

October 30, 2023

Editorial Team
World Journal of Psychiatry

Re: Manuscript NO.: 87891, Case Report; "Embracing local languages and differences: co-constructive patient simulation strengthens host countries' clinical training in psychiatry"

Dear Colleagues,

Thank you for your recent decision letter: we are delighted with your invitation to revise our manuscript. We appreciate the careful peer review and address all comments point-by-point below. We include our responses **in blue** interspersed with your decision letter from October 25th; we also highlight in **yellow** the changes we've made in the revised manuscript.

We hope that our changes, as noted below and in the revision enclosed, result in a manuscript suitable for publication in *World Journal of Psychiatry*. We are of course ready to address any further feedback and thank you once again for your careful consideration of our work.

Respectfully yours, and on behalf of my coauthors,

...

Reviewer #1:

In the paper, the authors conducted human simulation sessions with standardized patients from Türkiye and Israel, following an adaptation of the co-constructive patient simulation model. The model may contribute to the training of psychiatrists in non-English speaking countries.

My comments are as follows:

Page 3-4 -"In brief, to use local knowledge, local realities and language, and the texture of their unique expertise, to improve on their reflective clinical practice, and to help train their next generation of mental health practitioners." Have the trainees participating in the training benefited from these sessions and how to evaluate the effectiveness?

This is an important question and a next step in our line of work. We now state that

we have no follow up data on the self-sustainability, replicability, or longer-term adoption of the CCPS model. Similarly, we have no outcome data from individual participants' experiences; qualitative methods may prove useful in addressing this limitation in future studies.

And how

Despite [the relatively small number of sessions attended (3)], our anecdotal experience from informal “exit interviews” in this and previous studies (Spruijt et al, 2022) is that even a single session of CCPS is able to provide something pedagogically unique and clinically helpful.

TABLE 2 -"A 15-year-old adolescent girl", Is the age of the actor the same as this description? If so, Whether minors can be hired locally may affect the promotion of these sessions in other countries, and whether minors can accurately express SPs' emotions.

This is a good observation and one we now clarify under the ethics section:

All actors were 18 years or older, and were compensated for their performance. In three cases, young adult actors were able to “pass” as adolescents 15 – 17 years of age.

Reviewer #2:

Specific Comments to Authors: The abstract in question exhibits a notable absence of explicit delineation of its objectives and keywords, which is a departure from conventional academic practice. It is imperative that the abstract be restructured to align with the stylistic conventions characteristic of scholarly discourse.

We have tightened our abstract and added the following keywords:

Keywords

Training and education; child and adolescent psychiatry; simulation; simulated patients; train-the-trainer; capacity building

Furthermore, within the initial paragraph of the introduction, a conspicuous omission is noted, wherein the need for citation to substantiate the assertions and claims made therein becomes apparent. Throughout the introduction, a pervasive deficiency is observed, as extended sentences are conspicuously bereft of the requisite scholarly citations.

We have added relevant citations, including around global perspectives, such as

Stein DJ, Shoptaw SJ, Vigo D V., Lund C, Cuijpers P, Bantjes J, et al. Psychiatric diagnosis and treatment in the 21st century: paradigm shifts versus incremental integration. *World Psychiatry*. 2022;21:393–414.

Turning to the section dedicated to methodology, a conspicuous lack of lucidity is observed in the description of the study design and the specific constituents of the applied sessions. This dearth of clarity represents a notable departure from the standards of meticulous detail and transparency that are anticipated in academic research.

We now describe the methodology in six paragraphs and include seven relevant references providing more detail. We hope that this description and citations will prove sufficient.

In summation, it is worth noting that despite the aforementioned shortcomings, the study under scrutiny exhibits commendable merit. It addresses pertinent research topics in a commendable

manner and, with necessary revisions to align with academic conventions, has the potential to make a substantial contribution to the scholarly discourse.

Thank you for your supportive comments, and for a detailed review that has strengthened our submission.

(2) *Company editor-in-chief:*

Please provide and upload the following important documents: Signed Consent for Treatment Form(s) or Document(s), the primary version (PDF) of the consent for treatment that has been signed by the patients in the study, prepared in the official language of the authors' country to the system; CARE Checklist–2016, an important document related to case report writing.

Authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content.