Reviewer's report

Title: Design and Validation of the Health Professionals' Attitudes Toward the Homeless Inventory (HPATHI)

Version: 1 Date: 12 November 2004

Reviewer: Michael Wilkes

Reviewer's report:

General

Abstract: This is a fair and honest summary of the work described.

Summary: The authors seek to develop an instrument to assess attitudes toward the homeless and assess their interest in working with them.

Introduction:

1) The data in the abstract are old (1999) there is far more recent data.
2) The authors could do far better in looking at and describing the current state of knowledge in regards to caring for the homeless (see Gerlberg and others);
3) The authors tie their basic premise to humanism, and the attitudes related to caring for the homeless go way beyond humanism. Their is an entire social science literature on this that is not even alluded to;
4) The authors suggest that one flaw in the ATHI is that it is UK specific. This is not the case. Having lived and worked as a medic in both places the issues are very, very similar. While some terms might need adjusting the problem of homelessness is identical and the issues related to care are identical.
5) The authors do not make a case (page 5 para 2) for WHY it is important to measure the attitudes of physicians and medical student's to the homeless.

Methods:

1) The methods seems relative standard and straight forward for instrument development. (I am not a statistician so I would advise consultation with someone with these skills)

2) The authors refer to "experts in homeless care" but don't define this term. Who are these experts and what constitutes an expert?

3) In phase two the authors administered the instrument to "a group of medical students enrolled in the clinical years...". The authors have not described their experience with the homeless, their year of training, their gender, what state are they located in, how were they selected, was anyone excluded, etc.

4) The group who took the instrument at Baylor are not exactly a representative sample of students. They are from a Red State with potentially a far different perspective on homelessness than those from other areas.

RESULTS:

Did they sample non respondents?
Phase 2: How were the 72 third year students selected (were any excluded)? What do we know about the other students not selected? Why did they randomly select 34 students (out of 72)? Why did they not include the entire cohort of 72? The CA for some subscales (attitudes) are very low. Given the relatively high Pearson CC between HPATHI and ATHI this just confirms that the UK instrument might have done nearly as well.

Discussion:

1) It seems that the conclusion, "individuals who had more extensive experience with the homeless showed more positive attitudes and interest in homeless patients" is obvious. We do not need an tool to show us this. Those of us who live with these patients day to day see this.

2) Perhaps these students are self selected? Insisting on more exposure for everyone in order to improve attitudes does not follow from the former observation.

3) The authors talk about limitations. It seems a major limitation is that this instrument has only been tested in one Texas academic institution. It needs far wide field testing before it is ready for publication and use.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Discretionary Revisions (which the author can choose to ignore)

What next?: Reject because too small an advance to publish in any journal

Level of interest: Too insignificant to warrant publication in any journal

Quality of written English: Acceptable

Statistical review: Yes

Declaration of competing interests:

no competing interests