**Manuscript evaluation guidelines**Title: **Attitudes Towards and Perceived Need for Communication Skills Training in Recently Admitted Undergraduate Medical Students**

1. Importance of the paper  
 *1.1 Does it address issues relevant to the fields of bioethics and medical ethics in the developing countries?* To some extent  
  
*2.1 Is the issue discussed from another country's/culture perspective?*

The article is from the Indian perspective. However, the modified questionnaire used in the study is from Sri Lanka which has similar compartmentalized medical education.  
  
*2.2 Will it influence practice or policy?*

It could certainly influence practice or policy, but needs to be backed by stronger evidence and

justifications.  
 *2.3  Is it too specialized for the journal?* No  
  
3. Originality  
 *3.1 Is the information /comment new?* No

*3.2Is there any likelihood of plagiarism?* No  
  
  
*4. Conclusions  
4.1 Is the interpretation warranted, unwarranted, well developed?* The Discussion and conclusion are weakly structured as detailed below.  
 *4.2 Does the article contain loose generalisations?* Yes  
  
5. Other comments  
In the abstract, please mention how many students were contacted and how many responded (thus giving a response rate

The reference for Foundation Course in the first paragraph of the Introduction should have been MCI Vision 2015 document where it is detailed rather than GME 2012. The second paragraph also warrants mention of Attitude and Communication (AT-COM) module which is proposed longitudinally to address ethics and communication skills.

In the Methods section of the main manuscript, please give details of participant enrolment. What means did you use to invite them? Where did you distribute the questionnaires? Were students allowed to take them home and return them some other day after filling them at leisure or did they have to complete them in a fixed time of your choosing? I’m presuming they   
were paper questionnaires although it is not explicit. How often did you plan to contact the students who had not yet submitted completed questionnaires? What attempts did you make to improve the response rate? What did you plan to do about incomplete responses? Was it a voluntary exercise? What methods did you use to protect the students who did not want to participate?

Specific item numbers in positive and negative attitude CSAS subscales may be deleted

Its not clear whether the participants were exposed to any CST during the foundation course.

In the Results Section, how many students returned incomplete questionnaires and how many returned blank questionnaires? What method was used to calculate response rate? Please give a reference to the formula used. I would recommend that the authors use AAPOR to calculate their response rate - <http://www.aapor.org/Education-Resources/For-Researchers/Poll-Survey->  
FAQ/Response-Rates-An-Overview.aspx)

The Discussion section needs major overhaul. How the author jumped to conclusion that ‘this was a group of students that have not been exposed to any form of formal CST’? It is followed by an assumption based on their educational background which wasn’t discussed earlier in Methods.

There needs to be a reference for ‘minimal emphasis on evaluation of the students’ soft skills’.

There is no need to repeat Results in Discussion section. The authors propose certain steps to address attitudes which are already addressed in MCI’s ATCOM module.

In a study that examined attitudes towards communication skills before and after a communication skills course, investigators found that the students rated their communication skills significantly lower at the end of the course than before the start of the course. This reference may be of use to the authors. (Rees C, Sheard C. Evaluating first-year medical students’ attitudes to learning communication skills before and after a communication skills course. Med Teach. 2003;25:302-7.)

It should also be added in limitations that the study’s focus on perceptions is based on self-reports from medical students rather than actual behaviours towards communication skills training and actual communication abilities.

The conclusions are inadequate and have not been drawn from the results of this study.

6. Recommendation  
  
 Accept with modifications (in Methods, Discussion and Conclusion sections as suggested above)

7. Separate comments for the author

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