<pre>population) rather than solely the choices of medical students. I would be careful not to overstate the role of specialty choice here and perhaps instead indicate that the broad popularity of certain specialties has implications for health workforce planning and leave it at that. If anything, the solution is not solely to have faculty "encourage" people to choose certain specialties, but rather, to have a comprehensive national health human resources strategy that combines many incentives (financial, personal, career, policy etc.) to achieve the right mix of specialties and distribution (rural / urban etc.) that we desire. • Thank you for addressing this point. We have reworded elements of this paragraph to not overstate medical student career choices as a sole factor in changing health care trends. 2. In this paragraph I would also rewrite the sentence starting with "A better understanding" to make it clearer what we are trying to have program directors involved with; right now it reads clumsily. • Thank you, this has also been addressed. Methods There is some additional clarification that needs to be written into these methods. 3. How was the guide constructed? It says that questions and prompts were informed by the surveys, but were these reviewed by anyone else? Were they piloted on any groups of students? How did the researchers ensure relevance and avoid bias in prompting / questioning? • Thank you for this comment. This issue has been addressed in the Methods section, as indicated above. 4. How many times were "several times"?</pre>	Article details: 2015-0103		
<pre>Nutrows Hail Residue Resi</pre>	Title		
<pre>Institution Driversity of Toronto, Dalla Lana School of Public Health, Toronto, Ont. General comments in bold) Second paragraph = while selection of a medical specialty undoubtedly impacts the composition of the workforce nationxide I undoubtedly impacts the composition of the workforce nationxide is undoubtedly impacts the composition of the workforce nationxide is esponsible for the trends described. Underemployment, for example, can be related to a number of factors that are more typically a systems issue. 2.g. unavailability of fixed resources (e.g. not enough OSs with available OS time). Similarly, the current lack of family medicine physicians may be influenced by demographic factors (e.g. we need more family docs due to population growth and/or again population) rather than solely the choices of medical students. I would be careful not to overstate the tore of specialties, but with a large is a suprehensive national health human resources strateged that combines many incentives (financial, personal, career, policy etc.). to achieve the right mix of specialties and distribution (rura / urban etc.) that we desire. . Thank you for addressing this point. We have revorded elements of this paragraph I would also rewrite the sentence strating with "A better understanding" to make it clearer what we are trying to have program directors involved with right now it reads clumsily. . Thank you for this comment. This issue has been addressed in the Methods . Now was the guide constructed? It says that questions and prompts wells? Meet holds. . Now way the coling system developed? . Thak you for bringing this to our attention. The transcripts were reviewed a minimum of three times sec</pre>		Kiersten Pianosi BSc, Cheri Bethune MD MClSc, Katrina F. Hurley MD	
<pre>cont. Central comments (author response in bold) (author response in bold) (author response) (a doubtedly impacts the composition of the workforce nationwide I would be hard pressed to state that it is the only factor that is responsible for the trends described. Underemployment, for example, can be related to a number of factors that are more typically a systema issue. E.g. unavailability of fixed resources (e.g. not enough Oks with available OK thme). Similarly, the current lack of family medicine physicians may be influenced by demographic factors (e.g. we need more family does due to population growth and/or anin pool be careful not to oversite the tools of specially choice have and perhaps instead indicate that the broad popularity of cortain specialities has implications for health workforce planning and leave it at that. If anything, the solution is not solely to have faculty "encourage" people to choose certain specialities, but rather, to have a comprehensive national health human resources strategy that combines many incentives (linancial, personal, career, policy etc.) to achieve the right mix of specialities and distribution (rural / urban etc.) that we desile. • Thank you, for addressing this point. We have reworded elements of this paragraph I would also rewrite the sentence starting with "are prorum directory" but we set the sentence starting with "are prorum directory" but ways that questions and prompts were informed by the survey, but were these reviewed by anyone else? Wre they piloted on any groups of students? How did the researchers ensure relevenes and avoid bias in prompting / usetioning? • Thank you for this comment. This issue has been addressed in the Methods. 5. How was the coding vayem develored? • This has been updated and elaborated on in the Analysis section of the Methods. 6. How were discrepancies in coding resolved between reviewers? • The discrepancies ere resolved by consensus inface to face meetings. • The discrepancies of major, intermediate and minor identified? Wh</pre>			
<pre>General comments in bold) in bold in bold</pre>	Institution	University of Toronto, Dalla Lana School of Public Health, Toronto,	
<pre>it at that. If anything, the solution is not solely to have faculty "encourage" people to choose certain specialties, but rather, to have a comprehensive national health human resources strategy that combines many incentives (financial, personal, career, policy etc.) to achieve the right mix of specialties and distribution (rural / urban etc.) that we desire. • Thank you for addressing this point. We have reworded elements of this paragraph to not overstate medical student career choices as a sole factor in changing health care trends. 2. In this paragraph I would also rewrite the sentence starting with "A better understanding" to make it clearer what we are trying to "A better understanding" to make it clearer what we are trying to have program directors involved with; right now it reads clumsily. • Thank you, this has also been addressed. Methods There is some additional clarification that needs to be written into these methods. 3. How was the guide constructed? It says that questions and prompts were informed by the surveys, but were these reviewed by anyone else? Were they piloted on any groups of students? How did the researchers ensure relevance and avoid bias in prompting / questioning? • Thank you for brigging this to our attention. The transcripts were reviewed a minimum of three times each. 5. How was the coding system developed? • Thank so been updated and elaborated on in the Analysis section of the Methods. 5. How were discrepancies in coding resolved between reviewers? • The discrepancies were resolved by consensus in face to face meetings. 7. A set of themes were identified, but how were the (seemingly arbitrary) categories of major, intermediate and minor identified? What entailed "consistently and frequently" versus "not as frequently?" Was one response considered infrequent? • This has been addressed, as above. • Addresse clove. • Again on line wi</pre>	(author response	1. Second paragraph - while selection of a medical specialty undoubtedly impacts the composition of the workforce nationwide I would be hard pressed to state that it is the only factor that is responsible for the trends described. Underemployment, for example, can be related to a number of factors that are more typically a systems issue. E.g. unavailability of fixed resources (e.g. not enough ORs with available OR time). Similarly, the current lack of family medicine physicians may be influenced by demographic factors (e.g. we need more family docs due to population growth and/or again population) rather than solely the choices of medical students. I would be careful not to overstate the role of specialty choice here	
2. In this paragraph I would also rewrite the sentence starting with "A better understanding" to make it clearer what we are trying to have program directors involved with; right now it reads clumsily. Thank you, this has also been addressed. Methods There is some additional clarification that needs to be written into these methods. 3. How was the guide constructed? It says that questions and prompts were informed by the surveys, but were these reviewed by anyone else? Were they piloted on any groups of students? How did the researchers ensure relevance and avoid bias in prompting / questioning? Thank you for this comment. This issue has been addressed in the Methods section, as indicated above. How many times were "several times"? Thank you for bringing this to our attention. The transcripts were reviewed a minimum of three times each. How was the coding system developed? This has been updated and elaborated on in the Analysis section of the Methods. How were discrepancies in coding resolved between reviewers? The discrepancies of major, intermediate and minor identified? What entailed "consistently and frequently" versus "not as frequently?" Was one response considered infrequent? This has been addressed, as above. So and them estimation above, could a single response end up being multiple themes? E.g. I would imagine some statements that might be "bad mouthing / negative perceptions" could also be considered a critical experience. How were these handled? 		<pre>specialties has implications for health workforce planning and leave it at that. If anything, the solution is not solely to have faculty "encourage" people to choose certain specialties, but rather, to have a comprehensive national health human resources strategy that combines many incentives (financial, personal, career, policy etc.) to achieve the right mix of specialties and distribution (rural / urban etc.) that we desire.</pre> • Thank you for addressing this point. We have reworded elements of	
 "A better understanding" to make it clears what we are trying to have program directors involved with; right now it reads clumsily. "Thank you, this has also been addressed. Methods There is some additional clarification that needs to be written into these methods. How was the guide constructed? It says that questions and prompts were informed by the surveys, but were these reviewed by anyone else? Were they piloted on any groups of students? How did the researchers ensure relevance and avoid bias in prompting / questioning? Thank you for this comment. This issue has been addressed in the Methods section, as indicated above. How many times were "several times"? Thank you for bringing this to our attention. The transcripts were reviewed a minimum of three times each. How was the coding system developed? This has been updated and elaborated on in the Analysis section of the Methods. How were discrepancies in coding resolved between reviewers? The discrepancies of major, intermediate and minor identified? What entailed "consistently and frequently" versus "not as frequently?" Was one response considered infrequent? This has been addressed, as above. Was only one theme identified per response, or could a single response generate multiple themes? One response could be coded under more than one theme, as indicated above. Results Again in line with the question above, could a single response end up being multiple themes? E.g. I would imagine some statements that might be "bad mouthing / negative perceptions" could also be considered a critical experience. How were these handled? Addressed above. 			
There is some additional clarification that needs to be written into these methods. 3. How was the guide constructed? It says that questions and prompts were informed by the surveys, but were these reviewed by anyone else? Were they piloted on any groups of students? How did the researchers ensure relevance and avoid bias in prompting / questioning? • Thank you for this comment. This issue has been addressed in the Methods section, as indicated above. 4. How many times were "several times?" • Thank you for bringing this to our attention. The transcripts were reviewed a minimum of three times each. 5. How was the coding system developed? • This has been updated and elaborated on in the Analysis section of the Methods. 6. How were discrepancies were resolved by consensus in face to face meetings. 7. A set of themes were identified, but how were the (seemingly arbitrary) categories of major, intermediate and minor identified? What entailed "consistently and frequently" versus "not as frequently?" Was one response considered infrequent? • This has been addressed, as above. 8. Was only one theme identified per response, or could a single response generate multiple themes? • One response could be coded under more than one theme, as indicated above. Results 9. Again in line with the question above, could a single response end up being multiple themes? E.g. I would imagine some statements that might be "bad mouthing / negative perceptions" could also be considered a critical experience. How were these handled? • Addressed above.		have program directors involved with; right now it reads clumsily.	
There is some additional clarification that needs to be written into these methods. 3. How was the guide constructed? It says that questions and prompts were informed by the surveys, but were these reviewed by anyone else? Were they piloted on any groups of students? How did the researchers ensure relevance and avoid bias in prompting / questioning? • Thank you for this comment. This issue has been addressed in the Methods section, as indicated above. 4. How many times were "several times?" • Thank you for bringing this to our attention. The transcripts were reviewed a minimum of three times each. 5. How was the coding system developed? • This has been updated and elaborated on in the Analysis section of the Methods. 6. How were discrepancies were resolved by consensus in face to face meetings. 7. A set of themes were identified, but how were the (seemingly arbitrary) categories of major, intermediate and minor identified? What entailed "consistently and frequently" versus "not as frequently?" Was one response considered infrequent? • This has been addressed, as above. 8. Was only one theme identified per response, or could a single response generate multiple themes? • One response could be coded under more than one theme, as indicated above. Results 9. Again in line with the question above, could a single response end up being multiple themes? E.g. I would imagine some statements that might be "bad mouthing / negative perceptions" could also be considered a critical experience. How were these handled? • Addressed above.		Methods	
 researchers ensure relevance and avoid bias in prompting / questioning? Thank you for this comment. This issue has been addressed in the Methods section, as indicated above. 4. How many times were "several times"? Thank you for bringing this to our attention. The transcripts were reviewed a minimum of three times each. 5. How was the coding system developed? This has been updated and elaborated on in the Analysis section of the Methods. 6. How were discrepancies in coding resolved between reviewers? The discrepancies were resolved by consensus in face to face meetings. 7. A set of themes were identified, but how were the (seemingly arbitrary) categories of major, intermediate and minor identified? What entailed "consistently and frequently" versus "not as frequently?" Was one response considered infrequent? This has been addressed, as above. 8. Was only one theme identified per response, or could a single response generate multiple themes? One response could be coded under more than one theme, as indicated above. Results 9. Again in line with the question above, could a single response end up being multiple themes? E.g. I would imagine some statements that might be "bad mouthing / negative perceptions" could also be considered a critical experience. How were these handled? Addressed above. 		There is some additional clarification that needs to be written into these methods. 3. How was the guide constructed? It says that questions and prompts were informed by the surveys, but were these reviewed by anyone	
Methods section, as indicated above. 4. How many times were "several times"? • Thank you for bringing this to our attention. The transcripts were reviewed a minimum of three times each. 5. How was the coding system developed? • This has been updated and elaborated on in the Analysis section of the Methods. 6. How were discrepancies in coding resolved between reviewers? • The discrepancies were resolved by consensus in face to face meetings. 7. A set of themes were identified, but how were the (seemingly arbitrary) categories of major, intermediate and minor identified? What entailed "consistently and frequently" versus "not as frequently?" Was one response considered infrequent? • This has been addressed, as above. 8. Was only one theme identified per response, or could a single response generate multiple themes? • One response could be coded under more than one theme, as indicated above. Results 9. Again in line with the question above, could a single response end up being multiple themes? F.g. I would imagine some statements that might be "bad mouthing / negative perceptions" could also be considered a critical experience. How were these handled? • Addressed above.		researchers ensure relevance and avoid bias in prompting / questioning?	
