Author's response to reviews

Title: A Study of the Effect of a Visual Arts-based Program on the Scores of Jefferson Scale for Physician Empathy

Authors:

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Author's response to reviews: see over
Dear Editors:

Submitted is the revised manuscript of the paper with a revised title: A Study of the Effect of a Visual Arts-based Program on the Scores of Jefferson Scale for Physician Empathy.

Point by point responses and changes made are as the followings.

Description of changes made for Review 1:
1. (p1 line21)… should discuss in their paper whether the timing of their own intervention was designed….
   Changes in the revised: Recruitment of participants in this study was through convenience sampling (Methods, p5 line14).

2. (p1 line33) It would be helpful if the authors described briefly where in their medical school training the clerks were… &3. (p2 line3) Without knowledge of the background of the participants it is difficult ,,,
   Changes in the revised: Brief descriptions of medical programs in this country were given. “In this country, there are 7-year (applicants are high school graduates) and 5-year graduate medical programs. Some programs integrate Chinese medicine courses. After 2-4 years of pre-medical and basic sciences, medical students require 2 years of clerkship and 1 year of internship before graduation.” (Methods, p5 line10-14).

4. (p2 line 7)…the title be adjusted to reflect..

5. (p2 line22) …should discuss why there methods were therefore appropriate given the state of the literature.
   Changes in the revised: 
   1). There were reports qualitatively describing the positive impacts of visual arts training on empathy. They are both cited in the revised. “Reilly et al. reported that through the analysis of paintings, medical students had been shown to increase empathy and sensitivity to the art of medicine [4]. In a qualitative study, we have reported that a structured visual-arts based program might be helpful to enhance students’ empathy [6].” (Background, p4 line9-12).
   2). Quantitative investigations are worthy of further studying for the followings as revised: “Whether enhancement of empathy score using such
interventions is possible for the medical students and PGY1s and more remarkable for PGY1s than medical students and for females than males is interesting to know.” (Discussion, p15 line9-11).

6. (p2 line 26) …some additional theoretical revisions include… should be discussed.

Changes in the revised: As suggested in the comments, the possible negative effect from the group of clerks was discussed in the revised: “The fact that a large proportion (84%) of the recruited was medical students may be another reason for the negative results of the posttest scores. Because of the relatively modest clinical rotation, there may be lack of the wider experience of interaction with patients and thus less of stimulation for enhancement of empathy for the clerks.” (Discussion, p13 line22 – p14 line4).

Description of changes made for Review 2:

1. (p1 line 6) Too much emphasis on the content of the program.

Changes in the revised: We have made it short. The words count 393 in these revised paragraphs and are about 40% less than the first version (p6 line15 – p 8 line13).

2. Major Compulsory Revisions

1). (p1 lin20) The data are missing the demographics …

Changes in the revised:

Gender distribution and the gender-specific scores in the total group and the training levels were given. The Table 1 was also revised to include the gender-specific data. It appeared that the program had no significant effect on either gender group. Revisions included “One hundred and ten participants (92 clerks and 18 PGY1s; 33 females and 77 males) completed both sessions of the program.” (Results, p11 line8-9) and “In terms of gender, either the females or the males did not have a higher posttest JSPE scores than the pretest. No difference between the pretest and posttest for the females or males in the subgroup of clerks, respectively. Neither was it for the subgroup of or PGY1s.” (Results, p11 line17 – p 2 line3).

For age distribution the following were added: “Ninety of the 92 clerks were the year 6 students of 7-year medical programs. Only 2 of 92 were the year 4 students of 5-year graduate medical programs. All PGY1s were graduates of 7-year program.” (Methods, p6 lines 9-11). Neglecting the 2 students from the 5-year program as a group, only were groups of
clerks and PGY1s compared (as in the original manuscript).

2). (p1 line25)… what was the attendees’ attitude during the course in the previous study?
**Changes in the revised:** The program was a required core course for all the clerks and interns during the study period. It was fed back to be interesting. To make it clearer, we added in the text “The attendees were enthusiastic in discussion and response during the program in our previous study. The average rating of participants’ feedback on anonymous questionnaires for the question of “I enjoyed the program” was 4.3 on a scale of 1-5.” (Methods, p8 line5-8).

3. (p1 line37) The only other explanation provided is the time of exposure (4 hours). with no indications as to why…
**Changes in the revised:** Several explanations were added. “Most of the studies quantitatively investigating the effect of humanities on empathy were with the courses in a format of several hours weekly or longer in months [17, 18]. The 4-hr was found suitable to complete the steps and the contents of our program based on the previous study. It is reasonable to extend the time of the program and to increase the frequency of the interventions. The participants can be immersed more in the related topics and provided with more stimulation of the wider experience necessary for mature interaction with other human beings as suggested by Perry et al. [3]. Addition of more elements from other fields of medical humanities (narrative medicine, drama, literature, films, music and others) to the program may also be possible and useful.” (Discussion, p14 line16 – p15 line9).

4. (p2 line4) The title and abstract should be modified.
**Changes in the revised:** As mentioned above in Review 1 item 4, the title has been revised. The abstract was also modified to add gender information in Results. ‘Neither the females nor the males had a higher posttest JSPE scores than the pretest scores.’ (Abstract, p3 line2-3)

Thank you very much.

Sincerely yours.

Kuang-Tao Yang