Reviewer's report

Title: Clinicians' caseload management behaviours as explanatory factors in patients' length of time on caseloads: a predictive multilevel study in paediatric community occupational therapy

Version: 2 Date: 3 August 2010

Reviewer: Anton Miller

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MS: 1360784000346953
Clinicians' caseload management behaviours as explanatory factors in patients' length of time on caseloads: a predictive multilevel study in paediatric community occupational therapy
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I appreciate the care the authors have taken to address concerns of the reviewers. I particularly appreciate their pointing out that differences in frequencies of caseload management behaviors (Table 2) do not represent missing data, but rather different frequencies that these behaviors were reported by therapists. Also, the information they provide in their covering letter makes Table 3 more interpretable. I believe the changes made enhance the quality of the paper. I continue to have a few issues with some points the authors have raised in their response, as well as the way the overall findings of the study are interpreted. I think, however, that these can be addressed by some additional caveat statements.

Regarding interpreting the main bivariate findings, the authors state that in general, independent variables where there is little variation between data points are unlikely to explain variations in outcome. While true statistically, it is interesting to note that only 2 of the four therapist behaviors found to be “significant” were ones with considerable variability; the other 2 were both uniformly ‘high frequency’ behaviors.

Perhaps the main concern I continue to have relates to how the findings are interpreted and discussed. I agree that the study shows that therapists’ behaviors are associated with LOT on caseload. The authors acknowledge that, with this study design, this finding does not imply causality And yet there is an underlying tone or implication in the Abstract and the Discussion that there is a case for causality; this implication is the basis for calls for studies to change therapists’ behavior following along the lines of what was found in this study. I would argue that there is a case for trying to understand therapist’s behaviors better –where they come from in terms of underlying beliefs and styles; as well as how they fit with organizational and system-level factors, and then assessing relationships
with LOT. The present study is an exploratory study in which variables that were at hand – rather than theoretically or empirically justified - were used in an explanatory model. This allows for further more fine-grained studies. In addition, whereas one can see how providing treatment and placing a child on review could very conceivably influence LOT, the same cannot be said of communicating assessment outcomes to parents or circulating a summary or letter to parents. Hence we must consider that these last two variables are telling us something about variability between clinicians, but may not be capable of or appropriate as actually explaining anything in themselves. They may be more like epiphenomena, or variables that represent something about clinicians’ attitudes or practice styles, but that are in turn associated with something else about clinician attitudes and behaviors, something that was not measured in this study but that is actually more informative and about LOT. I think this point and possibility should be acknowledged more clearly, both in the Discussion and in the Abstract. So I think that this paper does make a contribution in finding that therapist behaviors are associated with LOT; what those actually behaviors are, remains unanswered in any convincing way and requires more study.

Finally, changes made to the paper have not worked their way through to the Abstract, which still refers to “patient episodes” though the paper now calls these “care episodes”.

Similarly the Abstract should include mention of the caveats outlined above.

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

**Quality of written English:** Acceptable

**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