today's society (e.g., increased affinity for 'cultural sensitivity' in care, accountability for health care dollars)</li> <li>2. Consider some data to support the points on on the various 'ethno-cultural' groups, including immigrants and refugees, in Alberta and Canada - why is this timely for the Canadian health care system to consider, and given the implications of submitting to the BMJ, globally?</li> <li>3. As a reader, I would appreciate greater clarity on the impetus for this study that goes beyond some of the broader strokes of advancing culturally competent PCC. Why did the authors take this on? How do they hope this literature will advance their work and beyond? Why now?</li> </ol> <p><b>Methods</b></p> <ol style="list-style-type: none"> <li>4. While the authors identify their adapted methods (Arksey and O'Malley and Levac), the process of how this was used is not clear. Given this study is framed as a scoping review, and to promote reproducibility, I would expect clearer step by step process of how the scoping review methods were applied within their context. I am unclear as to how this is framed as a scoping review other then the fact that the authors stated this was the methodology used.</li> <li>5. The RQs are very broad to me - I am unclear how the search terms identified link specifically to the RQs. I would expect these to be framed using a PICO method for greater clarity and reproducibility.</li> <li>6. One other item that was not clear is why a scoping review methodology was chosen - this is somewhat implied in the introduction with the lack of literature focusing on indicators and measures, but perhaps the authors can state it explicitly their rationale for using this vs. a traditional systematic review. This may also help link with the study limitations that suggest that 'quality' of studies were not assessed - there is more logic and reason in including a wider scope when attempting to 'scope out' the literature</li> </ol> <p><b>Discussion</b></p> <ol style="list-style-type: none"> <li>7. While I appreciate the findings in this area were limited, perhaps the authors should consider softening their absolute language that there are 'no' indicators - frame it within the context of the findings of this review did not identify any indicators.</li> </ol>
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	<p>Strengths and Limitations              8. This section would benefit from additional support from the literature on why the methodology was rigorous and the benefits of community partners. Furthermore, the limitations identified could be strengthened with comments on mitigations or how future research could be improved by addressing these limitations.</p>
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### VERSION 1 – AUTHOR RESPONSE

Dear Reviewers,

We would like to thank you for reviewing our manuscript titled “How to measure cultural competence when evaluating patient-centred care: A scoping review”. We appreciate the comments we have received on the manuscript, and hope that we have sufficiently addressed these comments.

Please find below our response to the comments provided by the reviewers:

Reviewer 1’s comment: Very important topic addressing patient centered care by using quality indicators that measure whether cultural competence is being enacted. Especially significant was the fact that structural barriers and process indicators were addressed. However, within structural barriers were transportation issues addressed as a QI and if this was not found then it might be important to discuss this. Under process indicators, was racial/ethnic background of provider, working or having previous experience in a diverse setting, and cultural competence training in curriculums. As far as documentation of research, the painstaking attention to details of literature review was admirable. Our response: We found measures that incorporated access to interpreter services (e.x Cultural Competence Item set). However, transportation issues in relation to access to care was not incorporated in any of the measures and/or indicators identified in the scoping review. We made note of this in the discussion section

Reviewer 2’s comment: Thank you for the opportunity to review this manuscript. It was a concise and well executed scoping review of patient-centred quality indicators measuring cultural competence. The rationale adequately explained the need for the scoping review, defined terms, and explored previous related work in the area but clearly identifying that this work is new. The methods were sufficiently explained and search strategy was easy to follow for replication. Results were clearly articulated, explaining the different domains and was subsequently elaborated and described in the discussion section. Overall this was a straightforward and accessible scoping review on patient centred care and cultural competence. The discussion on the relevance of including cultural humility (why not cultural safety?) was interesting and nuanced and would hope that future research will explore this further as this scoping review has laid the ground work for. Thank you for a thoughtful contribution.

Our response: Through our research, we’ve found similarities between cultural safety and cultural humility. However there are key differences: cultural humility emphasizing a reflective process from the perspectives of healthcare providers and cultural safety referring to creating an environment that is free from racism and discrimination. Both concepts emphasize a holistic view of individuals, and not reducing them to a cultural stereotype as well. We decided to include both those concepts in the introduction and discussion to add to the relevance of including both in the development of indicators.

Reviewer 3’s Comments:

Introduction

This section is clear and to the point - while I appreciate word limitations, the reader may benefit from additional context to better build the case to situate the importance of this study.

1. The overall description of PCC and culturally competent care could use more description - the statements are very broad and high level and do not necessarily build the case for why PCC and culturally competent care are of vital importance in today's society (e.g., increased affinity for 'cultural sensitivity' in care, accountability for health

care dollars)

2. Consider some data to support the points on the various 'ethno-cultural' groups, including immigrants and refugees, in Alberta and Canada - why is this timely for the Canadian health care system to consider, and given the implications of submitting to the BMJ, globally?
3. As a reader, I would appreciate greater clarity on the impetus for this study that goes beyond some of the broader strokes of advancing culturally competent PCC. Why did the authors take this on? How do they hope this literature will advance their work and beyond? Why now?

#### Methods

4. While the authors identify their adapted methods (Arksey and O'Malley and Levac), the process of how this was used is not clear. Given this study is framed as a scoping review, and to promote reproducibility, I would expect clearer step by step process of how the scoping review methods were applied within their context. I am unclear as to how this is framed as a scoping review other than the fact that the authors stated this was the methodology used.
5. The RQs are very broad to me - I am unclear how the search terms identified link specifically to the RQs. I would expect these to be framed using a PICO method for greater clarity and reproducibility.
6. One other item that was not clear is why a scoping review methodology was chosen - this is somewhat implied in the introduction with the lack of literature focusing on indicators and measures, but perhaps the authors can state it explicitly their rationale for using this vs. a traditional systematic review. This may also help link with the study limitations that suggest that 'quality' of studies were not assessed - there is more logic and reason in including a wider scope when attempting to 'scope out' the literature

#### Discussion

7. While I appreciate the findings in this area were limited, perhaps the authors should consider softening their absolute language that there are 'no' indicators - frame it within the context of the findings of this review did not identify any indicators.

#### Strengths and Limitations

8. This section would benefit from additional support from the literature on why the methodology was rigorous and the benefits of community partners. Furthermore, the limitations identified could be strengthened with comments on mitigations or how future research could be improved by addressing these limitations.

Our response:

#### Introduction

We have added more context to the importance of PCC and culturally competent care in the introduction and have added some Canadian data on the greater influx of Syrian refugees as an example. We specified our goal with the review as to develop a standard set of patient-centred care quality indicators that can be implemented across healthcare settings.

#### Methods:

We have structured the methods section in stages according to the Scoping Review methodology with the additional stage of Consultation with Stakeholders to provide more clarity.

In response to the reviewer's comments on the Research Questions- we have taken out the first research question as it is too broad for our review. However, the next two research questions guided our search strategy and we have modified some of the wording to fit better with our search. We didn't limit our research question to a patient population, intervention, or type of study as we found through a preliminary search of the literature that sources for quality indicators to measure cultural competence was lacking. We specified in the methods section as well why the scoping review methodology was chosen.

Discussion:

We have modified the wording in the discussion to frame the lack of indicators within the context of the review.

Strengths and Limitations

We have added more information in the strengths and limitations section (before the conclusions) to provide more detail about our methodology and the benefit of community partners (also mentioned in the methods section).

We hope our revisions have addressed the comments of the reviewers, and that you consider our manuscript for publication in the BMJ Open.