**Editorial comments:**  
Changes to be made by the author(s) regarding the manuscript:  
1. Please take this opportunity to thoroughly proofread the manuscript to ensure that there are no spelling or grammar issues.

Thank you for the comment, the manuscript was thoroughly proofread and the spelling and grammar issues have been addressed.

2. Please obtain explicit copyright permission to reuse any figures/tables from a previous publication. Explicit permission can be expressed in the form of a letter from the editor or a link to the editorial policy that allows re-prints. Please upload this information as a .doc or .docx file to your Editorial Manager account. The Figure/Table must be cited appropriately in the Figure Legend, i.e. “This figure/table has been modified from [citation].”

Thank you for the comments, the table citations were corrected. The Clinical Teacher editorial policy for reuse is “If you wish to reuse your own article (or an amended version of it) in a new publication of which you are the author, editor or co-editor, prior permission is not required (with the usual acknowledgements).” This policy has been uploaded as a .docx file to my account.

<https://onlinelibrary.wiley.com/page/journal/1743498x/homepage/permissions.html>

3. Please revise the title to avoid the use of colon.

The title has been revised to avoid the use of a colon.

4. Please provide an email address for each author.

Email addresses for each author added to title page.

5. Keywords: Please provide at least 6 keywords or phrases.

Added a sixth keyword/phrase.

6. Please revise the protocol text to avoid the use of any personal pronouns (e.g., "we", "you", "our" etc.).

The protocol has been revised to avoid the use of any personal pronouns.

7. Please revise the protocol to contain only action items that direct the reader to do something (e.g., “Do this,” “Ensure that,” etc.). The actions should be described in the imperative tense in complete sentences wherever possible. Avoid usage of phrases such as “could be,” “should be,” and “would be” throughout the Protocol. Any text that cannot be written in the imperative tense may be added as a “Note.” Please include all safety procedures and use of hoods, etc. However, notes should be used sparingly and actions should be described in the imperative tense wherever possible. Please move the discussion about the protocol to the Discussion.

Thank you for the suggestion, the manuscript protocol was revised to contain action items and avoid the use of phrases such as “could be”, “should be” or “would be”. The discussion about the protocol was moved to the Discussion.

8. 2.1-2.4: Please consider moving the training exercise rules to the Introduction section.

Thank you for the suggestion, the rules have been moved to the Introduction section.

9. 3.4-3.7, 4.1, 4.2: Please write the text in the imperative tense. Any text that cannot be written in the imperative tense may be added as a “Note.”

The text was changed to the imperative tense.

10. Please number the tables in the sequence in which you refer to them in the manuscript text.

The table numbers were changed to reflect the sequence in which they are referred to in the text.

11. Reference 11: Please provide the volume and page numbers.

Reference 11 edited to include online first publication date, no volume or page numbers available at this time.

12. References: Please do not abbreviate journal titles.

Thank you for the comment, journal titles no longer abbreviated.

13. Table of Materials: Please sort the items in alphabetical order according to the Name of Material/Equipment.

Table of materials items placed in alphabetical order.

Minor Concerns:  
Dear authors,  
1. Did medical students attend the same undergraduate or clinical residency period?

The cited study and data reflect emergency medicine residents training at one health system, no medical students provided data for this study. However, this training can be used to teach medical students.

2. How did you select the participants? Personal invitation, online?

The participants were all emergency medicine residents within one residency, who were provided the opportunity to voluntarily participate in this innovative education session. The invitation was sent via email.

3. I did not notice citation of ethical authorization of the work.

A statement of ethical authorization of the work is at the top of the protocol section of manuscript.

4. Were the scales used already built and validated?

The survey was internally developed by content experts in emergency medicine and simulation. The survey was non-validated.

Minor Concerns:  
One minor concern, however. The introduction would benefit from further unpacking of (1) the rationale for the study, and (2) previous research that supports use of this innovative technique/approach to improving communication. Why was this particular approach chosen? Why do we think it is effective and worth using? What evidence is there to support this?  
Also, some minor typos in text.

Thank you for your comments. The rationale for the study and previous research were expanded in the introduction. An additional reference was added. This particular technique was chosen as it focuses on enhancing leadership, closed loop communication, organizational skills and critical thinking during resuscitations. Without visual stimuli, resident physicians must focus on clearly communicating with the team. We think it is effective based on data from our previous study. Unfortunately, there is very limited data to support this specific technique. Currently, we are working on two additional manuscripts to support this technique with objective data.