 4. How many times were "several times"? Thank you for bringing this to our attention. The transcripts were reviewed a minimum of three times each. 5. How was the coding system developed? This has been updated and elaborated on in the Analysis section of the Methods. 6. How were discrepancies in coding resolved between reviewers? The discrepancies were resolved by consensus in face to face meetings. 7. A set of themes were identified, but how were the (seemingly arbitrary) categories of major, intermediate and minor identified? What entailed "consistently and frequently" versus "not as frequently?" Was one response considered infrequent? This has been addressed, as above. 8. Was only one theme identified per response, or could a single response generate multiple themes? One response could be coded under more than one theme, as indicated above. Results 9. Again in line with the question above, could a single response end up being multiple themes? E.g. I would imagine some statements that might be "bad mouthing / negative perceptions" could also be considered a critical experience. How were these handled? Addressed above. 			
<pre>reviewed a minimum of three times each. 5. How was the coding system developed? • This has been updated and elaborated on in the Analysis section of the Methods. 6. How were discrepancies in coding resolved between reviewers? • The discrepancies were resolved by consensus in face to face meetings. 7. A set of themes were identified, but how were the (seemingly arbitrary) categories of major, intermediate and minor identified? What entailed "consistently and frequently" versus "not as frequently?" Was one response considered infrequent? • This has been addressed, as above. 8. Was only one theme identified per response, or could a single response generate multiple themes? • One response could be coded under more than one theme, as indicated above. Results 9. Again in line with the question above, could a single response end up being multiple themes? E.g. I would imagine some statements that might be "bad mouthing / negative perceptions" could also be considered a critical experience. How were these handled? • Addressed above.</pre>			
 This has been updated and elaborated on in the Analysis section of the Methods. 6. How were discrepancies in coding resolved between reviewers? The discrepancies were resolved by consensus in face to face meetings. 7. A set of themes were identified, but how were the (seemingly arbitrary) categories of major, intermediate and minor identified? What entailed "consistently and frequently" versus "not as frequently?" Was one response considered infrequent? This has been addressed, as above. 8. Was only one theme identified per response, or could a single response generate multiple themes? One response could be coded under more than one theme, as indicated above. Results 9. Again in line with the question above, could a single response end up being multiple themes? E.g. I would imagine some statements that might be "bad mouthing / negative perceptions" could also be considered a critical experience. How were these handled? Addressed above. 		• Thank you for bringing this to our attention. The transcripts were reviewed a minimum of three times each.	
<pre>the Methods. 6. How were discrepancies in coding resolved between reviewers? • The discrepancies were resolved by consensus in face to face meetings. 7. A set of themes were identified, but how were the (seemingly arbitrary) categories of major, intermediate and minor identified? What entailed "consistently and frequently" versus "not as frequently?" Was one response considered infrequent? • This has been addressed, as above. 8. Was only one theme identified per response, or could a single response generate multiple themes? • One response could be coded under more than one theme, as indicated above. Results 9. Again in line with the question above, could a single response end up being multiple themes? E.g. I would imagine some statements that might be "bad mouthing / negative perceptions" could also be considered a critical experience. How were these handled? • Addressed above.</pre>			
<pre>meetings. 7. A set of themes were identified, but how were the (seemingly arbitrary) categories of major, intermediate and minor identified? What entailed "consistently and frequently" versus "not as frequently?" Was one response considered infrequent? • This has been addressed, as above. 8. Was only one theme identified per response, or could a single response generate multiple themes? • One response could be coded under more than one theme, as indicated above. Results 9. Again in line with the question above, could a single response end up being multiple themes? E.g. I would imagine some statements that might be "bad mouthing / negative perceptions" could also be considered a critical experience. How were these handled? • Addressed above.</pre>		<pre>the Methods. 6. How were discrepancies in coding resolved between reviewers?</pre>	
<pre>frequently?" Was one response considered infrequent? This has been addressed, as above. Was only one theme identified per response, or could a single response generate multiple themes? One response could be coded under more than one theme, as indicated above. Results Again in line with the question above, could a single response end up being multiple themes? E.g. I would imagine some statements that might be "bad mouthing / negative perceptions" could also be considered a critical experience. How were these handled? Addressed above. </pre>		<pre>meetings. 7. A set of themes were identified, but how were the (seemingly arbitrary) categories of major, intermediate and minor identified?</pre>	
response generate multiple themes? • One response could be coded under more than one theme, as indicated above. Results 9. Again in line with the question above, could a single response end up being multiple themes? E.g. I would imagine some statements that might be "bad mouthing / negative perceptions" could also be considered a critical experience. How were these handled? • Addressed above.		frequently?" Was one response considered infrequent?This has been addressed, as above.	
 9. Again in line with the question above, could a single response end up being multiple themes? E.g. I would imagine some statements that might be "bad mouthing / negative perceptions" could also be considered a critical experience. How were these handled? • Addressed above. 		response generate multiple themes?One response could be coded under more than one theme, as	
10. On Page 7 I believe a subheader "Exposure" is missing as the		9. Again in line with the question above, could a single response end up being multiple themes? E.g. I would imagine some statements that might be "bad mouthing / negative perceptions" could also be considered a critical experience. How were these handled?	
 authors discuss exposure in the first part, but without a label. Thank you for bringing this to our attention. The appropriate subheading has been added. 11. What is "general medicine"? Is this family medicine or general 		authors discuss exposure in the first part, but without a label. • Thank you for bringing this to our attention. The appropriate subheading has been added.	

 Thereal medicine? Thenk you for bringing up this clarification point. In this case, it was in reference to both family medicines and general internal matrix on Tayon 5 1 would argue that these results in on the support the idea that the general public that posts family medicines at the bottom of the hierarchy but that respondents perceive that the general public does. That's all that can be really said from these results. Besides the family medicine example, work the general public frame of the second the second to the general public frame of the second the s	
 it was in reference to both family medicine and general internal medicine. 12. On Page 8 I would argue that these results do not support the idea that the general public that pasts family medicine at the bottom of the hierarchy but that respondents perceive that the general public thats. That's all that can be really said from these results. Besides the family medicine example, were there any other pathon galout the respondents' perception of low the general public finds most important?) Thank you for raising this point, it is been more carefully addressed in the results. In addition, the sensinel quote for public proceptions/recruitment can be found in Table 2, as opposed to in the text. Interpretation 13. For the discussion section, I wonder if early exposure could also have the opposite effect - megative resulting in the student deciding not to specialise in hist field. Thus In the discussion the result of the text of the theorem of the hist sector of the student deciding not to specialise in historial (index) in the student of further research is required to trainly these this out. This is a good point, thank you for bringing it up. Nost students referenced exposure with regards to its timing, infrequently commenting on exposure having a negative trand. Because of this, we cannot comment on this as an influencing factor in the discussion. Critical incidents/experiences were used to address pivotal moments that impacted a career choice in a positive or negative interval. Intermediate thems: The quote provided for bad mouthing was mostly directed towards family medicine. Thank you for pointing this out. We have added in an additional sential quots, which better highlight that the student and the sense of ontext also related in the addition of the sense of the first. First difficult to assess how influential ANV of these themes are. I would also highlight that the atter a with word of the research with eqatheles. Sense of the research is a	
 medicine. 12. On Sape 8 I would argue that these results do not support the idea that the general public that posts family medicine at the percent of the hierarchy but that respondents perceive that the general public does. That's all that can be really said from these results. Besides the family medicine example, were there any other pertinent examples to include in the results (e.g. if you are talking about the respondents' precedition of how the general public tanks specialties, what pertaities or respondents' percention of how the general public tanks appeciaties, what pertaities or respondents' perception of you for raising this point, it is been more carefully addressed in the results. In addition, the sentinal quots for public perceptions/recruitment can be found in Table 2, as opposed to in the text. Interpretation 13. For the discussion section, I wonder if early exposure could also have the opposite effect - negative resulting in the student deciding not to specialise in that field. Thus in the discussion section should discuss these multiply: exposure / non-exposure, and the fact that exposure can trend both positive or negative and further research is required to really tease this out. This is a good point, thank you for bringing it up. Nost utents that impacted a career choice in a positive crone decause of this, we cannot comment on this as an influencing factor in the discussion. Critical incidents/speriences were used to address pivotal moments that impacted a career choice in a positive crone discussion appoint when you would be the set of bad multiply discussed by influential dwo' of a particular specialty experience and also could trend both positively or negative there. And when' of a particular specialty experience and also could trend both positively or negative there show influential dwo' for a particular special to be the work and when' of a particular special part of the finding that the authors state that bad mouthing was motily directed tow	
 12. On Page 8 1 would argue that these results do not support the idea that the general public does. That's all that can be really said from these results. Besides the family medicine examples, were there any other pertinent examples to include in the results (e.g., if you are talking about the respondents' perception of how the general public draws inportant?) • Thatk you for raising this point, it is been more carefully addressed in the results. In addition, the sentinel quote for public perceptions of how the general public draws appendix for the results. In addition, the sentinel quote for public perceptions (for the discussion section. I wonder if early exposure could also have the opposite effect - negative resulting in the student deciding not to specialise in that field. Thus in the discussion section should discuss these multiply; exposure / non-exposure, and the fact that exposure can trend both positive or negative and further research is required to really tease this out. • This is a good point, thank you for bringing it up. Most students referenced exposure having a negative trend. Because of this, we cannot comment on this as an influencing factor in the discussion. Critical incidents' Apperiances were used to address pivotal moments that impacted a career choice in a positive or negative direction. The theme of context also related to the 'who, what, where, and when' of a particular spusty experience and also could trend both positive does not upport the finding that the authors state that bad muthing was mostly directed towards family medicine. • Thank you for pointing this out. We have added in an additional sential (upport the finding that the authors state that bad muthing was mostly directed towards family medicine. • Thank you for pointing this out. We have added in a meditive alterest of this research, it's difficult to assess how influential for the sentemest and the factor approxes of the sentemest and the factors. For expectal aconset is a st	it was in reference to both family medicine and general internal
 12. On Page 8 1 would argue that these results do not support the idea that the general public does. That's all that can be really said from these results. Besides the family medicine examples, were there any other pertinent examples to include in the results (e.g., if you are talking about the respondents' perception of how the general public draws inportant?) • Thatk you for raising this point, it is been more carefully addressed in the results. In addition, the sentinel quote for public perceptions of how the general public draws appendix for the results. In addition, the sentinel quote for public perceptions (for the discussion section. I wonder if early exposure could also have the opposite effect - negative resulting in the student deciding not to specialise in that field. Thus in the discussion section should discuss these multiply; exposure / non-exposure, and the fact that exposure can trend both positive or negative and further research is required to really tease this out. • This is a good point, thank you for bringing it up. Most students referenced exposure having a negative trend. Because of this, we cannot comment on this as an influencing factor in the discussion. Critical incidents' Apperiances were used to address pivotal moments that impacted a career choice in a positive or negative direction. The theme of context also related to the 'who, what, where, and when' of a particular spusty experience and also could trend both positive does not upport the finding that the authors state that bad muthing was mostly directed towards family medicine. • Thank you for pointing this out. We have added in an additional sential (upport the finding that the authors state that bad muthing was mostly directed towards family medicine. • Thank you for pointing this out. We have added in a meditive alterest of this research, it's difficult to assess how influential for the sentemest and the factor approxes of the sentemest and the factors. For expectal aconset is a st	
 idea that the general public that posts family medicine is the bottom of the hierarchy but that respondents perceive that the general public fide best. That's all that can be really said from these results. Besides the family medicine example, were there any other partiment examples to include in the results (e.g. if you are taiking about the respondents' perception of how the general public fides most important?) Thank you for raising this point, it is been more carefully addressed in the results. In addition, the sensinel quote for public perceptions/recruitment can be found in Table 2, as opposed to in the text. Interpretation To the discussion section, I wonder if sarly exposure could the fact that exposure can trend both positive or negative and the student deviding not to specialise in that field. Thus in the discussion section should discuss these multiply: exponer / non-exposure, and the fact that exposure can trend both positive or negative and to further research is as an influencing factor in the discussion. Critical incidents/experiences were used to address pivotal moments that impacted a career choice an a positive or negative direction. The theme of context also related to the 'who, what, where, and when' of a perciular specially experience and also could trend both positively or negatively. The authors state that it's difficult to assess how influential context is in career choice disclose. Thank you for pointing this out. We have added in an additional sential quote, which better highlights this. The authors state that it's difficult to assess how influential for the these so of factors. For example, asyng "lifestyle" is an influential driver for all moduling was mostly directed towards family medicine. Thank you for pointing this out. We have added in an additional sential quote, which better highlights this. The authors state that it's difficult to assess how influentif for the	
