

Commentary on “Efficacy of the Use of the Calgary Family Intervention Model in Bedside Nursing Education: A Systematic Review” [Response to Letter]

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Dear editor,

We have had the opportunity to review the Letter to the Editor submitted by Tarigan and Priastana regarding “Efficacy of the Use of the Calgary Family Intervention Model in Bedside Nursing Education: A Systematic review by Milesky [sic] et al”¹

We appreciate their comments and would appreciate the opportunity to respond to their concerns.

First Point

This protocol has not been listed in a prospectively listed international systematic review database. It is recommended that the protocol be registered in the PROSPERO database for peer review and to reduce unnecessary duplication of efforts among researchers.

Our systematic review was completed using the PRISMA 2020 Guidelines. Whereas, PRISMA does state that this is a recommendation, it is not a requirement. “Provide registration information for the review, including register name and registration number, or state that the review was not registered.”^{2,3} In fact, according to the PROSPERO website which the reviewers here have cited themselves, PROSPERO is currently fast-tracking only publications which are related to COVID-19, and all others are simply being published automatically without being checked against PROSPERO.⁴ As PROSPERO is not currently verifying originality of submission topics at this time, the reviewers comments regarding early enrollment, unplanned duplication, and comparison of methods by PROSPERO are moot.

Second Point

At the article selection process stage, there are difficulties for readers to understand the PRISMA diagram shown At the screening stage, the reasons for releasing 106 articles from 135 articles have not been explained.

We disagree with this statement entirely. Had the reviewers read the article fully, they would find this information included in the Materials and Methods section. We clearly utilize the PRISMA protocol^{2,3} in addition to the Kruse Protocol⁵ to identify how we chose articles. We discuss Eligibility Criteria, Information Sources, Search Strategy, Selection Process, Data Collection Process, Data Items, Study Risk of Bias Assessment, Effect Measures, Synthesis Methods, and Additional Analyses under the Materials and Methods Section of the paper (all required parts of a paper using the PRISMA Guidelines).¹ We also include clear diagrams showing PICOS (Table 2) and Summary of Strength and Quality of Evidence Identified with the JHNEBP (Table 3). The Johns Hopkins Nursing Evidence-Based Practice Rating Scale (JHNEBP) is a widely used and highly regarded method for assessing the strength of articles.⁶ The PRISMA flow diagram is merely a summative tool showing the flow of research and is not meant to provide conclusion derivation in

a step-by-step process. This process is outlined in the actual text, as it would not be possible for such detail to be included in a flow diagram.

Meanwhile, in this section, there is also a selection based on full text, which has a different section from the process above. The author needs to explain this so that the screening carried out guarantees the selected articles according to standards.

There is no explanation necessary here, the use of PRISMA protocols is clearly stated, which uses the definition of “full text” to indicate that the full text of the article was reviewed. Should the reviewers familiarize themselves with PRISMA 2020,^{2,3} they would find highly detailed information regarding “full text” is included in the explanation including example papers and PRISMA flow diagrams cited by PRISMA.^{7,8}

Disclosure

The authors report no conflicts of interest in this communication, outside authoring the original paper.

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