Author's response to reviews

Title: U.S. medical resident familiarity with national tuberculosis guidelines

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Version: 2 Date: 29 January 2007

Author's response to reviews: see over
January 29, 2007

Re: Manuscript submission

Dear Editor,

Please find attached a revised article entitled “U.S. medical resident familiarity with national tuberculosis guidelines”, which we wish to submit for consideration as a research article to *BMC Infectious Diseases*.

As requested, survey response rates have been provided in the “Results” section on page 4, as has their interpretation in the “Discussion” section on page 12. In brief, the relatively low survey response rates (29%) may be explained by the study design. Our survey was administered during a single scheduled resident conference at each of the four participating institutions in order to maximize the number of survey respondents while minimizing the potential for use of outside sources of information. Therefore, the poor survey response rates in fact reflect poor resident conference attendance. On the other hand, survey response rates among conference attendees at each institution were 100%.

Our survey testing tuberculosis knowledge based on published guidelines among residents training at 4 different U.S. urban medical centers revealed significant knowledge deficits, particularly in the interpretation of negative acid fast smears and in the diagnosis and management of latent TB infection. Contrary to our expectations, TB knowledge among residents did not improve with increasing PGY level of training or with volume of tuberculosis patients seen.

We believe our findings are important from a public health standpoint, since medical residents training at urban medical centers are likely to be present when patients with previously undiagnosed tuberculosis first encounter the medical health system. Although our study is TB-specific, we believe that our study will have broader appeal to the readership of your journal. Specifically, our study addresses the issue of how well expert guidelines are incorporated into medical residency curricula. Our findings suggest that current ATS guidelines regarding diagnosis and management of tuberculosis infection have not trickled down appropriately to the level of the medical housestaff. In this study, we identify specific areas of medical resident
knowledge deficiency which may be directly targeted in medical residency curricula in order to better conform with current ATS guidelines.

This manuscript represents original research that has not been published and is not under consideration elsewhere. All of the authors participated in the preparation of the manuscript and have agreed to its publication in the *BMC Infectious Diseases*.

Thank you very much for your consideration.

Sincerely yours,

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