## Reply to the comments on manuscript

## Medical Students as Disaster Volunteers: Improving Emergency Department Surge Response in Times of Crisis

Editor-in-Chief World Journal of Critical Care Medicine

Dear Editor and reviewers,

We thank you for your careful evaluation and constructive comments and are grateful for the opportunity to respond and revise our manuscript. Please thank all the reviewers for their valuable comments on our behalf. We have provided a point-by-point reply, have made changes to the manuscript, and show these as tracked changes and have also provided a clean copy of the paper.

We have also added the following paragraph to our title page to better reflect the support we have received for the DVC (line 18-24):

Supported by Mara McAdams, who assisted with the administration of the project, Dr Kenneth Tan Boon Kiat, Head, Department of Emergency Medicine, Singapore General Hospital, who provided logistics and manpower support and the multidisciplinary team of experts including emergency physicians, psychiatrists, palliative care doctors, nurses, radiation physicists and medical social workers who contributed to the workshops and training activities of the Disaster Volunteer Corps (DVC) program.

## **Reviewer 1:**

1. Introduction should provide comparison of other disaster volunteer training program and DVC is unique.

Thank you for your comment. We have augmented the Introduction section (line 78-83) with the following paragraph to highlight the key unique features of the DVC:

Several disaster training programmes aimed at medical students have been published in literature, with varying training approaches. Duration of the courses ranges from 1 day to 4 weeks, comprising both didactic lectures and practical training[10]. To the best of our knowledge, there has been no reported studies where medical students were formally inducted as volunteers attached to an Emergency Department, with staggered training over the entire duration of their medical school career.

2. It says train the trainer approach (cascade model) is used but how many sessions planned by the trained trainer is not provided. Authors can provide how implementation of cascade model is planned.

As the DVC programme is still at its infancy, the current focus of the programme has been to optimise the curriculum of the training. Currently, due to Covid pandemic safe management measures, hands-on training sessions have been curtailed to reduce disease transmission. As such, we have yet to conduct any sessions held by student trainers only; however, a record of students who have underwent the training is kept and student trainers will be recruited based on the record.

We have added the following statement into the manuscript to clarify this (line 166-169): On a practical level, records of students who have underwent training are kept which would allow trainers to tap on these students to assist them and subsequently carry out training sessions independently.

3. Was pre/post workshop assessment conducted? Inclusion of participants feedback can add value.

Thank you for your comment and question. Yes, pre/post workshop assessment and evaluation were carried out for all training sessions. Mode of assessment differed amongst the different types of workshops that were held – for instance, a practical assessment was held for the HAZMAT decontamination course while a multiple choice questionnaire augmented the Bioterrorism and Pandemic response module. Individual feedback were also sought for each course. Due to the heterogenous nature of assessments and evaluations, it was not part of the scope of discussion for this opinion review.

## **Science Editor:**

1. The title is too long, and it should be no more than 18 words.

Thank you for the suggestion. We have shortened the title to "Medical Students as Disaster Volunteers: Improving Emergency Department Surge Response in Times of Crisis" (14 words)

- 2. The authors did not provide original pictures. Please provide the original figure documents. Please prepare and arrange the figures using PowerPoint to ensure that all graphs or arrows or text portions can be reprocessed by the editor; and
- 3. Please obtain permission for the use of picture(s). If an author of a submission is re-using a figure or figures published elsewhere, or that is copyrighted, the author must provide documentation that the previous publisher or copyright holder has given permission for the figure to be re-published; and correctly indicating the reference source and copyrights.

We have arranged the original pictures in PowerPoint format. All photographs accompanying the manuscript are taken by the authors and have not been published elsewhere.

Yours sincerely,

Wong Xiang Yi

Duke-NUS Medical School
On behalf of the manuscript authors