**Title: Interaction between med students and patients**

Review comments:

**Reviewer 1:**

1. This is a very interesting research question. The authors have done an interesting study on patient satisfaction following the interaction with medical students. They have also assessed informed consent practices by the students.

Author’s reply- Thank you for your appreciation.

1. I have some minor suggestions – the authors have excluded patients from the study based on 7 criteria. It is not clear why these patients were excluded. It would be good if the authors can give an explanation for why these patients were excluded from the study.

Author’s reply- A section explaining the reason for these exclusion criteria has been added. We have corrected the minimum age for enrolment to 13 years

1. It is not clear who interviewed the study participants. Also not clear how much time each interview lasted for.

Author’s reply- A section on administration of questionnaire has been added. The questionnaire was used to interview study participants by a final year medical student under the supervision of an intern, both of whom are authors of the study. Neither of them was part of the clinical history-taking and examination of the patient. The time per patient was not recorded, but each patient was given enough time to think and answer questions. In case of an unanswered question, patients’ responses were excluded.   
All this has been added to the manuscript.

1. In the first paragraph of the results, the authors give some proportions of patients ‘interviewed by different years students’. Do these proportions represent the interview of the study under question, or do they represent the clinical interview about which this study is focusing?

Author’s reply- Changes have been done in 1st paragraph of the results. Addition of the response to comment no. 3 in the manuscript should also help answer the query. This particular sentence talks about the clinical interview.

1. In Table 1 the authors present both “yes”and “no” responses. This is not necessary. If “yes” proportions are given, the “no” proportions are intuitive.

Author’s reply- This has been addressed to.

1. Table 2 is titled “patients perceptions about hospital stay”, however the questions do not directly pertain to their perceptions about the hospital stay. For the item “physical discomfort at the time of interaction with the student trainee” the response is “very poor” among 45% of the participants. What is the meaning of “very poor”? did they mean they felt high level of physical discomfort? Or did they mean they did not feel physical discomfort at all? this is not clear.

Author’s reply- Title of Table 2 has been changed from “patients perceptions about hospital stay” to “patient knowledge and preference for the hospital”.

Table 3 uses a 5-point Likert scale; the patients were asked to grade on a scale from 0 to 4. This has been incorporated in title of the table. The criteria have also been changed and options in the table have been changed to “strongly disagree to strongly agree”. Forty-five percent of patients “strongly disagreed” with the statement that they felt “physical discomfort at the time of interaction with the student trainee”.

1. While interpreting the duration of time spent versus year of training correlation, the authors mention that as the years in training increases, the duration and meaningful interviews increase. However there is no measure of the extent of meaning in the interviews. So this kind of interpretation is not warranted.

Author’s reply- We have added “This may or may not signify a meaningful interaction, and some may argue that this could be because of students asking more questions due to more knowledge of medicine.”

**Reviewer 2:**

1. Title: The title is good and conveys the relevant aspects of the study. However, the use of the word ‘their’ is confusing since an interaction is between two parties and ‘their’ could mean both parties. So a modification in the title might help.

Author’s reply- The title has been changed to “Interaction with Patients in Understanding Medical Students’ Role as Health Care Providers”

2. This is a much needed study on a very important area in medical education and medical ethics. In developing countries this has not been studied and medical students going as ‘doctors’ or not introducing themselves as medical students is an ethical issue and a structural lacunae.

The paper by Marracino RK, Orr RD. Entitling the Student Doctor: Defining the Student’s Role in Patient Care. *Journal of General Internal Medicine*. 1998;13(4):266-270. doi:10.1046/j.1525-1497.1998.00078.x., provides a good review of issues to do with the identity and identification of a medical student to the patient and could help in understanding the findings of this study.

Author’s reply- The above reference (no. 17) has been added in the discussion.

1. The introduction covers the main areas of the topic with relevant references. A suggestion is that in the middle of the second paragraph of the introduction – the line with Ref 4 by Yousuf RM’s study in Malaysia, could be modified to “Patients have become more educated, and …are beginning to be aware…” or “In some countries , patients are also aware of their rights..” as this is an emerging fact and not universal.

Author’s reply- The sentence has been modified.

1. Under **Methods,** was the assent of minors obtained and informed consent from their parents? If so it should be mentioned; or if not it should be clarified.

Author’s reply- This has been added to the Methods section.

Point No. 6 of the exclusion criteria is not clear. Does it mean that there should have been a gap of 12 hours between the student interaction with the patient and the enrollment in this study?

