Reviewer’s report

Title: Doctor-patient interaction in Finnish primary health care as observed by first year medical students

Version: 1 Date: 15 April 2005

Reviewer: Paula Vainiomaki

Reviewer’s report:

General

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

This is a qualitative descriptive paper concerning an important topic, early community exposure and early patient contact in basic medical education. It is worth of publishing after some minor revision.

1. Is the question posed by the authors new and well defined?
   The topic is still relatively new in the literature, and this far has not been sufficiently reported in the international literature.

2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work?
   Methods should be described in a more accurately way, the reader does not get a real view, how it was done. Another justification for a more accurate description of methods is, that qualitative methods, unfortunately, are not yet familiar enough among the medical educators, who often are more interested in figures, numbers and quantitative approach.
   One specific detail concerning methods: The reports were divided evenly among the three authors, who read them independently. content analysis was done jointly. This sentence makes the reader to question, how the content analysis was really done, how big was the agreement among the three independent readers, if there were discrepancies among the three readers, how were they solved? And how happened the joint analysis after three independent readers who read only one part? Reading independently does not mean independent rating.

3. Are the data sound and well controlled?
   Yes. The qualitative data is rich in details and demands a lot of work to be done to be published. The examples are nice to read. Anyhow, in some places the scale of students in the results could be defined more accurately: e.g. the majority of students, what does it mean, 51 or 95 per cents? The reader would be willing to get a rough scale even though we are having qualitative results. More than half, two thirds, three quarters?

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
   Yes

5. Are the discussion and conclusions well balanced and adequately supported by the data?
   One of the main issues in the conclusion seems to be the idea (not anyhow written that accurately in the abstract, that the programme described will have an impact on the career choice towards the work in general practice. Anyhow, this issue of career choice was not mentioned within the results at that level. How do the results lead to this conclusion? A more positive attitude towards the work in GP only, as it has been said in the abstract? The authors should give some more justifications concerning career choice, leave it out or mention it in a less stressing way than in the current version.

6. Do the title and abstract accurately convey what has been found?
Yes, as mentioned above, the abstract will base more on the described results than the conclusion part in the text body.

7. Is the writing acceptable?
Yes, nicely written, colourful text in the results, easy to read.

Discretionary Revisions (which the author can choose to ignore)

What next?: Accept after minor essential revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:
I declare that I have no competing interests.