Reviewer's report

Title: Chronic kidney disease care delivered by U.S. family medicine and internal medicine trainees: Results from an online survey

Version: 1 Date: 21 September 2006

Reviewer: Giuseppe Remuzzi

Reviewer's report:

General

In the present study, Lenz et al. performed a web-based survey to assess the perceptions and practice patterns in CKD care among 376 family doctors and internal medicine trainees in the United States. The data showed that CKD risk factors are not universally recognized, screening for CKD complications is not generally taken into consideration, and that the management of anemia and secondary hyperparathyroidism poses major difficulties. From these results, the Authors conclude that educational efforts should be spearheaded by academic nephrologists and clinical educators to raise awareness of clinical practice guidelines and recommendations for patients with CKD among future practitioners.

The issue addressed in the present work is of great interest, considered the increasing incidence of end stage renal disease (ESRD) worldwide. As many of patients with CKD are seen by non-nephrologists, family doctors and internal medicine trainees need to be aware of CKD complications, screening methods, and treatment goals to initiate timely therapy and referral. The present work is therefore extremely important to guide educational politics of medical doctors about kidney disease screening and management.

To further improve the robustness of the findings, however, the Authors could perform additional analyses comparing the answers of the test group with those of a (positive) control group including nephrologists. The difference in correct replies between the two groups would provide a quantitative estimate of the performance of general doctors as compared to a control group expected to have an optimal performance. Should the performance of the two groups be comparable, some bias in the analyses should be suspected.

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)

- Legend of figure 1: is the p significance calculated between family medicine versus internal medicine trainees? It should be specified.

Discretionary Revisions (which the author can choose to ignore)

Which journal?: Appropriate or potentially appropriate for BMC Medicine: an article of importance in its field

What next?: Accept for publication in BMC Medicine after minor essential revisions

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:
I declare that I have no competing interest