Reviewer's report

Title: Comparing the Functional Independence Measure and the interRAI/MDS for use in the functional assessment of older adults: A review of the literature

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Reviewer: Yee Sien S Ng

Reviewer's report:

The article is very well written and it is obvious that these disability assessment experts have put in a tremendous amount of good work has gone into the writing of the manuscript.

I have no major compulsory revisions indicated.

Minor Essential Revisions:

The main minor essential revision which I hope the authors address is that although it is an excellent review, there is little in the way of practical suggestions as to how best to apply the results of the review.

The conclusion in the abstract that “Additional psychometric research is needed on both the FIM and MDS, especially with regard to their use in different settings and with different client groups” as well as a similar comment that more research has to be done in the concluding paragraph of the manuscript, is while well noted; has no immediate practical application.

A summary opinion from the authors would be well appreciated from clinicians like me. For example: Both instruments are well suited for use in the disabled elderly population, particularly in the case of FIM for rehabilitation and the MDS for nursing home residents in the present state. However further research should focus on….”

The other minor essential revisions would be to refocus the results of the ‘data collection and analysis’ section. Points are:

In general, many of the readers will find it difficult to plough through the complex analyses unless this is their area of special interest; and the text already assumes a fair amount of knowledge. I would imagine terms like face validity and confirmatory factor analysis would be difficult to appreciate. Could I suggest:

1. Table 1 is an excellent table and need not be further elaborated in the text. For example, there is no need to repeat sentences like “x number of articles evaluated internal consistency.”

2. Below table 1 or a separate table, provide one sentence explanations of the key terms: internal consistency, intra-rater, inter-rater, content, construct, criterion and face reliability/validity. Eg “Inter-rater reliability is the agreement which 2 or more raters have which each other; intra-rater reliability is…”
3. Focus on the topic, which is a comparison of the FIM and MDS, not a review of the properties of the FIM itself.

For example the detailed paragraph: “..Eight articles investigated the construct validity of the FIM using Rasch analysis. These had mostly consistent findings: eating and stair climbing were seen to be the easiest and most difficult FIM motor items respectively; expression and problem solving are the easiest and most difficult FIM cognitive items; bowel, bladder, eating, and stair climbing are common “misfit” items on the FIM motor; the distribution of FIM scores has a sigmoidal structure and the number of response options should be reduced.”

Whichever are the easiest or most difficult items or whether the FIM has a sigmoidal structure are not relevant to the topic; as there is no comparison on which are the most easiest or most difficult items in the MDS, nor a comment on whether the MDS scores are similarly sigmoidal, skewed or simply difficult to chart.

4. There are quite a number of analyses in the discussion section which should be in the analysis section. For example:

a. “Conversely, Stineman and colleagues [51] investigated this relationship in a sample of community residents and concluded that internal consistency was excellent and no items should be removed for any of the 20 UDSMR impairment types.”

b. “Daving and colleagues [40] used clinicians to investigate the reliability of the FIM in community residents. They found that the reliability ranged from poor to excellent where the least reliable assessments were completed at different times by different raters.”

Discretionary Revisions:

1. A comment into how the raters in both the FIM and MDS are accredited. If accreditation is difficult and cumbersome, it limits the general use of these instruments across countries as compared to say the Barthel Index which has no strict accrediting bodies.

2. Head to head comparisons of the FIM/MDS into average time/labor/costs taken to complete assessments.

3. In relation to 2, are there more rehabilitation inpatients (ie FIM users) or more nursing home inpatients (ie MDS users) in Canada? It makes more sense to me that all else being equal, I would use the instrument that will require the least time for the larger patient type numbers.

4. I would suggest a ‘birds-eye’ view opinion from the authors. The over-riding concern from a practicing clinician would be to ask if there is/or how pressing is the need for current geriatric practitioners of the FIM to learn the MDS and vice versa; as the authors have pointed out that many of the items overlap anyway for ADLs.

For example if a geriatrician would to spend most of the time in an inpatient
rehabilitation facility and only a little time in a nursing home; I would imagine there would only be a marginal benefit learning the detailed RAI in addition to the FIM at a lot of additional angst training for the RAI!

5. The authors could also opine on whether future research should be aimed at refining the psychometric properties of both instruments separately in their current state, or should the focus be to develop a hybrid FIM-MDS system to allow generalization to more patients.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.