Reviewer’s report

Title: Thriving in Scrubs: A Qualitative Study of Resident Resilience

Version: 0 Date: 25 Jan 2018

Reviewer: Laura MacIsaac

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1) I am confused how this cohort of residents were selected?

"a theoretical sampling model guided the selection of residents thriving in Ob/Gyn"

I thought the OB/GYN residents at this program were a convenience sample, not a subgroup that were identified by peers and supervisors as the "resilient" ones.

How these residents were selected needs to be clarified and then how this selection process was limited and could bias data and results needs to be revised. In the limitations section and in the materials and methods section-not congruent.

2) Missing: asking questions about self-perception of resilience prior to residency.

One central a priori question set out by the authors was whether resilience is a fixed character trait (presumably that a trainee starts residency with), or it is something that can be learned/taught. Were these questions asked in the interviews to get at this question?

Anything to suggest fixed vs dynamic traits and temporal relationships would be useful themes that are asked in the introduction. Such as, did you feel like you were a resilient person until stressors/adversity of residency overwhelmed those reserves… Did I miss these questions that are in the intro but not really in the data?

3) The tree model:

I am confused why self-care is at the fruit bearing symbol (leaves) instead of roots or watering. The quotes from the residents to now sound like self care is aspirational or fruit bearing, but something that helps with the stress, both physical and emotional, and adversity of training and healthcare.

4) Table 1 : why is category 1 and 2 not together. Professional identity etc seemed to come, in part, and for some, from background. They did not sound distinct from the quotes.
5) Under Tensions-One of the quotes articulated that always being part of a team, being high functioning in a team is a necessity—was both a support system, but also can be a source of tension, with competition and hierarchy, and personality conflict which causes more emotional drain. Teamwork maybe should be in both categories?

6) Connecting the findings of these qualitative results to interventions to enhance is stretching the data from the study. It did not sound like the interviews asked what types of interventions they had experienced in residency through the program, or employed on their own, or heard others utilize, what worked and what did not.

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