 bottom of the hierarchy but that respondents perceive that the general public does. That's all that can be really said from these results. Besides the family medicine examples were there any other pertinent examples to include in the results (e.g. if you are talking about the respondents' perception of how the general public finds most important?) Thank you for raising this point, it is been more carefully addressed in the results. In addition, the sentinel quote for public perceptions/scentiment can be found in Table 2, as opposed to in the text. The destination of the table of the result of the student also have the opposite effect - negative resulting in the student deciding not to specialise in that field. Thus in the discussion section should discuss these multiply: exposure / non-exposure, and the fact that exposure can trend both positive or negative and further research is required to really tease this out. This is a good point, thank you for bringing it up. Most students referenced exposure with regards to its timing, infrequently commenting on exposure having a negative trand. Because of this, we cannot comment on this as an influencing factor in the discussion. Critical incidents' Appendent to the indiverse provided for had mouthing does not support the finding that the authors state that bad mouthing was mostly directed tower's family medicine. The stheme of context late related to the 'who, what, where, and when' of a particular provide for had mouthing does not support the finding that the authors state that bad mouthing was mostly directed tower's family medicine. Thank you for pointing this out. We have added in an additional sentinel quote, which better highlights this. The authors state that it's difficult to assess how influential AW of these theses are. I would also highlight that the a the constilative nature of this research, it's difficult to assess how influential AW of these theory. The seases whether context should be more	
<pre>general public does. That's all that can be really said from these results. Besides the family medicine example, were there any other pertinent examples to include in the results (e.g. if you are talking about the respondents' perception of how the general public finds most important?) • Thank you for raising this point, it is been more carefully addressed in the results. In addition, the sentinel quote for public perceptions/recruitment can be found in Table 2, as opposed to in the text. Interpretation 13. For the discussion section, I wonder if early exposure could also have the opposite effect - negative resulting in the student deciding not to specialise in that field. Thus in the discussion eta that opposure can trend both set in the discussion eta that opposure can trend both set in the discussion eta that opposure is required to really trease this out. • This is a good point, thank you for bringing it up. Most students referenced exposure with regarise to its atiming, infrequently commanting on exposure having a negative trend. Because of this, we cannot comment on this as an influencing factor in the discussion. The theme of context also related to the 'who, what, where, and when' of a particular speciality experience. • Thank you for pointing this out. We have added in an additional sentinel quote, which better highlights this. 15. The authors state that is' difficult to assess how influential context is in career choice decisions. Given the qualitative nature of this research, it's difficult to assess how influential avior different set of factors. For example, saying 'lifestyle' is an influential driver or all would be tare influential that a different set of the advinue of a particular perceision and the discussion influential context is in career choice decisions. Given the qualitative and general quote, which better highlights this. 15. The authors state that it's difficult to assess how influential context is in career choice having discus the discussion additional assettion of the results.</pre>	
 results. Besides the family medicine example, were there any other pertinent examples what speciallies do respondents perceive the general public finds most important?) Thank you for raising this point, it is been more carefully addressed in the results. In addition, the sentinel quote for public perceptions/recriment can be found in Table 2, as opposed to in the text. Interpretation For the discussion section, I wonder if early exposure could also have the opposite effect - negative resulting in the student deciding not to speciallse in that field. Thus in the discussion section should discuss these multiply exposure / non-exposure, and the fact that exposure can trend both positive or negative and further research is required to really teads this out. This is a good point, thank you for bringing it up. Most students referenced exposure with regards to its timing, infrequently commenting on exposure having a negative trend. Because of this, we continue that inpacted a career choice in a positive or negative discutant. The theme of conclust also related to the 'who, what, where, and when' of a particular specialty experience and also could trend both positively or negatively. I. A. Intermediate theme: The quote provided for bad mouthing does not support the finding that the althors state that its? Thank you for pointing this difficult to assess how influential ANY of these themes are. I would also highlight that the nature of the major - intermediate - minor seems somewhat arbitrary at this point and without further learling the saving "lifestyle" is an influential driver for all motion the each as a different set of factors. For example, saying "lifestyle" is an influential driver for all medical student has a different set of support the saving model student and the set set of the same some what arbitrary at this point and without further classin some somewhat arbitrary at this point and without further cla	
pertinent examples to include in the results (e.g. if you are talking about the respondent's perception of how the general public finds most important) • Thank you for raising this point, it is been more carefully addressed in the results. In addition, the sentinel quote for public perceptions/recruitment can be found in Table 2, as opposed to in the text. Interpretation 13. For the discussion section, I wonder if early exposure could also have the opposite effect - negative resulting in the student deciding not to specialise in that field. Thus in the discussion section should discuss these multiply: exposure / non-exposure, and the fact that exposure can trend both positive or negative and further research is required to really tease this out. • This is a good point, thank you for bringing it up. Nost students referenced exposure with regards to its timing, infrequently commenting on expocure having a negative trend. Because of this, we cannot comment on this as an influencing factor in the discussion. Critical incident/seperiences were used to address pivolal moments that impacted a career choice in a positive or negative direction. The theme of context also related to the 'No, what, where, and when' of a particular specialty experience and also could trend both positively or negatively. 14. Intermediate theme: The quote provided for bad mouthing was mostly directed towards family medicine. • Thank you for pointing this unthus that bad mouthing was mostly directed towards family medicine. • Thank you for pointing this difficult to assess how influential context is in career choice decisions. Given the qualitative nature of this research, it's difficult to assess how influential context is in career choice decisions. Given the qualitative nature of these themes are. I would also highlight that the nature of the major - intermediate - minor seems somewhat arbitrary at this point as 's though to the carefulsation about which existent career choice from a sample group	
 Lalking about the respondents' perception of how the general public finds most important?) Thank you for raising this point, it is been more carefully addressed in the results. In addition, the sentinel quote for public perceptions/recriment can be found in Table 2, as opposed to in the text. Interpretation For the discussion section, I wonder if early exposure could also have the opposite effect - negative resulting in the student deciding not to specialise in that field. Thus in the discussion section should discuss these multiply exposure (non-exposure, and the fact that exposure out rend both positive or negative and further research is required to really teads this out. This is a good point, thank you for bringing it up. Most students referenced exposure with regaried to its timing, infrequently commenting on exposure having a negative trend. Because of this, we cannot comment on this as an influencing factor in the discussion. Chat imposed an exposure having a negative trend. Because of this, we cannot comment on this as an influencing factor in the discussion. Chat imposed an exposure having a negative trend. Because of this, we cannot comment on this as an influencing factor in the discussion. Chat imposed an exposure is a pusitive and a positive do a set the fact that exposure is a pusitive the discussion. Chat why of a particular specialty experience and also could trend both positively or negatively. 14. Intermediats theme: The quote provided for bad mouthing does not support the finding that the authors state that the admouthing does not support the finding that the author state that its' difficult to assess how influential and the of the major - intermediate - minor seems somewhat arbitrary at this point and without further clarification about what constituted a cut-off it's topic to a support the finding that the ach medical student has a different set of factors. For example, saying "iffstyle" is an influenc	
 ranks specialties, what specialties do respondents perceive the general public finds most important?) Thank you for raising this point, it is been more carefully addressed in the results. In addition, the sentinal quote for public perceptions/recruitment can be found in Table 2, as opposed to in the text. Interpretation 13. For the discussion section, I wonder if early exposure could also have the opposite effect - negative resulting in the student deciding not to specialise in that field. Thus in the discussion section should discuss these multiply: exposure / non-exposure, and the fact that exposure can trend both positive or negative and further research is required to really tease this out. This is a good point, thank you for bringing it up. Nost students referenced exposure with regards to its timing, infrequently commenting on exposure having a negative trend. Because of this, we cannot comment on this as an influencing factor in the discussion. Critical incident/seperiences were used to address pivotal moments that impacted a career choice in a positive or negative direction. The theme of context also related to the 'No, what, where, and when' of a particular specialty experience and also could trend both positively or negatively. 14. Intermediate theme: The quote provided for bad mouthing was mostly directed towards family medicine. That May our for pointing this undicide. That neuthors state that it's difficult to assess how influential context is in career choice decisions. Given the qualitative nature of the major intermediate - minor sems somewhat arbitrary at this point and without further clarification about what constituted a curve of the major or intermediate - minor sems somewhat arbitrary at this point and without further clarification about what constituted a curve of the select of the set of cores. See about allowed the set of the fact of the set of the remaint is a set of the remaint and without further clarification ab	pertinent examples to include in the results (e.g. if you are
 Thank you for raising this point, it is been more carefully addressed in the results. In addition, the sentinel quote for public perceptions/recruitment can be found in Table 2, as opposed to in the text. Interpretation 13. For the discussion section, I wonder if early exposure could also have the opposite effect - negative resulting in the student deciding not to specialize in that field. Thus in the discussion section should discuss these multiply: exposure / non-exposure, and the fact that exposure can trend both positive or negative and further research is required to really tlease this out. This is a good point, thank you for bringing it up. Most students referenced exposure with regards to its timing, infrequently commenting on exposure having a negative trend. Because of this, we cannot comment on this as an influencing factor in the discussion. Critical incidents/experiences were used to address pivotal moments that impacted a career choice in a positive or negative direction. The theme of context also related to the 'who, what, where, and when' of a particular specially experience and also could trend both positively or negatively. 14. Intermediate theme: The quote provided for bad mouthing dees not support the finding that the authors state that bad mouthing was mostly directed towards family medicine. Thank you for pointing this out. We have added in an additional sentine quote, which better highlights this. 15. The authors state that 11's difficult to assess how influential ANY of these themes are. I would also highligh that the nuture of the major - intermediate - minor seems somewhat arbitrary at this point and without further clarificial no about what constituet a auto-off it's tough to assess whether context should be more influential than lifestyle, say, or bad mouthing. It's also difficult to assess one factor says any one off actors. For example, saying "lifestyle" is an influential driver for all medical student career choice wou	talking about the respondents' perception of how the general public
 Thank you for raising this point, it is been more carefully addressed in the results. In addition, the sentinel quote for public perceptions/recruitment can be found in Table 2, as opposed to in the text. Interpretation 13. For the discussion section, I wonder if early exposure could also have the opposite effect - negative resulting in the student deciding not to specialize in that field. Thus in the discussion section should discuss these multiply: exposure / non-exposure, and the fact that exposure can trend both positive or negative and further research is required to really tlease this out. This is a good point, thank you for bringing it up. Most students referenced exposure with regards to its timing, infrequently commenting on exposure having a negative trend. Because of this, we cannot comment on this as an influencing factor in the discussion. Critical incidents/experiences were used to address pivotal moments that impacted a career choice in a positive or negative direction. The theme of context also related to the 'who, what, where, and when' of a particular specially experience and also could trend both positively or negatively. 14. Intermediate theme: The quote provided for bad mouthing dees not support the finding that the authors state that bad mouthing was mostly directed towards family medicine. Thank you for pointing this out. We have added in an additional sentine quote, which better highlights this. 15. The authors state that 11's difficult to assess how influential ANY of these themes are. I would also highligh that the nuture of the major - intermediate - minor seems somewhat arbitrary at this point and without further clarificial no about what constituet a auto-off it's tough to assess whether context should be more influential than lifestyle, say, or bad mouthing. It's also difficult to assess one factor says any one off actors. For example, saying "lifestyle" is an influential driver for all medical student career choice wou	ranks specialties, what specialties do respondents perceive the
 Thank you for raising this point, it is been more carefully addressed in the results. In addition, the sentimel quote for public perceptions/recruitment can be found in Table 2, as opposed to in the text. Interpretation For the discussion section, I wonder if early exposure could also have the opposite effect - negative resulting in the student deciding not to apecialize in that field. Thus in the discussion section should discuss these multiply: exposure / non-exposure, and the fact that exposure can trend both positive or negative and further research is required to really tease this out. This is a good point, thank you for bringing it up. Most students referenced exposure with regards to its timing, infrequently commenting on exposure having a negative trend. Because of this, we cannot comment on this as an influencing factor in the discussion. Critical incidents/experiences were used to address pivotal moments that impacted a career choice in a positive or negative direction. The theme of context also related to the 'who, what, where, and when' of a particular apecialty experience and also could trend both positively or negatives]. That you for pointing this out. We have added in an additional sentinel quote, which better highlights this. The authors state that it's difficult to assees how influential ANY of these themes are, I would also highlight that the nature of the major - intermediate - minor seems somewhat arbitrary at this point in thost factors. For example, asying "lifestyle" is an influential fits the solid fit or a same some what arbitrary at this point in the task of a student do a stress of the assess one would expected that most porcly our group. That you for your comment, and you or raise a valid point. This study is assessing factors that influence and subtrary at this point the student date and the factors. So a bitrary of the student da sutdent date a strest and influential of the results. For the	
