Author's response to reviews

Title: Swiss residents’ speciality choices - impact of gender, personality traits, career motivation and life goals

Authors:

Barbara Buddeberg-Fischer (barbara.buddeberg@usz.ch)
Richard Klaghofer (richard.klaghofer@usz.ch)
Thomas Abel (abel@ispm.unibe.ch)
Claus Buddeberg (claus.buddeberg@usz.ch)

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Reply to reviewer Lambert

Major compulsory revisions

ad 1) Speciality groupings: We changed the speciality grouping into: Primary Care, Internal Medicine, Surgical Specialities, G&O, Anaesthesiology, Paediatrics, Psychiatry, other specialities (such as dermatology, ENT, neurology, ophthalmology, radiology). (see section methods, study design, sample development, and study sample)

Coding of the speciality aspired to: The participants had a list of all 43 officially acknowledged medical specialities in Switzerland, marked with a code number, which they could fill in answering the question concerning the speciality choice.

ad 2) Table 3: As suggested, we started the analysis with overall chi-square and showed the adjusted standardised residuals.

ad 3) Table 4: As suggested, we conducted one-way univariate analyses for each scale followed by post hoc analyses (contrasts: Scheffe-tests).

ad 4) Timing: We described the sequences of the three assessments (T1 - T3, 2001/2003/2005) (see section methods, study design, sample development, and study sample) and stated in table 2 that personality traits were assessed at T1.

Minor revisions:
We considered the suggestions to improve the English language.

Discretionary:
ad 1) In the section results we described table 4 at first and then table 5.

Reply to reviewer Aasland

ad 1a) We included the characteristics of the group who has not made their choice yet in table 4.

ad 1b) We described the speciality training conditions in the section (see section methods, speciality training and residencies in Switzerland.

ad 1c,d,e) As suggested, in a new figure 2 we showed the distribution of the residents' speciality choices over time and compared it with the distribution of specialities of the actually working doctors.

ad 1f) This issue can not be answered with data of our study; this would be a different study.

ad 1g,h,i) We changed the speciality grouping into: Primary Care, Internal Medicine, Surgical Specialities, G&O, Anaesthesiology, Paediatrics, Psychiatry, other specialities (such as dermatology, ENT, neurology, ophthalmology, radiology). (see section methods, study design, sample development, and study sample)
ad 1j) We stated in the section methods (instruments) that SOC, RSE, PAQ, CMQ and GOALS are measures of traits. For SOC and CMQ, assessed at T1 and T3, we listed the stability of these scales in table 2.

ad 1k) Table 4: We conducted one-way univariate analyses for each scale followed by post hoc analyses (contrasts: Scheffe-tests); results of multivariate analyses are shown in table 5.

ad 2) As suggested, we discussed the results of our study in a broader context (see last paragraphs in the sections discussion and conclusions).

ad 3) It is correct that we referenced mostly papers from other countries than Switzerland. However, Swiss studies addressing issues of speciality choice are lacking to date.

We thank the two reviewers for their helpful suggestions to improve the manuscript.
Kind regards
Barbara Buddeberg-Fischer