Author's response to reviews

Title: Family physicians' effort to stay in charge of the medical treatment when patients have home care by district nurses. A grounded theory study

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Author's response to reviews: see over
Title: A grounded theory study of family physicians’ effort to stay in charge of the medical treatment for patients with home care by district nurses.

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Author’s response to reviews:

Once again we would like to thank the reviewer for the valuable comments, which have helped us improve our presentation. Below we have addressed each of the reviewers’ suggestions point by point.

Reviewer: Els Inghelbrecht

A) Title & Abstract:
1. I still think that the title can be more concise. [DR]

_We have changed the title slightly and hope that this makes it better if not much shorter. The ambition has been to include both the setting, the problem and the method so that a potential reader shall know what the article is about._

2. If you remove the “and” before “constantly” and put a “,” instead, than the four strategies are clear. [DR]

_The text has been changed as you suggested._

3. Again, not all the conclusions can be derived from the results presented in the result section of the abstract. The discussion is not adequately supported by the data. In general, the conclusion section present no new results, but place the result found (and described in the result section of the abstract) in a larger context. This was not the case in current abstract. [MER]

_We have added some more information in the result section and changed the text in the conclusion section in order for the conclusions to be derived from what is written in the result section in the abstract. Consequently the conclusion section at the end of the article has also been changed._

B) Method:
1. On page 6 and 7 the physicians’ characteristics are given. Should that not be better placed at the beginning of the results? I think it is more usual to begin the result section with the characteristics of the sample (physician and patient). [MER]

_The text about characteristics of the physicians and the patients included is now moved to the first part of the method section._
C) Results:
1. It is unusual to start a result section with a summary of the results found. At the beginning of the discussion part it is more usual (just as the author has done). [MER] Most Grounded theory studies start with a short summary to guide the reader to what is coming. This is what Glaser (Glaser 1972) labels “starting with a little logic” and should be seen as a reader guide structuring a chapter or an article. We have decided to leave the summary where it is, as we believe that it is helpful for the reader, but if the editor disagrees, it can be omitted.

D) Tables & Figures: There are still a lot of tables and figures. As most information given in table 3 is also given in the result part, perhaps it could be omitted. [MER] Table 3 has been omitted. The information that was previously only presented in the table is now presented in the text were these patients are described. This text is therefore now somewhat longer.

E) In general, I think the article has been improved, but it is still very long in length. Sometimes same sentences or ideas are repeated. Being more concise would benefit the article.
We have shortened the text somewhat even though some text has been added from the omitted table. We have especially tried to take away text that appeared both in the section about the categories of patients where the FP experienced problems, and the types of problems that the FP experienced.

From the editor
We would also request that you go through the manuscript formatting checklist one more time and ensure that your revised manuscript conforms to all of the points.
We have gone through the formatting checklist and also used the template in order for the manuscript to confirm to the formatting standard of the paper. There are two exceptions. 1. We have also used subtitles in the Method, the Discussion and the Conclusion section, not only in the Result section. 2. In the Result section there are not only subtitles, but also a second layer of subtitles. They have also been formatted in Arial 11 like the first layer of subtitles but also formatted in italic in order for them to be different. We think the article is easier to read with these subtitles. We have also looked at other articles in BMC Family Practice published in 2009 and found that some have used subtitles like this, so we hope this is acceptable. Otherwise we will of course change this.

We also recommend that you ask a native English speaking colleague to help you copyedit the paper. If this is not possible, you may need to use a professional copyediting service.
As we are not native English speaking we have asked a native English speaking person, who does copy-editing professionally, to go through the manuscript. We have done both with the first manuscript, the first revised manuscript and now in this second revised manuscript. We hope you find the result satisfactory.