 addressed in the results. In addition, the sentinel quote for public perceptions/recruitment can be found in Table 2, as opposed to in the text. Interpretation 13. For the discussion section, I wonder if early exposure could also have the opposite effect - negative resulting in the student deciding not to specialise in that field. Thus in the discussion section should discuss these multiply: grosure / non-exposure, and the fact that exposure can trend both positive or negative and further research is required to really tease this out. • This is a good point, thank you for bringing it up. Most students referenced exposure with regards to its timing, infrequently commenting on exposure having a negative trend. Because of this, we cannot comment on this as an influencing factor in the discussion. Critical incidents/experiences were used to address pivotal moments that impacted a career choice in a positive or negative direction. The theme of context also related to the 'who, what, where, and when' of a particular specially experience and also could trend both positively or negatively. 14. Intermediate theme: The quote provided for bad mouthing was mostly directed towards family medicine. • Thank you for pointing this out. We have added in an additional sentinel quote, which better highlights this. 15. The authors state that it's difficult to assess how influential that context is in career choice decisions. Given the qualitative nature of these themes are. I would also highlight that the nature of the major - intermediate - minor sems somewhat arbitrary at this point and whout further clarification about what constituted a cut-off it's tough to assess whether context should be more influential than lifestyle, say, to bad mouthing. It's also difficult to assess one factor against another given that each medical student bas a different set of factors. For example, saying "lifestyle" is an influential driver for all medical students and their career choice would almost m	
<pre>perceptions/recruitment can be found in Table 2, as opposed to in the text. Interpretation 13. For the discussion section, I wonder if early exposure could also have the opposite effect - negative resulting in the student deciding not to specialize in that field. Thus in the discussion section should discuss these multiply: exposure / non-exposure, and the fact that exposure can trend both positive or negative and further research is required to really tease this out. • This is a good point, thank you for bringing it up. Most students referenced exposure with regards to its timing, infrequently commenting on exposure having a negative trend. Because of this, we cannot comment on this as an influencing factor in the discussion. Critical incidents/experiences were used to address pivotal moments that impacted a career choice in a positive or negative direction. The theme of context also related to the 'who, what, where, and when' of a particular apecialty experience and also could trend both positively or negatively. 14. Intermediate theme: The quote provided for bad mouthing was mostly directed towards family medicine. • Thank you for pointing this out. We have added in an additional sential quote, which better highlights this. 15. The authors state that if's difficult to assees how influential ANY of these themes are. I would also highlight that the nature of the major - intermediate - minor seem somewhat arbitrary at this point and without further clarification about what constituted a cut-off it's tough to assess whether context should be more influential than lifestyle, say, or bad mouthing. It's also difficult to assess one different set of factors. Nor example, saying "lifestyle" is an influential driver for all medical students and their career choice would almost empirically be false, peccause then one would expected that most poorly-balanced lifestyle specialities would not be considered. • Thank you for your comment, and you do rasis a valid point. This study is assessing factors that influence an</pre>	
 the text. Interpretation 13. For the discussion section, I wonder if early exposure could also have the opposite effect - negative resulting in the student deciding not to specialise in that field. Thus in the discussion section should discuss these multiply exposure / non-exposure, and the fact that exposure can trend both positive or negative and further research is required to really trease this out. • This is a good point, thank you for bringing it up. Most students referenced exposure with regards to its timing, infrequently commenting on exposure having a negative trend. Because of this, we cannot comment on this as an influencing factor. In the discussion. Critical incidents/experiences were used to address pivotal moments that impacted a career choice in a positive or negative direction. The theme of context also related to the 'who, what, where, and when' of a particular specialty experience and also could trend both positively or negatively. 14. Intermediate theme: The quote provided for bad mouthing was mostly directed towards family medicine. • Thea thors state that it's difficult to assess how influential context is in career choice decisions. Given the qualitative nature of this research, it's difficult to assess how influential any of these themes are. I would also highlight that the nature of the major - intermediate - minor seems somekhat arbitrary at this point and without further clarification about what constituted a cure of these topics whether context shuld be more influential than iffective, say, or bad mouthing. It's also difficult to assess or is an influential than iffective for all medical student career choice would almost empirically be false, because then one would expected that most possitive and pushice, and you do raise a valid point. This study is asseesing factors that influence medical student career choice from a sample group. As with both qualitative and quantitative dat, you ofton cannot generalize the results to a broader pop	
 Interpretation 13. For the discussion section, I wonder if early exposure could also have the opposite effect - negative resulting in the student deciding not to specialise in that field. Thus in the discussion section should discuss these multiply: exposure / non-exposure, and the fact that exposure can trend both positive or negative and further research is required to really tease this out. This is a good point, thank you for bringing it up. Most students referenced exposure with regards to its timing, infrequently commenting on exposure having a negative trend. Because of this, we cannot comment on this as an influencing factor in the discussion. Critical incidents/experiences were used to address pivotal moments that impacted a career choice in a positive or negative direction. The theme of context also related to the 'who, what, where, and when' of a particular specially experience and also could trend both positively or negatively. 14. Intermediate theme: The quote provided for bad mouthing does not support the finding that the authors state that bad mouthing was mostly directed towards family medicine. • Thank you for pointing this out. We have added in an additional sentinel quote, which better highlights that. 15. The authors state that it's difficult to assess how influential context is in career choice decisions. Given the qualitative nature of the major - intermediate - minor seems somewhat arbitrary at this point and without for there clarification about what constituted acu-off atris tough to assess whether context should be more influential than lifestyle, say, or bad mouthing. It's also difficult to assess out and influential that the dical student career choice would almost empirically be false, because then one would expected that most poorly-balanced lifestyle specialities would not be considered. • Thak you for your comment, and you do raise a valid point. This study is assessing factors that influence medical student career cho	
 13. For the discussion section, I wonder if early exposure could also have the oposite effect - negative resulting in the student deciding not to specialise in that field. Thus in the discussion section should discuss these multiply: exposure / non-exposure, and the fact that exposure can trend both positive or negative and further research is required to really tease this out. • This is a good point, thank you for bringing it up. Most students referenced exposure what negards to its timing, infrequently commenting on exposure having a negative trend. Because of this, we cannot comment on this as an influencing factor in the discussion. Critical incidents/experiences were used to address pivotal moments that impacted a career choice in a positive or negative direction. The theme of context also related to the 'Who, what, where, and when' of a particular specialty experience and also could trend both positively or negative). 14. Intermediate theme: The quote provided for bad mouthing does not support the finding that the authors state that bad mouthing was mostly directed towards family medicine. • Thank you for pointing this out. We have added in an additional sentinel quote, which better highlights this. 15. The authors state that it's difficult to assess how influential context is in career choice decisions. Given the qualitative nature of the major - intermediate - minor seems somewhat arbitrary at this point and without further clarification about what constituted a cut-off it's tough to assess whether context should be more influential than lifestyle, say, or bad mouthing. It's also difficult to assess one factor against another given that each medical student has a different set of factors. For example, saying "lifestyle" is an influential drive for all medical student does in fact have a different set of factors, as you mentioned, and their career choice that most poorly-balanced lifestyle specialties would not be considered. • Thank you for your comm	
 also have the opposite effect - negative resulting in the student deciding not to specialise in that field. Thus in the discussion section should discuss these multiply: exposure / non-exposure, and the fact that exposure can trend both positive or negative and further research is required to really tease this out. This is a good point, thank you for bringing it up. Most students referenced exposure with regards to its timing, infrequently commenting on exposure having a negative trend. Because of this, we cannot comment on this as an influencing factor in the discussion. Critical incidents/experiences were used to address pivotal moments that impacted a career choice in a positive or negative direction. The theme of context also related to the 'who, what, where, and 'when' of a particular specialty expresence and also could trend both positively or negatively. 14. Intermediate theme: The quote provided for bad mouthing does not support the finding that the authors state that admouthing was mostly directed towards family medicine. Thank you for pointing this out. We have added in an additional sentinel quote, which better highlights this. 15. The authors state that it's difficult to assess how influential context is in career choice decisions. Given the qualitative nature of these research, it's difficult to assess how influential ANY of these themes are. I would also highligh that the nature of the major - intermediate - minor seems somewhat arbitrary at this point and whout further clarification about what constituted a cur-off it's tough to assess whether context should be more influential than ilfestyle, say, or bad mouthing. It's also difficult to assess on factors, and their career choice would almost empirically be false, because then one would expected that most pourly-balanced lifestyle specialities would not be considered. Thank you for your comment, and you do raise a valid point. This study is assessing factors that influence medical student care	Interpretation
 deciding not to specialise in that field. Thus in the discussion section should discuss these multiply: expoure / non-exposure, and further research is required to really tease this out. This is a good point, thank you for bringing it up. Most students referenced exposure with regards to its timing, infrequently commenting on exposure having a negative trend. Because of this, we cannot comment on this as an influencing factor in the discussion. Critical incidents/experiences were used to address pivotal moments that impacted a career choice in a positive or negative direction. The theme of context also related to the 'who, what, where, and when' of a particular specialty experience and also could trend both positively or negatively. 14. Intermediate theme: The quote provided for bad mouthing does not support the finding that the authors state that and distinal sentinel quote, which better highlights this. 15. The authors state that it's difficult to assess how influential context is in career choice decisions. Given the qualitative nature of this research, it's difficult to assess how influential and wintout further clarification about what constituted a cur-off it's tough to assess whether context should be more influential than divolut further clarification about what constituted a cur-off it's tough to assess whether context should be more influential than different set of factors. For example, sayin "lifestyle" is an influential driver for all medical student has a different set of factors, as you mentioned, and this was part of the relative data, you often cannot generalize the results to a broader population. Each medical student career sholes from a sample group. As with hoth qualitative and quantitative data, you often cannot generalize the results. For the conclesions, the authors are availed point. This study is assessing factors, as you mentioned, and this was part of the relative data, you often cannot generalize the results. For the conclesions, the authors talk	13. For the discussion section, I wonder if early exposure could
 deciding not to specialise in that field. Thus in the discussion section should discuss these multiply: expoure / non-exposure, and further research is required to really tease this out. This is a good point, thank you for bringing it up. Most students referenced exposure with regards to its timing, infrequently commenting on exposure having a negative trend. Because of this, we cannot comment on this as an influencing factor in the discussion. Critical incidents/experiences were used to address pivotal moments that impacted a career choice in a positive or negative direction. The theme of context also related to the 'who, what, where, and when' of a particular specialty experience and also could trend both positively or negatively. 14. Intermediate theme: The quote provided for bad mouthing does not support the finding that the authors state that and distinal sentinel quote, which better highlights this. 15. The authors state that it's difficult to assess how influential context is in career choice decisions. Given the qualitative nature of this research, it's difficult to assess how influential and wintout further clarification about what constituted a cur-off it's tough to assess whether context should be more influential than divolut further clarification about what constituted a cur-off it's tough to assess whether context should be more influential than different set of factors. For example, sayin "lifestyle" is an influential driver for all medical student has a different set of factors, as you mentioned, and this was part of the relative data, you often cannot generalize the results to a broader population. Each medical student career sholes from a sample group. As with hoth qualitative and quantitative data, you often cannot generalize the results. For the conclesions, the authors are availed point. This study is assessing factors, as you mentioned, and this was part of the relative data, you often cannot generalize the results. For the conclesions, the authors talk	
 section should discuss these multiply: exposure / non-exposure, and the fact that exposure can trend both positive or negative and further research is required to really tease this out. This is a good point, thank you for bringing it up. Most students referenced exposure with regards to its timing, infrequently commenting on exposure having a negative trend. Because of this, we cannot comment on this as an influencing factor in the discussion. Critical incidents/experiences were used to address pivotal moments that impacted a career choice in a positive or negative direction. The theme of context also related to the 'who, what, where, and when' of a particular specialty experience and also could trend both positively or negatively. 14. Intermediate theme: The quote provided for bad mouthing does not support the finding that the authors state that bad mouthing was mostly directed towards family medicine. Thank you for pointing this out. We have added in an additional sentinel quote, which better highlights this. 15. The authors state that it's difficult to assess how influential context is in career choice decisions. Given the qualitative nature of these themes are. I would also highlight that the nature of the major - intermediate - minor seems somewhat arbitrary at this point and without further clarification about what constituted a cut-off it's tough to assess whe ther context should be more influential than lifestyle, say, or bad mouthing. It's also difficult to assess one factor against another given that each medical student has a different set of factors. For example, saying "lifestyle" is an influential driver for all medical students and their career choice would almost empirically be false, because then one would expected that most poorly-balanced lifestyle specialties would not be considered. Thank you for your comment, and you do raise a valid point. This study is assessing factors that influence medical student career choice factors, as you ment	
