

## **FM REVIEW COMMENTARY 2013**

**COMMENTS TO EDITOR:** None of the reviews are particularly enthusiastic, despite the fact that two of them recommend "minor revision." However, all three agree that the article can be salvaged. I think under the circumstances it is fair to give the author a chance to revise.

**COMMENTS TO AUTHOR:** This is a well-written account of the relational nature of clinical practice and how counter-transference often enters into the patient-doctor relationship. However, it falls short of all it could be. We would like you to attempt a major revision, addressing reviewers' concerns as well as comments below.

### **MAJOR CONCERNS**

1) Reviewers agree that the theme of countertransference is an important one, and something we would like to see addressed in a narrative essay. This is really the most interesting and insightful aspect of the essay and it needs to be expanded. Since this is a narrative essay, not a didactic analysis of countertransference, it is not so important to define the term or abstractly discuss it (as reviewer 3 suggests). Nor is there really space for a discussion of how countertransference was presented in your training. However, it is important to put more emphasis about how your realization about your grandmother influenced your subsequent interactions with your patient - what did you learn from this sudden awareness? Did it influence your relationship with your patient in a positive or a negative direction, both, or neither? What did it mean to you that this feisty woman reminded you of your grandma?

2) One of the best paragraphs is the one that starts "Georgina fascinated me..." ending with the insight about mutual healing. This is so important, but you drift right by it. As reviewer 3 requests, please think about this more carefully. What did you need healing from, especially in regards to this particular patient? How did your time with your patient facilitate her healing? Consider how you can elaborate on this critical insight.

3) Reviewers also agree that the ending of the essay is not sufficiently powerful. Susan has a very small role in the rest of the essay, yet it is she who delivers the message that you only thought. This seems unsatisfying (although it may have been what happened) without some sort of awareness on your part as to what this meant. Did you wish you'd said these words? Were you grateful that Susan was able to voice what was in your heart? The essay just sort of stops. We need more of a conclusion - what this experience meant to you, how it affected you as a physician and the subsequent implications for your care of the patient.

### **MINOR SUGGESTIONS**

- 1) Please change the phrase "like a bolt of lightning," an unoriginal, overused analogy.
- 2) Was there anything special about the handkerchiefs that reminded you of your grandma? Was this just a sudden illumination?
- 3) Although reviewer 3 recommends you expand this essay, the length requirements are around 1000 words, so it can't be much longer than the original version. Instead, as per above, consider changing the emphasis so that you expend a little less space on showing us

what this patient is like; and a little more on your discovery that she reminded you of your grandma.

**COMMENTS TO EDITOR II:** This essay required major reworking, and I believe the author has done an excellent job of addressing the concerns and suggestions of Reviewers 1 and 2 (Reviewer 3's recommendations were not consistent with the guidelines of the narrative essays). The most important criticism was that more attention needed to be paid to the countertransference issues that comprised the heart of the essay. This the author has done with a lot of self-awareness and authenticity. It is now much more apparent what this patient meant to the physician; as well as the potential "healing" that the patient offered her doctor. The ending was initially disappointing, but the author has revised it very well so that it is now easy to grasp why the words expressed by the nurse held so much significance for the doctor.

Regarding the writing style, not only has the author eliminated examples of cliché, she also took it upon herself to edit the manuscript in ways that significantly improved its readability.

I believe we can accept this essay after a few very minor additional revisions noted in the attached ms.

**COMMENTS TO AUTHOR II:** Thank you for the obvious effort you expended on this revision. You've done an excellent job of addressing the concerns and suggestions of reviewer s. As you know, the most important criticism was that more attention needed to be paid to the countertransference issues that comprised the heart of the essay. This you have done with self-awareness and authenticity. It is now much more apparent what this patient meant to you as well as the potential "healing" that the patient offered. You've also revised the ending of the essay very successfully so that it is now easy to grasp why the words expressed by Susan held so much significance for you as well.

Thank you for eliminating clichéd phrasing, and overall editing the manuscript in ways that significantly improved its readability.

I am suggesting a few very minor stylistic changes. Please consider these as ways of altering redundant or awkward phrasing; but feel free to make your own rewrites.

**COMMENTS TO EDITOR:** This interesting account of countertransference has undergone two revisions. I feel the essay is about as focused and well-written as it's going to be. It shows how recognition of such phenomena can promote healing for the physician as well as devoted patient care. I recommend acceptance.

**COMMENTS TO AUTHOR:** Thank you for accepting these suggestions. The essay reads very well and tells a moving story.