Peer Review File

<mark>Reviewer A</mark>

The manuscript provides a comprehensive examination of interactive audience software and its application in medical education, particularly focusing on ophthalmology teaching. There are several strengths and areas of improvement in the manuscript that can be highlighted.

Strengths:

1. Scope and Relevance:
The manuscript aptly addresses a timely and relevant topic by exploring the role of interactive software in enhancing student engagement and learning in medical education.

2. Literature Review:
A clear attempt has been made to provide a background on the traditional lecture-based approach and the emerging technology-aided interactive learning methods.

Existing research on audience response systems and their impact on student engagement and learning outcomes has been cited, which lends credibility to the discussion.

3. Software Review:
A varied range of interactive software platforms are reviewed, providing readers with a broad perspective on the available tools.

The detailed description of each software, including its unique features, advantages, and limitations, is valuable for educators considering the adoption of such tools.

Areas for Improvement:

1. Comparative Analysis:
1a) The inclusion of a table summarizing the advantages, disadvantages, and unique features of each software would provide a clear, at-a-glance comparison for the readers. I would include factors such as cost, user friendliness, etc
Reply: New four tables have been added. Additionally, extensive information has been provided to compare and contrast different interactive software platforms. Main features, pros and cons, differences between free and premium versions, cost, target users etc. have been analyzed.

1b) The addition of screenshots from each software platform could also provide a

visual comparative analysis aiding in better understanding and comparison.
Reply: Seven figures corresponding to screenshots of each software platform have been added.

2. Methodological Rigor: The manuscript lacks a clear methodology section detailing how the review of the interactive software was conducted, criteria for selection of the software, and any metrics used for evaluation. List the reasons why you chose each software, have you tested any yourself, etc
Reply: Methodology section has been improved by explaining the criteria for selection of the software, how the review was performed, and why the six platforms deeply analyzed were chosen, along with the other three included in the comparative tables.

3. Future Directions: The conclusion could be strengthened by discussing the future of interactive audience software in medical education, possibly touching on emerging technologies or trends that could influence this domain.
Reply: The conclusion has been improved by adding a new paragraph that explains how emerging technologies can influence and enrich the future of interactive audience software.

Editorial Comments
Please follow the "Author Instructions" (https://aes.amegroups.com/pages/view/guidelines-for-authors) and revise your paper if needed. Here are some additional points:
1. The suggested word count for the Abstract is 200-350 words. Please revise it accordingly.
Reply: The abstract has been revised and is now 199 words.

2. The number of Keywords should be 3-5. Please add appropriately.
Reply: Key words have been added.

3. Please confirm the following ethical statement and add it in the footnote section of the manuscript: the authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.
Reply: Ethical statement has been added.

4. Conflict of Interest (COI) Form must be provided, as suggested by ICMJE: (http://www.icmje.org/conflicts-of-interest/). Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. COI form download link:
https://cdn.amegroups.cn/static/public/coi_disclosure.docx.
Reply: COI has been provided.