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Peer Review File

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Reviewer A

Thank you for your review of our paper. We have answered each of your points below.

Comment 1: Any comparison with international ACP training program eg respecting choices ?

Reply: As you mentioned, there are several reports of training programs for healthcare providers on ACP, and one of the leading programs is "respecting choices". What makes this program different from other programs is that it is structured within the framework of a communication skills training. In addition, the program includes training for not only the patient-medical provider relationship, but also for a tripartite relationship that includes the family as a party in consideration of Japanese culture. In addition, time has been set aside for multi-professional understanding and collaborative communication skills training.
Changes in the text: We added a comparison with other programs in the introduction and details of this program in the intervention section. (Page 6-7, line 103-119; Page 7-8, line131-160)

Comment 2: Any working group for the training program ?

Reply: A working group was formed and experts were convened to develop the program.
Changes in the text: We added a note about it in the intervention section. (P7, line132-134)

Comment 3: also the trainer status eg qualification ? any online training received

Reply: The lecturers for the text-based lectures were members of the working group. As for the facilitators, they received a 16-hour workshop to facilitate communication

skills in advance.

Changes in the text: We added the status of working group members and facilitators in the Intervention section. (Page 7, line 132-134; Page 8, line 157-159)

Comment 4: How to deliver the training material to doctor / nurse/ allied health ? since might have different education background

Reply: In this program, we did not prepare different materials for different occupations. The content of this program was focused on developing communication skills, so it did not provide much technical knowledge about diseases and treatments. It only explained technical terms and the process of diseases that are necessary when discussing cases. In addition, it is important to have more conversations to share knowledge among multiple professions, because this may have the effect of improving interprofessional communication skills.

Changes in the text: We added to the Intervention section that we used a common text. (Page 8, line 142-143)

Reviewer B

Thank you for your review of our paper. We have answered each of your points below.

Comment 1: Introduction page 2, line 72 - this would read better as however, although about 60% of Japanese reported having considered end-of-life care only 2.7%....

Reply: We have corrected the problem as you suggested. (Page 5, line 90)

Comment 2: Results - there seem to be an error in the reference to tables - page 5 line 203 should be Table 3

Reply: We have fixed it as you suggested. (Page 13, line 261)

Comment 3: Results - line 198 there is discussion about "confidence" but Table 2 has "Efficacy" - this needs to be the same

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Reply: We changed Efficacy" to "confidence" in Table 2. (Table 2)

Comment 4: Generally the paper discusses "ACP practices" - this may be better as ACP discussion and completion, as this is clearer

Reply: We changed "ACP practices" to "ACP discussion and completion". (Page 11, line 202; Page 13, line 262, 264, 266, 271)

Comment 5: Discussion page 6 line 248 - meaning making is unclear and could be removed, so it would read Rational discussion (discourse) with others is essential for this process.

Reply: We have corrected the problem as you suggested. (Page 15,line 305-306)

Reviewer C

Thank you for your review of our paper. We have answered each of your points below.

Comment 1: The details of 2-days training content can be further elaborate apart from the illustration in Figure 1.

Reply: We added a detailed description of the program in the Intervention section. (Page 7-8, line131-160)

Comment 2: In data collection part, it seems that the only exclusion criteria were those who missed a part of the training program or left early. It is easy to understand if the participants already report it before the training. How about those left earlier in the middle of the training? It is not clear about the attrition rate of this study.

Reply: Some of the participants who left or left early were not able to complete the post-training questionnaire and were removed from the analysis.
Changes in the text: We have modified the methods section and Figure 2. (Page 9, line 173-177; Figure 2)

Reviewer D

Thank you for your review of our paper. We have answered each of your points

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below.

Comment 1: What is definition of 3 years of end of life care? Does that imply geriatrics or palliative care fellowship? Clearer definition would be helpful

Reply: The subjects of the program were physicians, nurses, and SWs with at least three years of experience in the medical treatment, care, or consultation of patients at the end of life, and were not required to be experts in palliative medicine.
Changes in the text: We have modified the targets in the Intervention and Data Collection sections. (Page 8, line 140-141; Page 9, line 163-165)

Comment 2: How did this training specifically address cultural concerns for ACP? I appreciate this adds to knowledge about training though curious how this program is different then other ACp curriculums. I feel if this paper addressed cultural issues more it would add more knowledge. In current state, it feels like it just reinforces that education helps which we already know. If E-Field is a novel curriculum, it would be helpful to acknowledge how it is different. in its current state, the curriculum doesnt sound particularly different than other ACp seminars.

Reply: What makes this program different from other programs is that it is structured within the framework of a communication skills training. In addition, the program includes training for not only the patient-medical provider relationship, but also for a tripartite relationship that includes the family as a party in consideration of Japanese culture. In addition, time has been set aside for multi-professional understanding and collaborative communication skills training.
Changes in the text: We added a comparison with other programs in the introduction and details of this program in the intervention section. (Page 6-7, line 103-119; Page 7-8, line131-160)