Reviewer’s report

**Title:** The inter-observer agreement of examining pre-school children with acute cough: a nested study.

**Version:** 1  **Date:** 25 November 2003

**Reviewer:** Samuel Coenen

**Reviewer’s report:**

The authors have been successful in describing the natural history of cough and predicting complications from acute cough in pre-school children.(1-3) Their present paper clearly describes a scientifically sound assessment of the inter-observer agreement between a standardised and non-standardised clinical assessment in the same cohort.

1. The research question is well defined and new. After all, as reported, clinical signs such as fever, respiratory rate and chest have diagnostic, prognostic and treatment implications, but their reliability has been assessed almost exclusively in secondary care.

2. The methods are deemed appropriate, and I assume the description and reference to previous work(2-3) provide sufficient details to replicate the work.

Minor Compulsory Revisions:
Nevertheless it would have been helpful if the authors provided more details about the routine and the standardised clinical assessment. For that matter the authors could also provide BMC Family Practice readers with a copy of the standardised data collection sheet.

Discretionary Revisions:
Furthermore, assessing the inter-observer agreement between ‘opinions’ (fair agreement for respiratory rate and chest signs) seems to me more appropriate than assessing this outcome comparing between ‘opinion’ and counted rate or measured temperature respectively(poor agreement).

Finally – not strictly inter-observer agreement assessment – it would also be interesting if the validity/accuracy of respiratory rate opinions of both observers were assessed with counted rate as reference standard and if their opinions’ sensitivities and specificities were compared. This outcome could further our understanding of the at best fair agreement of clinical signs assessment (do observers have similar accuracy?), and of how best to assess clinical signs, i.e. in a reliable AND valid way.

3-4. The data seem sound and well controlled, and the manuscript adheres to the relevant standards for reporting and data deposition (incl. BMC Family Practice guidelines).

5. The discussion and conclusions are well balanced and adequately supported by the data.

6. The title covers the content of the paper and the abstract conveys what has been found.

7. The paper is well written.

References

What next?: Accept after minor essential revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests: None