<pre>the fact that exposure can trend both positive or negative and further research is required to really tease this out. • This is a good point, thank you for bringing it up. Most students referenced exposure with regards to its timing, infrequently commenting on exposure having a negative trend. Because of this, we cannot comment on this as an influencing factor in the discussion. Critical incidents/experiences were used to address pivotal moments that impacted a career choice in a positive or negative direction. The theme of context also related to the 'who, what, where, and when' of a particular specialty experience and also could trend both positively or negatively. 14. Intermediate theme: The quote provided for bad mouthing does not support the finding that the authors state that bad mouthing was mostly directed towards family medicine. • Thank you for pointing this out. We have added in an additional sentinel quote, which batter highlights this. 15. The authors state that it's difficult to assess how influential ontext is in career choice decisions. Given the qualitative nature of this research, it's difficult to assess how influential ANY of these themes are. I would also highlight that the nature of the major - intermediate - minor seems somewhat arbitrary at this point and without further clarification about what constituted a cur-off it's tough to assess whether context should be more influential than lifestyle, say, or bad mouthing. It's also difficult to assess one factor against another given that each medical student has a different set of factors. For example, saying "lifestyle" is an influential driver for all medical students and their career choice would almost empirically be false, because then one would expected that most poorly-balanced lifestyle specialties would not be considered. • Thank you for your comment, and you do raise a valid point. This study is assessing factors that influence medical student career choice from a sample group. As with both qualitative and quantitative data, y</pre>	
 further research is required to really tease this out. This is a good point, thank you for bringing it up. Nost students referenced exposure with regards to its timing, infrequently commenting on exposure having a negative trend. Because of this, we cannot comment on this as an influencing factor in the discussion. Critical incidents/experiences were used to address pivotal moments that impacted a career choice in a positive or negative direction. The theme of context also related to the 'who, what, where, and when' of a particular specialty experience and also could trend both positively or negatively. 14. Intermediate theme: The quote provided for bad mouthing does not support the finding that the authors state that bad mouthing was mostly directed towards family medicine. Thank you for pointing this out. We have added in an additional sentinel quote, which better highlights this. 15. The authors state that it's difficult to assess how influential context is in career choice decisions. Given the qualitative nature of this research, it's difficult to assess how influential ANY of these themes are. I would also highlight that the nature of the major - intermediate - minor seems somewhat arbitrary at this point and without further clarification about what constituted a cut-off it's fough to assess whether context should be more influential than lifestyle, say, or bad mouthing. It's also difficult to assess one factor against another given that each medical student has a different set of factors. For example, saying "lifestyle" is an influential driver for all medical students and whet we aday is assessing factors that influence medical student career choice from a sample group. As with both qualitative and that most poorly-balanced lifestyle specialties would not be considered. Thank you for your comment, and you do raise a valid point. This study is assessing factors that influence medical student career choice from a sample group. As with both qualitative a	
 This is a good point, thank you for bringing it up. Most students referenced exposure with regards to its timing, infrequently commenting on exposure having a negative trend. Because of this, we cannot comment on this as an influencing factor in the discussion. Critical incidents/experiences were used to address pivotal moments that impacted a career choice in a positive or negative direction. The theme of context also related to the who, what, where, and when' of a particular specialty experience and also could trend both positively or negatively. 14. Intermediate theme: The quote provided for bad mouthing does not support the finding that the authors state that bad mouthing was mostly directed towards family medicine. Thank you for pointing this out. We have added in an additional sentinel quote, which better highlights this. 15. The authors state that it's difficult to assess how influential context is in career choice decisions. Given the qualitative nature of this research, it's difficult to assess how influential than lifestyle, say, or bad mouthing. It's also difficult to assess one factor against another given that each medical students as a different set of factors. For example, saying "lifestyle" is an influential further clarification about what constituted a cure of that most poorly-balanced lifestyle specialties would and the grade dual at the data of a different set of factors. For example, saying "lifestyle" is an influential students and their career choice would also highly be that set addifferent set of factors, as you mentioned, and this was part of the assessing factors that influence medical student career choice from a sample group. As with both qualitative and quantitative data, you often cannot generalize the results to a broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. The major, intermediate, and minor themes have b	
 referenced exposure with regards to its timing, infrequently commenting on exposure having a negative trend. Because of this, we cannot comment on this as an influencing factor in the discussion. Critical incidents/experiences were used to address pivotal moments that impacted a career choice in a positive or negative direction. The theme of context also related to the 'who, what, where, and when' of a particular specialty experience and also could trend both positively or negatively. 14. Intermediate theme: The quote provided for bad mouthing does not support the finding that the authors state that bad mouthing was mostly directed towards family medicine. Thank you for pointing this out. We have added in an additional sentinel quote, which better highlights this. 15. The authors state that it's difficult to assess how influential context is in career choice decisions. Given the qualitative nature of this research, it's difficult to assess how influential ANY of these themes are. I would also highlight that the nature of the major - intermediate - minor seems somewhat arbitrary at this point and without further clarification about what constituted a cut-off it's tough to assess whether context should be more influential than lifestyle, say, or bad mouthing. It's also difficult to assess one factor against another given that each medical student has a different set of factors. For example, saying "lifestyle" is an influential driver for all medical students and their career choice would almost empirically be false, because then one would expected that most poorly-balanced lifestyle specialties would not be considered. The major, intermediate, and minor themes have been further calcified See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors, and minor themes have been further calcified see above. 16. The prisent discussion rehashes a lot of the results. From the conclusions,	
 commenting on exposure having a negative trend. Because of this, we cannot comment on this as an influencing factor in the discussion. Critical incidents/experiences were used to address pivotal moments that impacted a career choice in a positive or negative direction. The theme of context also related to the who, what, where, and when' of a particular specialty experience and also could trend both positively or negatively. 14. Intermediate theme: The quote provided for bad mouthing does not support the finding that the authors state that bad mouthing was mostly directed towards family medicine. Than kyou for pointing this out. We have added in an additional sentinel quote, which better highlight this. 15. The authors state that it's difficult to assess how influential context is in career choice decisions. Given the qualitative nature of this research, it's difficult to assess how influential ANY of these themes are. I would also highlight that the nature of the major - intermediate - minor seems somewhat arbitrary at this point and without further clarification about what constituted a cut-off it's tough to assess whether context should be more influential than lifestyle, say, or bad mouthing. It's also difficult to assess one factor against another given that each medical student has a different set of factors. For example, saying "lifestyle" is an influential driver for all medical student so would expected that most poorly-balanced lifestyle specialties would not be considered. Thank you for your comment, and you do raise a valid point. This study is assessing factors that influence medical student career choice fram a sample group. As with both qualitative and quantitative data, you often cannot generalize the results to a broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the conclusions, the authors talk about tailoring curiculum, extracurricular programs, student-c	• This is a good point, thank you for bringing it up. Most students
 commenting on exposure having a negative trend. Because of this, we cannot comment on this as an influencing factor in the discussion. Critical incidents/experiences were used to address pivotal moments that impacted a career choice in a positive or negative direction. The theme of context also related to the who, what, where, and when' of a particular specialty experience and also could trend both positively or negatively. 14. Intermediate theme: The quote provided for bad mouthing does not support the finding that the authors state that bad mouthing was mostly directed towards family medicine. Than you for pointing this out. We have added in an additional sentinel quote, which better highlight this. 15. The authors state that it's difficult to assess how influential context is in career choice decisions. Given the qualitative nature of this research, it's difficult to assess how influential ANV of these themes are. I would also highlight that the nature of the major - intermediate - minor seems somewhat arbitrary at this point and without further clarification about what constituted a cut-off it's tough to assess whether context should be more influential than lifestyle, say, or bad mouthing. It's also difficult to assess one factor against another given that each medical student has a different set of factors. For example, saying "lifestyle" is an influential diver for all medical students and their career choice would almost empirically be false, because then ensults to a broader population. Each medical student and their career choice that most poorly-balanced lifestyle specialties would not be considered. Thank you for your comment, and you do raise a valid point. This study is assessing factors that influence medical student career choice from a sample group. As with both qualitative and quantitative data, you often cannot generalize the results to a broader population. Each medical student does in fact have a different set of factors, as y	referenced exposure with regards to its timing, infrequently
 cannot comment on this as an influencing factor in the discussion. Critical incidents/experiences were used to address pivotal moments that impacted a carser choice in a positive or negative direction. The theme of context also related to the 'who, what, where, and when' of a particular specialty experience and also could trend both positively or negatively. 14. Intermediate theme: The quote provided for bad mouthing does not support the finding that the authors state that bad mouthing was mostly directed towards family medicine. Thank you for pointing this out. We have added in an additional sentinel quote, which better highlights this. 15. The authors state that it's difficult to assess how influential context is in carser choice decisions. Given the qualitative nature of this research, it's difficult to assess how influential ANY of these themes are. I would also highlight that the nature of the major - intermediate - minor seems somewhat arbitrary at this point and without further clarification about what constituted a cut-off it's tough to assess whether context should be more influential than lifestyle, say, or bad mouthing. It's also difficult to assess one factor against another given that each medical student has a different set of factors. For example, saying "lifestyle" is an influential driver for all medical students and their career choice would almost empirically be false, because then one would expected that most poorly-balanced lifestyle specialties would not be considered. Thank you for your comment, and you do raise a valid point. This study is assessing factors that influence medical student career choice from a sample group. As with both qualitative and quantitative data, you often cannot generalize the results. From the conclusions, the authors talk about tailoring curriculum, extraouricular programs, student-counselling, etc. I would like to see them in the discussion rehashes a lot of the results. From the conclusions, the	
 Critical incidents/experiences were used to address pivotal moments that impacted a career choice in a positive or negative direction. The theme of context also related to the 'who, what, where, and when' of a particular specialty experience and also could trend both positively or negatively. 14. Intermediate theme: The quote provided for bad mouthing does not support the finding that the authors state that bad mouthing was mostly directed towards family medicine. Thank you for pointing this out. We have added in an additional sentinel quote, which better highlights this. 15. The authors state that it's difficult to assess how influential aNY of these themes are. I would also highlight that the nature of the major - intermediate - minor seems somewhat arbitrary at this point and without further clariffication about what constituted a cut-off it's tough to assess whether context should be more influential than lifestyle, say, or bad mouthing. It's also difficult to assess one factor against another given that each medical student has a different set of factors. For example, saying "lifestyle" is an influential driver for all medical students and their career choice would almost empirically be false, because then one would expected that most poorly-balanced lifestyle specialties would not be considered. Thank you for your comment, and you do raise a valid point. This study is assessing factors has whe thoes in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extracurricular programs, student-counseling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extan literature. (e.g. "If context is a potential factor -	
that impacted a career choice in a positive or negative direction. The theme of context also related to the 'who, what, where, and when' of a particular specialty experience and also could trend both positively or negatively. I. Intermediate theme: The quote provided for bad mouthing does not support the finding that the authors state that bad mouthing was mostly directed towards family medicine. Thank you for pointing this out. We have added in an additional sentinel quote, which better highlights this. I. The authors state that it's difficult to assess how influential context is in career choice decisions. Given the gualitative nature of this research, it's difficult to assess how influential ANY of these themes are. I would also highlight that the nature of the major - intermediate - minor seems somewhat arbitrary at this point and without further clarification about what constituted a cut-off it's tough to assess whether context should be more influential than lifestyle, say, or bad mouthing. It's also difficult to assess one factor against another given that each medical student has a different set of factors. For example, saying "lifestyle" is an influential driver for all medical students and their career choice would almost empirically be false, because then one would expected that most poorly-balanced lifestyle specialties would not be considered. Thank you for your comment, and you do raise a valid point. This study is assessing factors that influence medical student career choice from a sample group. As with both qualitative and quantitative data, you often cannot generalize the results to a broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. The major, intermediate, and minor themes have been further clarified. See above. The present discussion rehashes a lot of the results. From the conclusio	-
