Author's response to reviews

Title: The case study approach

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Author's response to reviews: see over
26th February 2011

Dear Adrian,

Re: 4726512534893146/The case study approach

Thank you for your email of 3rd February 2011 inviting us to submit a revised manuscript. We are grateful to the three expert reviewers for their thoughtful and constructive feedback. We have as a team carefully considered the various suggestions made and have, in the light of this feedback, thoroughly revised our paper. As suggested, we have also altered our manuscript to ensure that it adheres to the BMC Medicine guidelines for commentaries. Our focus is very much on providing a practical description and guide to undertaking case study research and to this end have, as suggested, drawn on our own practical experiences and those of others to illustrate the salient points.[1-6]

Below we provide a point-by-point response to each of the comments made by the reviewers.

Responses to Reviewer 1:

1. As suggested, we have reduced the number of times “this” is used as a noun.

2. We have also avoided the use of phrases like “more generally”.

Responses to Reviewer 2:

3. We accept that the balance of the original paper was not quite right and we have as a result made a number of revisions to shift its focus more onto practical considerations. In particular, we now provide more detailed examples of the case studies members of our team have been involved with (Boxes 1-4) and furthermore draw on additional case
studies reported in the health services literature to illustrate key messages to illustrate key messages.

4. We have now expanded the sections on ‘What is a case study?’ and ‘What are case studies used for?’ to allow readers to better understand the particular contexts in which consideration should be given to employing a case study design.

5. In the following sections: ‘Defining the case’, ‘Selecting the case(s)’, ‘Collecting the data’, ‘Analysing, interpreting and reporting case studies’, ‘What are the potential pitfalls and how can these be avoided’, we have again embedded this discussion in the context of examples of case studies that highlight the key points being made.

6. The suggestion to use the “four principles” based approach to selecting illustrative case studies is interesting, but is we feel probably outwith the scope of this particular overview paper; we are however grateful for this suggestion, which we may return to in the future.

7. In Box 2, the sentence beginning with “Phase 1: Academic context” has now been rewritten.

8. We have, as suggested, now deleted some of the adjectives like “sharp” and “key”.

Responses to Reviewer 3:

9. The main aim of this paper has now been clarified; this has also been made clearer by the editorial suggestion that this be reframed as a ‘Commentary’ piece.

10. The structure of the introduction has now, as suggested, been revised by describing the main aims of the paper in the opening paragraph of the paper (rather than in the box).

11. We have removed mention of the “Harvard Business Case” in this section to minimise the risk of any misunderstanding.

12. Only passing reference is now made to the theoretical and methodological work of Stake and Yin to illustrate certain particular points.

13. The various types of case studies have now been presented in more of a structured and comparable way so that the differences and benefits are more apparent to readers.

14. The passages on collecting, analysing and interpreting data have now been shortened considerably, as requested.
The opportunity to respond to this constructive feedback has, we believe, helped us to improve our work, and for this we are grateful; we therefore take pleasure in recognising this contribution in the Acknowledgements section at the foot of the paper. Our contribution will, we hope, be of widespread interest to the BMC Medical Research Methodology’s broad readership and will furthermore we anticipate prove important in catalysing interest in this under-used approach. We believe that we have responded to each of the points made and trust that the resulting revisions are to your satisfaction. Please do not hesitate to contact me if you require any further information or clarification.

With kind regards,

Aziz Sheikh
Professor of Primary Care Research & Development
The University of Edinburgh
On behalf of the co-authors

References

5. Hellström I, Nolan M, Lundh U: 'We do things together': A case study of