Author’s response to reviews

Title: Empathy and big five personality model in medical students and its relationship to gender and specialty preference. Cross-sectional study

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Editorial office

Revision: MEED-D-18-00558

Dear Editor,

Thank you for reviewing our article. Please find attached the revised version of manuscript entitled “Empathy and big five personality model in medical students and its relationship to gender and specialty preference. Cross-sectional study” (MEED-D-18-00558R1). We have read your comments very carefully and have carried out essential revisions suggested that have undoubtedly improved our work.

We detail all point-by-point response in this letter.

Thanks for your consideration.

Yours faithfully,
Response to Reviewers:

We thank the Reviewers for their helpful comments, which have assisted us greatly in improving the manuscript.

Thelma Quince, PhD (Reviewer 1):

REVIEWER: I have suggested a small number of improvements in expression throughout the text. These are discretionary and are highlighted in red on the attached word document which only covers the main text of the article.

RESPONSE: We thank the Reviewer the improvements in expression suggested. The amendments have been made to the manuscript text and are highlighted in bold.

REVIEWER: However on page 13 of the discussion line 318 sentence beginning "Despite the fact..." is extremely unclear. Please could you clarify.

RESPONSE:
Now it reads on page 13 of the discussion line 317: “Our students were participating in another study at the same time, and their collaboration was not always easy.”

Ya-huei Wang, Ph.D. (Reviewer 2):

REVIEWER: The authors did not respond to the comments of the previous review report. This journal focuses on medical education, so in the previous report, the reviewer had suggested that the authors should give personalized intervention strategy to examine how the intervention strategies could improve medical students' empathy. Though the authors made some revisions to respond to the reviewer's comments, these responses do not directly target on the comments. Significantly, this paper only made an investigation to realize the students' responses in some scales. The reviewer cannot find the educational effectiveness in this study.

RESPONSE:

Thank you very much for your review. We appreciate your contributions.

In the previous review report, the authors tried to answer all their comments and we are very sorry that we did not achieve it.

The main aim of this study was exploring the relationship between empathy and personality, using three different measures of empathy, and taking into account gender and specialty preference. Our study did not intend to provide a strategy of personalized intervention that improves empathy in medical students.

However, we have been reflecting about your comments. We intentionally excluded one of the points that you highlight because the design of the present study did not allow to be answered.

After many years working with medical students, we had the subjective impression that there are some students with difficulties to establish an adequate doctor-patient relationship. The psychometric scales used in this study allowed detecting those students with extreme empathy scores and their relationship with personality. In our profession, neither high nor low scores of empathy are recommended. In both cases, teachers must get involved, but it is not easy to detect those cases, nor do all teachers have communication skills that allow to identify and help medical students.

The main researcher, who led this study, also offered medical students an individualized feedback of the results of the study. We considered that it was better not to go into detail because it was not the main aim of the study. However, if the reviewer and the editor agree, we could add a sentence that can synthesize this point.
We propose the following sentence that we have included in the limitations section on page 13 line 319:

“Our study provides new perspectives in psychoeducational interventions to advise and improve empathy in medical students with extreme values. Although we have experience in both individualized and group interventions, we are aware of the need for future methodologically better-supported studies to verify or confirm that personalized intervention strategies could improve empathy in medical students.”

Based on our experience in the clinical practice of psychiatry and in the workshops held with medical students, we believe that the results of this study can help other researchers to develop proposals for psychoeducational intervention more personalized and, therefore, more effective in the field of medical education.

We thank your assessment and we will take your comments into account in future research of this exciting topic.