Author's response to reviews

Title: History-taking and empathetic communication - two sides of the same coin?

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Author's response to reviews:

Dear Dr. Wilkinson, dear Mr. Uleb,

Below please find a point-by-point reply to the reviewers’ comments. We hope that with these aspects added our manuscript will be acceptable for publication in BMC Medical Education.

Kind regards,

Sigrid Harendza and colleagues

Reviewer 1: John Frain

Reviewer's report:

The authors appear to have considered and responded to the initial comments and suggestions made at first review. As a result they have produced a paper the conclusions of which not all readers will necessarily agree but will be of interest to those working in this field. There is now a much more comprehensive overview of existing literature with an appropriate selection of references. The study is placed in the context of what happens in the authors' own institution. The methods section is very clear and could be repeated fairly easily. Important quality markers of the method such as deciding on outcomes to be measured and blinding are now clearly stated. The discussion now covers the connection between teaching the content and communication skills - a dilemma with which all teachers in the field have to contend. The discussion section and conclusions now give the paper an outlook which is more international in feel and therefore likely to make the work of more interest outside its original setting. It is now
considerably improved and I would look forward to reading it.

Reply: We would like to thank the reviewer for this very positive appraisal of our work.

Reviewer 3: Anne M Cushing

Reviewer's report:
This is a re-review of the article and I am happy to recommend its publication with a requirement to make one revision.

The authors have very satisfactorily addressed the issues raised by reviewers with one exception which I would still like them to amend.

This relates to their interpretation in the discussion that 56% of 123 items of information gathered is alarming.

In their letter of response to the reviewers they say it 'seems very low' which is a more appropriate phrase. In particular they say in their letter, but not in the article, that the students diagnoses were accurate so it does raise the question as to what % of items of information the authors would consider acceptable.

Reply: We have changed the wording in the manuscript according to the reviewer’s suggestion to the more appropriate phrase.

One of the other reviewers also points out that clinical reasoning does not require all information. The authors say that these items were generated by an expert panel however it is worth noting that research has shown (Rethans) that experts, when it comes to their own practice do not actually complete all the items that they define as important.

Reply: We are sorry to have missed this important aspect. We have added it now under limitations of the study including the literature by Rethans.

Whilst the authors have not shown that students who are more empathic gain more information, they have also shown that they do not gain any less information.
I would suggest it is important therefore to make this point otherwise the results could be misquoted.

Reply: We included this aspect now in paragraph four of the discussion.

The paper reads very well and will be of interest to readers.

Thank you for letting me review it.

Reply: We thank the reviewer to support us with her comments to improve our manuscripts.