3. Discretionary Revisions

Urbanoski et al. Multilevel analysis of the determinants of the Global Assessment of Functioning in an inpatient population.

The study aims to determinate physician-related differences in GAF assessment. The administrative study sample comprises 1852 psychiatric inpatients and their GAF scores, assessed by doctors, at the beginning and end of the unit stay. Major results were that after controlling the effects of patient- and unit-level variables, 7% of the variance of the GAF scores and 8% of that of the GAF change was explained by the physician variable. Interestingly, the physician-unit variable explained 29% of the variance of GAF scores but only 9% of that of the GAF score changes.

It easy to agree with the authors’ conclusion that although the physician effect was significant it was not great and lends support to the utility of the GAF in clinical work. On the other hand, much greater unit effect raises a question, as the authors write, which patient characteristics possibly remained unnoticed. However, the author could also discuss a possibility that different units/wards may have different traditions/levels in assessing their patients' symptoms and functioning and this may explain a part of the findings. Units' physicians do not work in vacuum but partly reflect the ward's atmosphere where they are working.

Dear Editor,

This is a nice and adequately performed study and deserves to be publishes. I suggest a small aspect for discussion.

I do recommend acceptance with minor revision.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:
No