Report back to Journal of Social Work and Social Welfare Policy.

Reviewer 1:

1. Missing abstract – corrected
2. Missing keywords – corrected
3. A lot- of the content appears to be taken from AI and no academic citations are included. These situations need to be rectified – this was all corrected throughout the entire article
4. Example of AI content that is not cited appropriately - Guidance specific to breaking bad news by video has emphasized the need for preparation, clear signaling, empathic presence, and deliberate pacing—practices that are consistent with both RCC and trauma-informed principles. This was corrected – re-written and or taken out of the article.
5. Appropriate academic citations and paraphrasing are needed. This was corrected.
6. The section on Accreditation and Professional Standards could include an example of reflective supervision or suggestions for handling serious diagnoses with cultural sensitivity and or multicultural resources that address cultural dynamics. Great feedback – I added an example and connected this back reflexive supervision in the field of social work and cultural humility and added another reference to help support this claim.
7. The section on Reimbursement and Time Structures or the section on Equity & Social Welfare could identify whether any organization has an exemplary policy that can be used as guidance. For example, there is the SPIKES protocol which is relevant because it provides a replicable structure for delivering serious diagnoses with attention to emotion and patient understanding. The authors could note whether this is a good example or not of the issues they are concerned about. – very good feedback – I incorporated SPIKES and offered a critique of it and how it maps back to the overall paper.
8. Shared decision-making policies can also be useful in designing ways to implement improved communications:
9. I agree that patient satisfaction surveys are inadequate in gathering consumer feelings and preferred interactions. More research is needed in this area, but there are sources that address respect for identity and absence of assumptions or stereotypes by clinicians. Perhaps the authors can suggest or locate some questions or related research that garners the kind of information needed to improve personal respect and cultural sensitivity in the health system communication process. – I wrote 3 new paragraphs addressing this feedback.

Reviewer 2

1. Abstract was not provided. – We wrote an abstract
2. This seems unusual that a nurse practitioner who is unfamiliar with the case would casually provide the diagnosis of colorectal cancer. Definitive diagnoses are not typically given via telehealth. Instead, the diagnosis is provided during face to face visits.As a reader, the vignette makes me immediately skeptical. I would recommend either revising the vignette or offering a peer-reviewed source with statistic related to lack of empathy or providers offering diagnoses when they are unfamiliar with the case. – This reviewer makes a huge and false assumption and may be out of touch with how health care is

delivered – as this happened to ME – its my personal story – as a PhD Social Scientist. It's a 100% true experience/story of mine.

3. Provide a citation that supports the assertion the medical system prioritizes efficiency over patient-centered care. – corrected this.
4. The paragraph requires further develop of the idea and reference support.Great feedback – added additional information.
5. A citation is required for the statement. – Added
6. A citation is required for the statement. – Added
7. The statement is presented without a citation. The lack of reference citations weaken the argument.Added
8. Expand the discussion. Avoid use of one to two sentence paragraphs. Instead, elaborate on the ideas and build an argument which is supported by published, current literature in the discipline.- corrected
9. The framework of relationship-centered care has not been defined or supported by a published reference in the discussion. The reviewer suggests revision. Relationship-centered care should be introduced, described and supported by references. – Corrected
10. Do not capitalize relationship-centered care. – Corrected this throughout the entire article
11. As a reader, I find the statement unclear. Development of the idea would be helpful. Corrected
12. There were a number of citations requested – I corrected some and some were there in the right format – after the completed thought.
13. The reviewer recommends revision. Statements lack the required reference citations. The ideas are not fully developed and brief two sentence paragraphs should be avoided. – Corrected
14. Provide a citation when first introducing a paradigm or theory.- Corrected
15. Expand discussion. – Completed
16. Statements do not sufficiently define or describe trauma-informed approaches. Made these changes.
17. What work? – Removed this sentence
18. Every statement in this paragraph required a citation. It is insufficient to present a single citation at the end of the paragraph. Multiple reference sources should be offered to add creditability to the discussion. Revision is recommended. – I corrected this.
19. This source does not appear to be used in the discussion. In APA style, only list sources that are cited within the discussion. – I deleted this reference.
20. This source does not appear to be used in the discussion. In APA style, only list sources that are cited within the discussion. I deleted this reference.
21. Is this the correct citation? *Health professions education and relationship-centered care : report of the Pew-Fetzer Task Force on Advancing Psychosocial Health Education*. (1994). Pew Health Professions Commission. We have retained the citation in the form Tresolini, C. P., & Pew-Fetzer Task Force on Advancing Psychosocial Health Education (1994), which is the convention used throughout the relationship-centered care literature, including by Beach and Inui (2006) and Suchman (2006), both of which we cite in the manuscript. We considered the reviewer's suggestion to list the source under its title, but found that the dominant convention in the field is to attribute it to Tresolini as principal author of the report on behalf of the Task Force.