 The theme of context also related to the 'who, what, where, and when' of a particular specialty experience and also could trend both positively or negatively. 14. Intermediate theme: The quote provided for bad mouthing does not support the finding that the authors state that bad mouthing was mostly directed towards family medicine. Thank you for pointing this out. We have added in an additional sentinel quote, which better highlights this. 15. The authors state that it's difficult to assess how influential context is in career choice decisions. Given the qualitative nature of this research, it's difficult to assess how influential ANY of these themes are. I would also highlight that the nature of the major - intermediate - minor seems somewhat arbitrary at this point and without further clarification about what constituted a cut-off it's tough to assess whether context should be more influential than lifestyle, say, or bad mouthing. It's also difficult to assess one factor against another given that each medical student has a different set of factors. For example, saying "lifestyle" is an influential driver for all medical students and their career choice would almost empirically be false, because then one would expected that most poorly-balanced lifestyle specialties would not be considered. Thank you for your comment, and you do raise a valid point. This study is assessing factors that influences medical student career choice from a sample group. As with both qualitative and quantitative data, you often cannot generalize the results to a broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. The major, intermediate, and minor themes have been further colarified. See above. 16. The present discussion rehases a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extracurricular programs, student	
<pre>when' of a particular specialty experience and also could trend both positively or negatively. 14. Intermediate theme: The quote provided for bad mouthing does not support the finding that the authors state that bad mouthing was mostly directed towards family medicine. • Thank you for pointing this out. We have added in an additional sentinel quote, which better highlights this. 15. The authors state that it's difficult to assess how influential context is in career choice decisions. Given the qualitative nature of this research, it's difficult to assess how influential ANY of these themes are. I would also highlight that the nature of the major - intermediate - minor seems somewhat arbitrary at this point and without further clarification about what constituted a cut-off it's tough to assess whether context should be more influential than lifestyle, say, or bad mouthing. It's also difficult to assess one factor against another given that each medical student has a different set of factors. For example, saying "lifestyle" is an influential driver for all medical students and their career choice would almost empirically be false, because then one would expected that most poorly-balanced lifestyle specialties would not be considered. • Thank you for your comment, and you do raise a valid point. This study is assessing factors that influence medical student career choice from a sample group. As with both qualitative and quanitative data, you often canot generalize the results to a broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. • The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extra- curricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferab</pre>	
 positively or negatively. 14. Intermediate theme: The quote provided for bad mouthing does not support the finding that the authors state that bad mouthing was mostly directed towards family medicine. • Thank you for pointing this out. We have added in an additional sentinel quote, which better highlights this. 15. The authors state that it's difficult to assess how influential context is in career choice decisions. Given the qualitative nature of this research, it's difficult to assess how influential ANY of these themes are. I would also highlight that the nature of the major - intermediate - minor seems somewhat arbitrary at this point and without further clarification about what constituted a cut-off it's tough to assess whether context should be more influential than lifestyle, say, or bad mouthing. It's also difficult to assess one factor against another given that each medical student has a different set of factors. For example, saying "lifestyle" is an influential driver for all medical students and their career choice would almost empirically be false, because then one would expected that most poorly-balanced lifestyle specialties would not be considered. • Thank you for your comment, and you do raise a valid point. This study is assessing factors that influence medical student career choice from a sample group. As with both qualitative and quantitative data, you often cannot generalize the results to a broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the conclusions, the authors talk about tailoring curriculum, extra-curricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every speciality perfectly all the time? Is this even feasible? If it isn't, w	
 14. Intermediate theme: The quote provided for bad mouthing does not support the finding that the authors state that bad mouthing was mostly directed towards family medicine. Thank you for pointing this out. We have added in an additional sentinel quote, which better highlights this. 15. The authors state that it's difficult to assess how influential context is in career choice decisions. Given the qualitative nature of this research, it's difficult to assess how influential ANY of these themes are. I would also highlight that the nature of the major - intermediate - minor seems somewhat arbitrary at this point and without further clarification about what constituted a cut-off it's tough to assess whether context should be more influential than lifestyle, say, or bad mouthing. It's also difficult to assess one factor against another given that each medical student has a different set of factors. For example, saying "lifestyle" is an influential driver for all medical students and their career choice would almost empirically be false, because then one would expected that most poorly-balanced lifestyle specialties would not be considered. Thank you for your comment, and you do raise a valid point. This study is assessing factors that influence medical student career choice from a sample group. As with both qualitative and quantitative data, you often cannot generalize the results to a broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the conclusions, the authors talk about tailoring curriculum, extra-curricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal way to mi	when' of a particular specialty experience and also could trend both
 14. Intermediate theme: The quote provided for bad mouthing does not support the finding that the authors state that bad mouthing was mostly directed towards family medicine. Thank you for pointing this out. We have added in an additional sentinel quote, which better highlights this. 15. The authors state that it's difficult to assess how influential context is in career choice decisions. Given the qualitative nature of this research, it's difficult to assess how influential ANV of these themes are. I would also highlight that the nature of the major - intermediate - minor seems somewhat arbitrary at this point and without further clarification about what constituted a cut-off it's tough to assess whether context should be more influential than lifestyle, say, or bad mouthing. It's also difficult to assess one factor against another given that each medical student has a different set of factors. For example, saying "lifestyle" is an influential driver for all medical students and their career choice would almost empirically be false, because then one would expected that most poorly-balanced lifestyle specialties would not be considered. Thank you ofor your comment, and you do raise a valid point. This study is assessing factors that influence medical student career choice from a sample group. As with both qualitative and quantitative data, you often cannot generalize the results to a broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the conclusions, the authors talk about tailoring curriculum, extra-curricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal way to m	
 support the finding that the authors state that bad mouthing was mostly directed towards family medicine. Thank you for pointing this out. We have added in an additional sentinel quote, which better highlights this. 15. The authors state that it's difficult to assess how influential context is in career choice decisions. Given the qualitative nature of this research, it's difficult to assess how influential ANY of these themes are. I would also highlight that the nature of the major - intermediate - minor seems somewhat arbitrary at this point and without further clarification about what constituted a cut-off it's tough to assess whether context should be more influential than lifestyle, say, or bad mouthing. It's also difficult to assess one factor against another given that each medical student has a different set of factors. For example, saying "lifestyle" is an influential driver for all medical students and their career choice would almost empirically be false, because then one would expected that most poorly-balanced lifestyle specialties would not be considered. Thank you for your comment, and you do raise a valid point. This study is assessing factors that influence medical student career choice from a sample group. As with both qualitative and quantitative data, you often cannot generalize the results to a broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. The major, intermediate, and minor themes have been further clarified. See above. The major - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialise? Yore family doctors? Wore informed students making decisions?) - THIS I think is the biggest value of the	
 mostly directed towards family medicine. Thank you for pointing this out. We have added in an additional sentinel quote, which better highlights this. 15. The authors state that it's difficult to assess how influential context is in career choice decisions. Given the qualitative nature of this research, it's difficult to assess how influential ANY of these themes are. I would also highlight that the nature of the major - intermediate - minor seems somewhat arbitrary at this point and without further clarification about what constituted a cut-off it's tough to assess whether context should be more influential than lifestyle, say, or bad mouthing. It's also difficult to assess on factor against another given that each medical student has a different set of factors. For example, saying "lifestyle" is an influential driver for all medical students and their career choice would almost empirically be false, because then one would expected that most poorly-balanced lifestyle specialties would not be considered. Thank you for your comment, and you do raise a valid point. This study is assessing factors that influence medical student career choice from a sample group. As with both qualitative and quantitative data, you often cannot generalize the results to a broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extracurricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time?	
 Thank you for pointing this out. We have added in an additional sentinel quote, which better highlights this. 15. The authors state that it's difficult to assess how influential context is in career choice decisions. Given the qualitative nature of this research, it's difficult to assess how influential ANY of these themes are. I would also highlight that the nature of the major - intermediate - minor seems somewhat arbitrary at this point and without further clarification about what constituted a cut-off it's tough to assess whether context should be more influential than lifestyle, say, or bad mouthing. It's also difficult to assess one factor against another given that each medical student has a different set of factors. For example, saying "lifestyle" is an influential driver for all medical students and their career choice would almost empirically be false, because then one would expected that most poorly-balanced lifestyle specialties would not be considered. Thank you for your comment, and you do raise a valid point. This study is assessing factors that influence and addition to a broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. The major, intermediate, and minor themes have been further clarified. See above. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extra-curricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal wy to mix these factors? And to what end? What do we hope to accomplish - more specialists? More family docto	
<pre>sentinel quote, which better highlights this. 15. The authors state that it's difficult to assess how influential context is in career choice decisions. Given the qualitative nature of this research, it's difficult to assess how influential ANY of these themes are. I would also highlight that the nature of the major - intermediate - minor seems somewhat arbitrary at this point and without further clarification about what constituted a cut-off it's tough to assess whether context should be more influential than lifestyle, say, or bad mouthing. It's also difficult to assess one factor against another given that each medical student has a different set of factors. For example, saying "lifestyle" is an influential driver for all medical students and their career choice would almost empirically be false, because then one would expected that most poorly-balanced lifestyle specialties would not be considered. • Thank you for your comment, and you do raise a valid point. This study is assessing factors that influence medical student career choice from a sample group. As with both qualitative and quantitative data, you often cannot generalize the results to a broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. • The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extra- curricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to accomplish - mor</pre>	
 15. The authors state that it's difficult to assess how influential context is in career choice decisions. Given the qualitative nature of this research, it's difficult to assess how influential ANY of these themes are. I would also highlight that the nature of the major - intermediate - minor seems somewhat arbitrary at this point and without further clarification about what constituted a cut-off it's tough to assess whether context should be more influential than lifestyle, say, or bad mouthing. It's also difficult to assess one factor against another given that each medical student has a different set of factors. For example, saying "lifestyle" is an influential driver for all medical students and their career choice would almost empirically be false, because then one would expected that most poorly-balanced lifestyle specialties would not be considered. Thank you for your comment, and you do raise a valid point. This study is assessing factors that influence medical student career choice from a sample group. As with both qualitative and quantitative data, you often cannot generalize the results to a broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extracurricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialists? More f	
<pre>context is in career choice decisions. Given the qualitative nature of this research, it's difficult to assess how influential ANY of these themes are. I would also highlight that the nature of the major - intermediate - minor seems somewhat arbitrary at this point and without further clarification about what constituted a cut-off it's tough to assess whether context should be more influential than lifestyle, say, or bad mouthing. It's also difficult to assess one factor against another given that each medical student has a different set of factors. For example, saying "lifestyle" is an influential driver for all medical students and their career choice would almost empirically be false, because then one would expected that most poorly-balanced lifestyle specialties would not be considered. • Thank you for your comment, and you do raise a valid point. This study is assessing factors that influence medical student career choice from a sample group. As with both qualitative and quantitative data, you often cannot generalize the results to a broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. • The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extra- curricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialists? More family doctors? More informed students making decisions?) - THIS I think is the biggest value</pre>	sentinel quote, which better highlights this.
