Reviewer's report

**Title:** E-assessment of prior learning: A model for interactive systematic assessment of staff with no formal education who are working in Swedish elderly care

**Version:** 2  
**Date:** 31 October 2013

**Reviewer:** Joseph Wherton

**Reviewer's report:**

I think this is a very interesting paper that is addressing an important issue of how to ensure good quality care for elders receiving formal assistance with personal and basic tasks of daily living.

However, I think there is still more that the authors need to explore with this model before it is published. I think the authors should address the following issues (major revisions):

1) I cannot determine from the paper whether the proposed assessment model was actually successful – either at evaluating/measuring staff ability or improving the care provided. I would have thought that the assessment scores would need to be validated against something else that could confirm the accuracy of the assessment tool. The lack of significance across staff (e.g. in terms of age or experience) may be an indication that his model is not sensitive enough.

2) The participant drop-out rate is an important issue, and needs more discussion. If they dropped-out due to concerns of getting a low score, then that impacts validity of the data. If they dropped-out because it was inconvenient or clashed with other commitments, then that presents implications for the suitability of this assessment method in such work settings. So I think the reasons, and implications, need to be discussed.

3) The authors should give more on participants' level of obligation to do the assessment. Was the assessment compulsory (as part of their job), or was it voluntary? How might this impact the findings?

4) The limitations of this model need to be discussed more. Perhaps with a dedicated section. For example, caring for a doll or an actor is not the same as caring for a real person with chronic illness and mental, physical, and/or sensory impairment. So it may have been difficult for experienced care staff to actually engage in the artificial nature of the setting, and apply their experience of working with real people who have complex needs. Similarly, care of an elder can often involve a collaborative effort among care staff (rather than working alone), and relies on personal knowledge and personal relationships with the patient - which I think is lost in this formalised assessment model. Could other approaches be combined to capture these more social and subjective factors?
Overall, I think this study is an interesting first step towards addressing a very complex challenge. However, there needs to be some way of evaluating the assessment model before it is published. One approach could be to follow-up with the care staff to get their perspectives on the new model (e.g. was it worth doing? Would they like to do it again and why? Did it influence their everyday work/practice? What aspects of care does it capture/not capture? How has it impacted the service provided?), and how it might be developed and improved further. In this way, the care staff would be co-designing the model with the research team, rather than acting as passive subjects.

Some minor points:

1) I think definitions are needed for ‘current code’ (page 9) and ‘self-correcting’ assessment (page 9)
2) The screen-shot text/code is not large enough to read (in Fig 1).
3) More explanations needed for each step in the Model flow diagram. For example, ‘individual competence development plan’ and ‘competence development with support’ (Fig 2)

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

Quality of written English: Not suitable for publication unless extensively edited

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I declare that I have no competing interests