Reviewer’s report

Title: What do Japanese residents learn from treating dying patients? The implications for training in end-of-life care

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Reviewer: Eileen McKinlay

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What do residents learn from treating dying patients? The implications for training in end-of-life care

Originality: The paper describes the experience and reactions of Japanese residents when caring for patients who are dying in acute hospital settings. There seems little work published on this topic from a Japanese context. The paper has potential to stimulate debate about training needs in Japan and countries that have similar education programmes where palliative medicine and End of Life (EOL) care does not appear to be included.

Quality: The paper is readable but there are a number of English-language linguistic errors including choice of words/phrases which do not quite reflect the meaning as it seems intended. For example the phrases: "diagnose the patients condition calmly", "high power difference and words "bewilderment". Some statements/sentences would benefit from further detail to ensure clarity. For example clarifying what sort of inexperience the residents described in the following sentence: "...residents become aware of their inexperience not only as doctors but also as human beings", and explaining what is meant by "voices that validated them in their strenuous efforts". Also, there are some sentences which appear out of context eg "In reality it was not always possible to find a concrete solution."

Title: I would advise including 'Japanese residents' in the title.

Abstract: Concise and generally understandable but I wonder if the use of the term EOL care may be thought to mean palliative medicine. From what is written it does not seem that residents were undertaking palliative medicine; it seems they were caring for dying patients. This was exemplified in the Theme 1.3 where the residents report they were "put into a place in which they cared for the sick without being able to do anything". This does not describe a palliative medicine approach where goals of care are recognized to have changed. This point is noted in the limitation but ideally should be noted earlier.

Background: Following on from above it would be helpful to make it clear whether this paper is about caring for 'dying patients' who may or may not be receiving palliative/EOL care OR patients who are formally receiving palliative or EOL care. It seems to be the latter in which there is not always agreement that the patient is dying and treatment goals have changed. The literature review ideally should also include: dilemmas for young doctors when treatment purpose is unclear, how they can be supported to address this. I would encourage you to expand
the initial context section to include an overview of the educational preparation in Japan for doctors caring for dying patients and also the status of palliative medicine and EOL care in Japanese hospitals. This will frame the dilemmas that young doctors face in their day to day work. I would suggest referring to Kolb's learning theory in a later section- it seems out of place in the Background.

Study Design and Methods: Did you ask residents whether they had received any palliative medicine or EOL education in their undergraduate education? Why was asking about career choice relevant and does it make a difference in this study.

It is not clear if this is a content or thematic analysis, as the themes seem to be framed or collected under Kolb's stages: please make this clearer. If the former introduce Kolb's theory here and provide a brief overview and descriptive figure as not all will be familiar with it.

Data analysis: more detail is needed to inform the reader about how quality was assured in the data analysis. Include more information about coding (use of electronic software), the process for validation with second and other authors and whether any form of member checking occurred with participants.

Results: As noted above it is unclear whether Kolb's theory determined the themes or whether the themes were first determined and then compared with Kolb. The themes are interesting and in most cases well described. There is some material currently in the Discussion (the section around interprofessional teamwork which should be in Results.

Discussion: This section links back to Kolb's theory in the first paragraph but then not again; use this theory to frame the discussion. The implications for training could be further emphasized. Consider having a training point at the end of each paragraph or instead reviews/discuss the findings in relation to extent literature then add a final paragraph summarizing all the training points in one section. Consider including the literature which shows early and systematic provision of palliative medicine education in undergraduate education lays the groundwork for further experiences. Note the dissonance that residents experience when they see unhelpful modelling from attending physicians. It would be helpful to reiterate what the young doctor saw was not necessarily 'recognised' palliative or EOL care; this exemplified by feeling they had screwed up when someone died. The paragraph on reflection is interesting although I am unsure how the 3 learning points noted relate back to the reflection theme; this needs clarification.

Conclusion: More firmly link back to training needs and strategies to do this.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

No

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.
Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

Quality of written English
Please indicate the quality of language in the manuscript:

Not suitable for publication unless extensively edited

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