Reviewer's report

Title: "It's hard to tell". The challenges of scoring patients on standardised outcome measures by multidisciplinary teams: a case study of neurorehabilitation

Version: 1 Date: 3 August 2008

Reviewer: Elaine McColl

Reviewer's report:

Minor essential revisions

1. Page 5, 6 lines from end. 'set a side' should be 'set aside'

2. Page 8, 8 lines from end. Please clarify that 'team discussions of 14' refers to 14 meetings of the MDT team (rather than discussions of 14 members). Please also indicate why the other 2 MDT meetings were not fully audio-taped and transcribed.

Discretionary revisions

1. I think it would be informative to discuss whether the revisions to patients' scores that are made over time in the light of increasing knowledge of the patient could be considered to represent an aspect of response shift.

2. On page 8 it is indicated that 'a memo was kept to record ... the impact of JG's presence within MDT meetings'. How was this impact assessed?

3. On page 11, there is discussion of whether the measures were truly 'outcome measures' as in some cases the assessments were used mainly to predict likely progress. It may be useful to refer here to the work of Kirshner & Guyatt (Kirshner B and Guyatt G (1985). A methodological framework for assessing health indices. Journal of Chronic Disease, 38, 27-36.) in which they discuss using health measures for predictive as well as evaluative purposes, and the implications for the properties of measures in those various contexts.

4. Table 1 provides a useful summary of the measures/instruments used by the MDT team. However, as the Barthel Index is discussed extensively, and a key issue is the clarity and lack of ambiguity (or otherwise) of the descriptors for the various items therein, I think it would be useful to include a more detailed presentation of the items and scoring system for this measure.

5. I wondered whether there was any inkling of 'self-serving' biases in the assessments made by different members of the MDT, and whether their own interests (in both senses of the word) influenced their assessments. For example, a SALT might have a 'vested interest' in the progress of a patient with respect to communication, whereas a physiotherapist might be able to view this aspect of a patient's functioning more objectively/dispassionately. Perhaps this could be considered in the discussion.
**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 know the first two authors of this paper (particularly Dr Greenhalgh) well, through our membership of the relatively small quality of life research community in the UK. I was one of the external examiners for Dr Greenhalgh's PhD.