Author’s reply- This was a wrong statement. We meant we will exclude if gap was more than 12 hours to have a better recollection of the events

The study subjects were then interviewed using the questionnaire. It is not clear who administered the questionnaire whether the PI …. whether a student? Same students as those who examined the patients? How were they assigned? Or was it by staff of the medicine dept? In the Results section, a break up of which students administered the questionnaire to how many patients is provided but it is still not clear if the same students took the history and did the physical exam as well. What was the rationale behind this? How was inter interviewer bias overcome?

Author’s reply- This has been cleared in the methods and results section. Questionnaire was administered by 2 study authors and neither of them was part of clinical history-taking and examination. In the results section a break up of students is provided and same students took the history and did the physical examination

Since patients are across such a wide age range from 13 to 90 years, it would be interesting to see if there is a difference in seeking consent etc .. all the questions shown in table 1. Similarly for the patient satisfaction scores it would be good to analyse the responses based on age categories.

Author’s reply- The sub groups can be analyzed but the distribution is not consistent to analyze the data.

5.In the Discussion section, the ethical issues and the ethical implications of the findings need to be discussed more especially towards the end. For example, in the second paragraph of the discussion, the ethical issue of deception needs to be brought out. Cultural issues and doctor –patient relationship questions can be raised.

Author’s reply- The above points have been added to the discussion.

Even with the lack of consent and introduction as a medical student in this study, most of the patients were satisfied with the student’s interaction with them. The discussion can include the notion of implied consent when a patient comes to a medical college hospital … are there previous studies on this? Also does the senior physician take consent at the time of history taking and physical exam and thus serve as a role model?

Author’s reply- The above points have been added to the discussion.

Unless the patient is prudent enough to fathom… May be not the right word to describe the patient, ‘is aware of’ or even ‘conscious of their rights’ may be better.

Author’s reply- The sentence has been modified.

Crandall et al have observed that medical students become less tolerant, less idealistic and more cynical by end of the medical school.- This does not explain the results which show a more positive outcome with seniority

Author’s reply- This sentence has been removed.

Maa et al have shown that there exists a relationship between level of patient satisfaction and seniority of the medical student (24). Medical students often carry out clinical procedures without fully explaining the implications of such procedures (4,10,13,25-27). -The reasons would be useful, do they come across as older, more competent, pletely new thought, not emerging or touched upon in the discussion .. needs some previous elaborationed beforee Imore knowledgeable? The qualitative studies would have brought up some reasons.

Author’s reply- This has been added to the discussion.

We noted that students who take consent before taking history are more likely to take similar consent prior to examination in a statistically significant manner. This may be possible because patients do not understand that these two are distinct entities and there may be a considerable overlap. - Could it also be that the mind set and attitude of these students are different, that they are sensitive to the patient’s rights and this is reflected in their consistent behavior?

Author’s reply- The above mentioned points have been added to the discussion.

6. The limitations of the study need to be brought out, especially in relation to a qualitative understanding of patient perceptions and of medical student perceptions which would have added to the richness of the data.

Author’s reply- Limitations of the study have been added to the discussion.

In the conclusions – the ideas by Rees et al of some structural initiatives such as wearing a badge saying “Trainee” or “Medical Student” could be introduced.. may be different colours for different years. The paper by Marracino et al also highlights such ideas..

Author’s reply- They have been added to the discussion.

The last line of the paper - greater student accountability could lead to a reduction of medical malpractices/negligence. is a completely new thought, not emerging or touched upon in the discussion .. needs some previous elaboration.

Author’s reply- This line has been removed.

1. This paper has the potential to influence medical education policy and ethical training of medical students and hence with some development of the findings emerging especially with regard to ethical implications can be accepted for publishing.

Author’s reply- Thank you for your appreciation.

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**Third reviewer's comments:**  
  
  
1. Firstly, the terminologies are used loosely. Patient satisfaction and comfort are not well defined. Since these two constructs are the primary objective of the paper, and they are not well defined, I am questioning the validity of the paper. I find that the paper does not have a tool which is validated to measure patient comfort levels or satisfaction. This puts the validity of the study to question.

Author’s reply- Definition of patient satisfaction and comfort have been added to the introduction.  
3. The study has been done in 2013. Though it is just 3 years before, we observe drastic differences in the attitude of students even in a span of 1 year. So how can we make sense of a 3 year old study?

Author’s reply- Though the study was done in 2013, no paper has been published on this topic from India. The measurement of patient satisfaction after interacting with medical students in India till date remains a novelty. Hence, this work deserves publication in your revered journal.