Reviewer’s report

Title: Clinical realism: A new literary genre and a potential tool for encouraging empathy in medical students.

Version: 2
Date: 26 January 2015

Reviewer: Andrew Papanikitas

Reviewer’s report:

This report is innovative and interesting and has a lot of merit - however I would recommend some essential revisions, which I would be happy to re-review

Major compulsory revisions

1. Abstract – it is perhaps worth mentioning the preliminary nature of the work – beware of overclaiming as this paper is powerful enough as an exploratory thematic analysis of 6 student interview
2. Methods: it is worth spelling out that grounded theory is used as a guiding principle for thematic analysis. Having highlighted differences in the nature of the course, it seems misleading to present the work as a Grounded Theory.
3. Line 72: medical realism is not necessarily a new Genre – the term has been applied to 19th century fiction. Worth doing a more thorough search for what might be called medical realism in the same and other names. Moreover it is unclear here whether MR was created for the course or a happily accidental biproduct of it
Line 72 if one author is the creator of MR specify whichone – this is a we paper and it’s odd to see an I
4. Line 84 and 94 narrative medicine, transactional analysis and graphic medicine are all terms that require some specification –at the very least with an anchoring reference so that the reader who wants to develop your ideas can understand what is meant by each
5. Line 103 am not sure what you mean – I think you mean that the creative writing sessions were developed from part of a teaching module from an MA in creative writing (which one? Acknowledge the source) – unless the med school was developing them for creative writing students and road testing them as an ssc for medics?
6. The results needs more general sign posting and introductory comment highlighting why each heading is significant – whilst fascinating at some it reads like a list of quotes – also some way of distinguishing the speakers more clearly eg student 1 student 2 etc
7. Line 273 Affinity is presented here and defined later… this seems odd as the reader does not necessarily know what they are looking at
8. Line 315 would have been interesting to know what criteria were used for the
high standard of writing (non essential)

9. Line 343 spell out the parallels with LICs please – am presuming that it is the repeated contact with a narrative, resulting in increased empathy, regardless of whether that narrative is constructed through creative writing or discovered though repeated clinical contact

10. Line 351 what shape might independent verification look like? Putting the student through an empathy test?

11. Lines 357-361 offer a much bettr concluding statement

12. Lines 368-371 are not supported by your paper and perhaps belong in the discussion if you can work them in and support them with some evidence – I’d suggest that medical realism whilst not always seen as a genre in itself (what about the diving bell and the butterfly??) is often only seen when it serves the drama in some way – e.g. the hero fails to escape the villains because of an asthma attack –this itself might form the seed of a separate paper...

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I have no competing interests