<pre>context is in career choice decisions. Given the qualitative nature of this research, it's difficult to assess how influential ANY of these themes are. I would also highlight that the nature of the major - intermediate - minor seems somewhat arbitrary at this point and without further clarification about what constituted a cut-off it's tough to assess whether context should be more influential than lifestyle, say, or bad mouthing. It's also difficult to assess one factor against another given that each medical student has a different set of factors. For example, saying "lifestyle" is an influential driver for all medical students and their career choice would almost empirically be false, because then one would expected that most poorly-balanced lifestyle specialties would not be considered. • Thank you for your comment, and you do raise a valid point. This study is assessing factors that influence medical student career choice from a sample group. As with both qualitative and quantitative data, you often cannot generalize the results to a broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. • The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extra- curricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialists? More family doctors? More informed students making decisions?) - THIS I think is the biggest value</pre>	15. The authors state that it's difficult to assess how influential
<pre>of this research, it's difficult to assess how influential ANY of these themes are. I would also highlight that the nature of the major - intermediate - minor seems somewhat arbitrary at this point and without further clarification about what constituted a cut-off it's tough to assess whether context should be more influential than lifestyle, say, or bad mouthing. It's also difficult to assess one factor against another given that each medical student has a different set of factors. For example, saying "lifestyle" is an influential driver for all medical students and their career choice would almost empirically be false, because then one would expected that most poorly-balanced lifestyle specialties would not be considered. • Thank you for your comment, and you do raise a valid point. This study is assessing factors that influence medical student career choice from a sample group. As with both qualitative and quantitative data, you often cannot generalize the results to a broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. • The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extra- curricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialists? More family doctors? More informed students making decisions?) - THIS I think is the biggest value of these findings, not simply just saying one seems arbitrarily majo</pre>	context is in career choice decisions. Given the qualitative nature
<pre>these themes are. I would also highlight that the nature of the major - intermediate - minor seems somewhat arbitrary at this point and without further clarification about what constituted a cut-off it's tough to assess whether context should be more influential than lifestyle, say, or bad mouthing. It's also difficult to assess one factor against another given that each medical student has a different set of factors. For example, saying "lifestyle" is an influential driver for all medical students and their career choice would almost empirically be false, because then one would expected that most poorly-balanced lifestyle specialties would not be considered. • Thank you for your comment, and you do raise a valid point. This study is assessing factors that influence medical student career choice from a sample group. As with both qualitative and quantitative data, you often cannot generalize the results to a broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. • The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extra- curricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If i tisn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialists? More family doctors? More informed students making decisions?) - THIS I think is the biggest value of these findings, not simply just saying one seems arbitrarily major more than minor. I find the findings interested, but I am very<!--</td--><td>-</td></pre>	-
 major - intermediate - minor seems somewhat arbitrary at this point and without further clarification about what constituted a cut-off it's tough to assess whether context should be more influential than lifestyle, say, or bad mouthing. It's also difficult to assess one factor against another given that each medical student has a different set of factors. For example, saying "lifestyle" is an influential driver for all medical students and their career choice would almost empirically be false, because then one would expected that most poorly-balanced lifestyle specialties would not be considered. Thank you for your comment, and you do raise a valid point. This study is assessing factors that influence medical student career choice from a sample group. As with both qualitative and quantitative data, you often cannot generalize the results to a broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extra- curricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If i isn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialists? More family doctors? More informed students making decisions?) - THIS I think is the biggest value of these findings, not simply just saying one seems arbitrarily major 	
 and without further clarification about what constituted a cut-off it's tough to assess whether context should be more influential than lifestyle, say, or bad mouthing. It's also difficult to assess one factor against another given that each medical student has a different set of factors. For example, saying "lifestyle" is an influential driver for all medical students and their career choice would almost empirically be false, because then one would expected that most poorly-balanced lifestyle specialties would not be considered. Thank you for your comment, and you do raise a valid point. This study is assessing factors that influence medical student career choice from a sample group. As with both qualitative and quantitative data, you often cannot generalize the results to a broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extracurricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialists? More family doctors? More informed students making decisions?) - THIS I think is the biggest value of these findings, not simply just saying one seems arbitrarily major more than minor. I find the findings interested, but I am very 	
<pre>it's tough to assess whether context should be more influential than lifestyle, say, or bad mouthing. It's also difficult to assess one factor against another given that each medical student has a different set of factors. For example, saying "lifestyle" is an influential driver for all medical students and their career choice would almost empirically be false, because then one would expected that most poorly-balanced lifestyle specialties would not be considered. • Thank you for your comment, and you do raise a valid point. This study is assessing factors that influence medical student career choice from a sample group. As with both qualitative and quantitative data, you often cannot generalize the results to a broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. • The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extra- curricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialists? More family doctors? More informed students making decisions?) - THIS I think is the biggest value of these findings, not simply just saying one seems arbitrarily major more than minor. I find the findings interested, but I am very</pre>	
<pre>lifestyle, say, or bad mouthing. It's also difficult to assess one factor against another given that each medical student has a different set of factors. For example, saying "lifestyle" is an influential driver for all medical students and their career choice would almost empirically be false, because then one would expected that most poorly-balanced lifestyle specialties would not be considered. • Thank you for your comment, and you do raise a valid point. This study is assessing factors that influence medical student career choice from a sample group. As with both qualitative and quantitative data, you often cannot generalize the results to a broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. • The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extra- curricular programs, student-couselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialists? More family doctors? More informed students making decisions?) - THIS I think is the biggest value of these findings, not simply just saying one seems arbitrarily major more than minor. I find the findings interested, but I am very</pre>	and without further clarification about what constituted a cut-off
<pre>lifestyle, say, or bad mouthing. It's also difficult to assess one factor against another given that each medical student has a different set of factors. For example, saying "lifestyle" is an influential driver for all medical students and their career choice would almost empirically be false, because then one would expected that most poorly-balanced lifestyle specialties would not be considered. • Thank you for your comment, and you do raise a valid point. This study is assessing factors that influence medical student career choice from a sample group. As with both qualitative and quantitative data, you often cannot generalize the results to a broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. • The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extra- curricular programs, student-couselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialists? More family doctors? More informed students making decisions?) - THIS I think is the biggest value of these findings, not simply just saying one seems arbitrarily major more than minor. I find the findings interested, but I am very</pre>	it's tough to assess whether context should be more influential than
<pre>factor against another given that each medical student has a different set of factors. For example, saying "lifestyle" is an influential driver for all medical students and their career choice would almost empirically be false, because then one would expected that most poorly-balanced lifestyle specialties would not be considered. • Thank you for your comment, and you do raise a valid point. This study is assessing factors that influence medical student career choice from a sample group. As with both qualitative and quantitative data, you often cannot generalize the results to a broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. • The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extra- curricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialists? More family doctors? More informed students making decisions?) - THIS I think is the biggest value of these findings, not simply just saying one seems arbitrarily major more than minor. I find the findings interested, but I am very</pre>	
 different set of factors. For example, saying "lifestyle" is an influential driver for all medical students and their career choice would almost empirically be false, because then one would expected that most poorly-balanced lifestyle specialties would not be considered. Thank you for your comment, and you do raise a valid point. This study is assessing factors that influence medical student career choice from a sample group. As with both qualitative and quantitative data, you often cannot generalize the results to a broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extracurricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialists? More family doctors? More informed students making decisions?) - THS I think is the biggest value of these findings, not simply just saying one seems arbitrarily major 	
<pre>influential driver for all medical students and their career choice would almost empirically be false, because then one would expected that most poorly-balanced lifestyle specialties would not be considered. • Thank you for your comment, and you do raise a valid point. This study is assessing factors that influence medical student career choice from a sample group. As with both qualitative and quantitative data, you often cannot generalize the results to a broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. • The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extra- curricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialists? More family doctors? More informed students making decisions?) - THS I think is the biggest value of these findings, not simply just saying one seems arbitrarily major more than minor. I find the findings interested, but I am very</pre>	
 would almost empirically be false, because then one would expected that most poorly-balanced lifestyle specialties would not be considered. Thank you for your comment, and you do raise a valid point. This study is assessing factors that influence medical student career choice from a sample group. As with both qualitative and quantitative data, you often cannot generalize the results to a broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extracurricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialists? More family doctors? More informed students making decisions?) - THIS I think is the biggest value of these findings, not simply just saying one seems arbitrarily major more than minor. I find the findings interested, but I am very 	
<pre>that most poorly-balanced lifestyle specialties would not be considered. • Thank you for your comment, and you do raise a valid point. This study is assessing factors that influence medical student career choice from a sample group. As with both qualitative and quantitative data, you often cannot generalize the results to a broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. • The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extra- curricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialists? More family doctors? More informed students making decisions?) - THIS I think is the biggest value of these findings, not simply just saying one seems arbitrarily major more than minor. I find the findings interested, but I am very</pre>	
 considered. Thank you for your comment, and you do raise a valid point. This study is assessing factors that influence medical student career choice from a sample group. As with both qualitative and quantitative data, you often cannot generalize the results to a broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extracurricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialists? More family doctors? More informed students making decisions?) - THIS I think is the biggest value of these findings, not simply just saying one seems arbitrarily major more than minor. I find the findings interested, but I am very 	would almost empirically be false, because then one would expected
 considered. Thank you for your comment, and you do raise a valid point. This study is assessing factors that influence medical student career choice from a sample group. As with both qualitative and quantitative data, you often cannot generalize the results to a broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extracurricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialists? More family doctors? More informed students making decisions?) - THIS I think is the biggest value of these findings, not simply just saying one seems arbitrarily major more than minor. I find the findings interested, but I am very 	
 Thank you for your comment, and you do raise a valid point. This study is assessing factors that influence medical student career choice from a sample group. As with both qualitative and quantitative data, you often cannot generalize the results to a broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extracurricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialists? More family doctors? More informed students making decisions?) - THIS I think is the biggest value of these findings, not simply just saying one seems arbitrarily major more than minor. I find the findings interested, but I am very 	
<pre>study is assessing factors that influence medical student career choice from a sample group. As with both qualitative and quantitative data, you often cannot generalize the results to a broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. • The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extra- curricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialists? More family doctors? More informed students making decisions?) - THIS I think is the biggest value of these findings, not simply just saying one seems arbitrarily major more than minor. I find the findings interested, but I am very</pre>	
<pre>choice from a sample group. As with both qualitative and quantitative data, you often cannot generalize the results to a broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. • The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extra- curricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialists? More family doctors? More informed students making decisions?) - THIS I think is the biggest value of these findings, not simply just saying one seems arbitrarily major more than minor. I find the findings interested, but I am very</pre>	
<pre>quantitative data, you often cannot generalize the results to a broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. • The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extra- curricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialists? More family doctors? More informed students making decisions?) - THIS I think is the biggest value of these findings, not simply just saying one seems arbitrarily major more than minor. I find the findings interested, but I am very</pre>	
 broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extracurricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialists? More family doctors? More informed students making decisions?) - THIS I think is the biggest value of these findings, not simply just saying one seems arbitrarily major more than minor. I find the findings interested, but I am very 	
<pre>different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. • The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extra- curricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialists? More family doctors? More informed students making decisions?) - THIS I think is the biggest value of these findings, not simply just saying one seems arbitrarily major more than minor. I find the findings interested, but I am very</pre>	I guantitative data you often cannot generalize the regults to a
<pre>rationale behind holding so many focus groups. • The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extra- curricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialists? More family doctors? More informed students making decisions?) - THIS I think is the biggest value of these findings, not simply just saying one seems arbitrarily major more than minor. I find the findings interested, but I am very</pre>	quantitative data, you often cannot generalize the results to a
<pre>rationale behind holding so many focus groups. • The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extra- curricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialists? More family doctors? More informed students making decisions?) - THIS I think is the biggest value of these findings, not simply just saying one seems arbitrarily major more than minor. I find the findings interested, but I am very</pre>	
• The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extra- curricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialists? More family doctors? More informed students making decisions?) - THIS I think is the biggest value of these findings, not simply just saying one seems arbitrarily major more than minor. I find the findings interested, but I am very	broader population. Each medical student does in fact have a
<pre>clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extra- curricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialists? More family doctors? More informed students making decisions?) - THIS I think is the biggest value of these findings, not simply just saying one seems arbitrarily major more than minor. I find the findings interested, but I am very</pre>	broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the
16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extra- curricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialists? More family doctors? More informed students making decisions?) - THIS I think is the biggest value of these findings, not simply just saying one seems arbitrarily major more than minor. I find the findings interested, but I am very	broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups.
conclusions, the authors talk about tailoring curriculum, extra- curricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialists? More family doctors? More informed students making decisions?) - THIS I think is the biggest value of these findings, not simply just saying one seems arbitrarily major more than minor. I find the findings interested, but I am very	broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups.The major, intermediate, and minor themes have been further
curricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialists? More family doctors? More informed students making decisions?) - THIS I think is the biggest value of these findings, not simply just saying one seems arbitrarily major more than minor. I find the findings interested, but I am very	 broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. The major, intermediate, and minor themes have been further clarified. See above.
curricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialists? More family doctors? More informed students making decisions?) - THIS I think is the biggest value of these findings, not simply just saying one seems arbitrarily major more than minor. I find the findings interested, but I am very	 broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. The major, intermediate, and minor themes have been further clarified. See above.
