

Peer Review File

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Reviewer Comments:

Schlegel et al review the current literature on surgeon-patient communication and the unmet needs of thyroid cancer patients and to discuss what is being done well and where improvements can be made. They review shared decision making, therapeutic alliance, and how further work needs to be done for patients and physicians regarding improvement of communication.

Comment 1:

Overall the paper is well written and covers qualitative topics in an organized manner. The sections make sense as the paper progresses, but suffer from paragraphs that run far too long. Would break up into shorter paragraphs – some paragraphs currently run about a page in length.

Reply 1: Thank you for noting this.

Changes in the text: We've broken many of the larger paragraphs into multiple paragraphs to allow easier reading.

Comment 2:

Line 276 – for referencing studies like this Boisseau et al paper, it would bolster the manuscript by describing quantitatively how much the training improved pt satisfaction, empathy, burnout etc rather than just saying that it does.

Reply 2: Thank you for bringing this to our attention.

Changes in the text: Throughout the manuscript we attempted to provide results quantitatively when we could do so in a manner that was quick, yet easy to understand as this review is lengthy. For example, in the Boisseau paper, one summary sentence – “They found it not only improved patient satisfaction, but also improved physician empathy and self-efficacy and reduced burnout” would have to expand into:

The adjusted overall Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CGCAHPS) scores for physician communication, which indicate patient satisfaction, were higher for intervention physicians than for controls (92.09 vs. 91.09, $p < 0.03$). Additionally, the study used a 13-domain self-efficacy survey and found that physician communication skill self-efficacy increased significantly across all 13 domains. Using the Jefferson Scale of Empathy (JSE) the study showed that total mean rose from 116.4 ± 12.7 (Mean \pm SD) to 124.1 ± 11.9 (Mean \pm SD) after the class which was found to be a significant ($p < 0.001$) improvement in physician empathy. The Maslach Burnout Inventory was used before and after the class and the intervention group had a significant decrease across all three domains of burnout (emotional exhaustion, depersonalization, and personal achievement).

We wanted to keep the paper flowing and dive into some topics deeply while overall covering many discussion points.

Comment 3:

Line 305 – would discuss reasons as to why decision aids have not been practically implemented in most practices.

Reply 3: This is a good point and important to mention.

Changes in the text: Unfortunately, we were unable to find any literature to back our thoughts on the implementation of decision aids. However, we've added a small paragraph to discuss the limited integration and potential solutions.

Comment 4:

Line 327 – would clarify if the youtube study review was meant to be educational, or if it was just meant to show the technique. This may explain the low % of mention for complications/instructions/preop preparation.

Reply 4: Thank you for pointing this essential context to evaluating the study.

Changes in the text: We've now added a line including the percentage that were found to be educational in purpose.

Comment 5:

Line 93 Method – please provide a brief description here as there's only a table, besides, the authors should indicate the citation of the table in the text.

Reply 5: Thank you for discussing this irregularity. This had initially been based off a previously published example; however we are happy to fix it.

Changes in the text: We've added a small paragraph to discuss the search strategy and cite the table in the text. Additionally, we've updated the table to delete any unnecessary words.