them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialists? More family doctors? More informed students making decisions?) - THIS I think is the biggest value of these findings, not simply just saying one seems arbitrarily major more than minor. I find the findings interested, but I am very	 broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the
that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialists? More family doctors? More informed students making decisions?) - THIS I think is the biggest value of these findings, not simply just saying one seems arbitrarily major more than minor. I find the findings interested, but I am very	 broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extra-
potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialists? More family doctors? More informed students making decisions?) - THIS I think is the biggest value of these findings, not simply just saying one seems arbitrarily major more than minor. I find the findings interested, but I am very	 broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extra-curricular programs, student-counselling, etc. I would like to see
that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialists? More family doctors? More informed students making decisions?) - THIS I think is the biggest value of these findings, not simply just saying one seems arbitrarily major more than minor. I find the findings interested, but I am very	 broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extra-curricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for
time? Is this even feasible? If it isn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialists? More family doctors? More informed students making decisions?) - THIS I think is the biggest value of these findings, not simply just saying one seems arbitrarily major more than minor. I find the findings interested, but I am very	 broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extra-curricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a
ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialists? More family doctors? More informed students making decisions?) - THIS I think is the biggest value of these findings, not simply just saying one seems arbitrarily major more than minor. I find the findings interested, but I am very	 broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extracurricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum"
ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialists? More family doctors? More informed students making decisions?) - THIS I think is the biggest value of these findings, not simply just saying one seems arbitrarily major more than minor. I find the findings interested, but I am very	 broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extracurricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum"
accomplish - more specialists? More family doctors? More informed students making decisions?) - THIS I think is the biggest value of these findings, not simply just saying one seems arbitrarily major more than minor. I find the findings interested, but I am very	 broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extracurricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the
students making decisions?) - THIS I think is the biggest value of these findings, not simply just saying one seems arbitrarily major more than minor. I find the findings interested, but I am very	 broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extracurricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the
these findings, not simply just saying one seems arbitrarily major more than minor. I find the findings interested, but I am very	 broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extracurricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to
more than minor. I find the findings interested, but I am very	 broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extracurricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialists? More family doctors? More informed
more than minor. I find the findings interested, but I am very	 broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extracurricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialists? More family doctors? More informed
-	 broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extracurricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialists? More family doctors? More informed students making decisions?) - THIS I think is the biggest value of
interested in the so what question here.	 broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extracurricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialists? More family doctors? More informed students making decisions?) - THIS I think is the biggest value of these findings, not simply just saying one seems arbitrarily major
	 broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extracurricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialists? More family doctors? More informed students making decisions?) - THIS I think is the biggest value of these findings, not simply just saying one seems arbitrarily major more than minor. I find the findings interested, but I am very
• You have raised an excellent point here. Some additional comments	 broader population. Each medical student does in fact have a different set of factors, as you mentioned, and this was part of the rationale behind holding so many focus groups. The major, intermediate, and minor themes have been further clarified. See above. 16. The present discussion rehashes a lot of the results. From the conclusions, the authors talk about tailoring curriculum, extracurricular programs, student-counselling, etc. I would like to see them in the discussion use their results to build the basis for that, preferably from extant literature. (e.g. "If context is a potential factor - should we perhaps find the "one true curriculum" that would expose everyone to every specialty perfectly all the time? Is this even feasible? If it isn't, what is the end goal, the ideal way to mix these factors? And to what end? What do we hope to accomplish - more specialists? More family doctors? More informed students making decisions?) - THIS I think is the biggest value of these findings, not simply just saying one seems arbitrarily major more than minor. I find the findings interested, but I am very

	have been added to the Discussion section.
	<pre>17. On the topic of the "So What", the paper starts out by pointing out that specialty choice is related to health human resource planning. If the authors are making this contention, then they should tie that back into the discussion - how is what they found relevant to human resource planning? Should we be revamping medical curriculum to increase and broaden exposure? Should we be pushing to make some specialties more lifestyle accessible? Should we be trying to improve the reputation of certain less popular specialties? And how does this fit into planning for residency slots / staff physician posts / as the authors allude to in the beginning of the paper?? • Thank you for addressing this issue. Some additional comments have been added to the Discussion section.</pre>
	General comment 19. I would revisit language and phrasing. For example on page 8 - "Students felt that a few specialists tried to actively recruit them
	 to their programs making positive recruitment efforts enticing" - I know what the authors are trying to say, but it is poorly written. For this sentence I would propose a statement like "Some students felt enticed to pursue specialty training as the result of positive recruitment efforts by preceptors / mentors / specialists." This has been clarified.
	 20. Also - "These interactions framed their possible career trajectory should they choose that specialty, and had a major role in swaying their choices." - The sentence is also quite unclear. Perhaps the authors meant to say "these interactions outlined" or "these interactions highlighted" a "possible career trajectory within that specialty" and "played a major role in their decision." This phrasing has also been adjusted.
	 21. Finally, as another example on page 9 - "Passion" - is this one or two thoughts? Could this not be summed up in one thought as: "Many students who had identified a specific passion pursued training in that specialty, regardless of perceived/potential drawbacks." ? Or are these two thoughts: most students pursued the specialty which they were passionate about (one very specific result) and some did so despite notable drawbacks (second result)? Thank you for this clarification point. The text has been adjusted to read that passion played an influential role, despite perceived
	drawbacks about a particular specialty, or advice from others against it.
Reviewer 2	Dr. Mary Chiu
Institution	Mount Sinai Hospital, Psychiatry, Toronto, Ont.
General comments (author response in bold)	I commend you for conducting 16 focus groups with 70 medicine fresh grads, and through the analysis process, gave rise to interesting data which allow us to take a glimpse into some of the important factors influencing med students' decision-making RE: specialty. This is a huge undertaking and there isn't much research that explores these factors the way it was carried out in this study.
General comments (author response	I commend you for conducting 16 focus groups with 70 medicine fresh grads, and through the analysis process, gave rise to interesting data which allow us to take a glimpse into some of the important factors influencing med students' decision-making RE: specialty. This is a huge undertaking and there isn't much research that
General comments (author response	I commend you for conducting 16 focus groups with 70 medicine fresh grads, and through the analysis process, gave rise to interesting data which allow us to take a glimpse into some of the important factors influencing med students' decision-making RE: specialty. This is a huge undertaking and there isn't much research that explores these factors the way it was carried out in this study. I have these specific comments: 1. Title: I would give the title some more thoughts - may be this is not a qualitative study but a study employing qualitative methods. (I have further comments on this below)
General comments (author response	<pre>I commend you for conducting 16 focus groups with 70 medicine fresh grads, and through the analysis process, gave rise to interesting data which allow us to take a glimpse into some of the important factors influencing med students' decision-making RE: specialty. This is a huge undertaking and there isn't much research that explores these factors the way it was carried out in this study. I have these specific comments: 1. Title: I would give the title some more thoughts - may be this is not a qualitative study but a study employing qualitative methods. (I have further comments on this below) • We have taken this suggestion into consideration and modified the title. 2. p.4, line 31: "The questions and prompts were informed by the longitudinal survey of these student cohorts" - I believe it would be beneficial for the readers to see the semi-structured FG guide.</pre>
General comments (author response	<pre>I commend you for conducting 16 focus groups with 70 medicine fresh grads, and through the analysis process, gave rise to interesting data which allow us to take a glimpse into some of the important factors influencing med students' decision-making RE: specialty. This is a huge undertaking and there isn't much research that explores these factors the way it was carried out in this study. I have these specific comments: 1. Title: I would give the title some more thoughts - may be this is not a qualitative study but a study employing qualitative methods. (I have further comments on this below) • We have taken this suggestion into consideration and modified the title. 2. p.4, line 31: "The questions and prompts were informed by the longitudinal survey of these student cohorts" - I believe it would</pre>
General comments (author response	<pre>I commend you for conducting 16 focus groups with 70 medicine fresh grads, and through the analysis process, gave rise to interesting data which allow us to take a glimpse into some of the important factors influencing med students' decision-making RE: specialty. This is a huge undertaking and there isn't much research that explores these factors the way it was carried out in this study. I have these specific comments: 1. Title: I would give the title some more thoughts - may be this is not a qualitative study but a study employing qualitative methods. (I have further comments on this below) • We have taken this suggestion into consideration and modified the title. 2. p.4, line 31: "The questions and prompts were informed by the longitudinal survey of these student cohorts" - I believe it would be beneficial for the readers to see the semi-structured FG guide. • Addressed above. The guide will now be in the Appendix. 3. p.4, line 38: "qualitative analysis was guided by the principles of GT". I would respectfully argue that grounded theory is a research tradition with a very specific focus in "Developing a theory grounded in data from the field" (Creswell, 1998), not simply to build "an understanding of a subject from 'the ground up'". Also,</pre>

	• Thank you for raising these excellent points. The use of grounded
	theory, and how this study uses that methodology, has been clarified
	in the Methods section. 4. You may consider looking into adopting content analysis or
	thematic analysis of focus group data and reframe your manuscript title, and discussions accordingly.
	• Addressed as above.
	5. p.5, Results: Although not mandatory, it may be helpful for the reader to see descriptive/demographic data of focus groups
	participants. I'm particularly interested in seeing the
	representation of chosen specialties by the participants (e.g. if
	there would be a heavy representation from fam med and thus focus group discussion biased and skewed that way), as well as a breakdown
	of # of participants in each of 2002, 2006, 2007, 2008. I wonder if
	there would be "time difference" (pardon me for the quantitative
	jargon) in the discussions 2002 vs 2008 for example due to
	curriculum changes (natural history).No major curriculum changes occurred at Memorial University
	Faculty of Medicine between 2002-2008. The number of participants
	has been provided. We are not able to report participant
	characteristics.
	6. For future directions, I would challenge the authors to think beyond the educational trajectory and to perform in depth interviews
	with physicians working in different specialities in academic
	settings and have them look back retrospectively (i.e. if you could
	choose again, would you be in the same specialty and why?).
	• Thank you for this comment, you have made an excellent suggestion. This has been included in the final section of the manuscript.
Reviewer	Dr. Ian M. Scott
Institution	University of British Columbia, Department of Family Practice
	Vancouver, BC
General comments (author response	Abstract 1. I am not sure you actually used grounded theory by the strictest
in bold)	sense. See one of the seminal papers on grounded theory: Charmez
,	(5oc. Sci. Med. Vol. 30. No. 11 pp. 1161-1 172. 1990)
	• Thank you for this comment, more thorough explanation of the use
	of grounded theory has been included. 2. The word context in the interpretation is not specific and may
	need a word or two in substitution
	• Thank you for this clarification. It has been addressed in the
	abstract and results.
	Introduction
	3. Ref 8 is a paper on emergency career choice yet you cite it as
	evidence regarding family medicine career choice.
	 Thank you for bringing this error to our attention, it has been addressed.
	Methods 4. The second sentence graduating medical students in the classes
	2002, 2006are these years the students entry or graduating
	yearsI assume graduation years but they could be entry years. Also
	when in their ug education were the foscus groups carried out as
	this could be a powerful influence on the findings. I may have
	missed this but I think it needs to be very clear as focus groups carried out in pre-clinical vs clinical vs prior to graduation would
	be expected to significantly influence the results.
	• Thank you for this point. Both of these comments have been
	addressed above and in the manuscript.
	5. I didn't see any reference dependability of the final themes (through checking your themes via a presentation to participants
	where you seek feedback) as well as trustworthiness of the coding
	scheme (where you present to non-participants in the research
	process followed by a group discussion). This can be a helpful step in qualitative studies.
	 This is valid point. Audience review and reference dependability
	can be valuable for qualitative studies. This did not occur for this
	study, due to the de-identification of participants in transcripts.
	A statement has now been added to the Methods section. 6. I would have liked to see a statement of the range of focus group
	size.
	• Addressed above.
	Results
	7. Some background on how the medical school is structured including how clerkship rotations are chosen or assigned as the comment "many
	students felt as though thee were not exposed to particular
	specialties until the end of their undergraduate training, if at

all." Also since the study was carried out over 6 years at one
school were there major changes to the curriculum that we should
know about.
• Thank you for commenting on this. Information about the curriculum
has been added to the Methods section.
 No significant changes in the Memorial University Faculty of
Medicine curriculum occurred from 2002-2008.
8. A diagram might be helpful with grouping of the themes and
showing them as a bundle with relationships if they exist.
• The few relationships present between themes were addressed in
text. There were not enough relationships between themes to create a
bundle diagram.
Discussion
10. Top of page 8"posted" feels like an awkward word and is not
clear.
• "Posted" has been changed to "rank."
11. The last sentence of the next paragraph is also awkward.
• This has also been changed, as above.
12. Page 9badmouthing section"negative perceptions could be
seen in regards"it feels like voiced is more accurate but this is
being a bit picky.
• Reworded.
13. Page 9 context: The last sentence on the page starting "Career
choices were" is not as clear as the quote that supports it. I
would suggest clarifying.
 An additional statement has been added for clarification.
14. Page 10 the section on information gapsthis feels like it
could fit under residency issues since CaRMS is in the residency
issues section. This section and the timing of decision making
section feel like issues related to a larger theme of "Process".
• Information gap refers to lack of information provided about
specialties and the residency match, and the lacking information was
more in relation to preparing for the CaRMS match, not about issues
specific to a specialty (as is the case with the "residency issues"
theme)
 These themes did appear distinctly different in the dataset
15. page 14 second paragraph-the comment that uncertainty was still
a minor theme is unclear to me.
 Thank you for bringing this up, it has been clarified.
- many you for bringing chits up, it has been craffilled.