Reviewer's report

Title: Feasibility of implementing routine nutritional screening (MNA-SF) for older adults in Australian General Practices: A mixed-methods study

Version: 2  Date: 17 August 2014

Reviewer: Judi Porter

Reviewer's report:

Major compulsory revisions

METHODS

Paragraph 5 – the methodological detail for the qualitative analysis is limited/poor. There is insufficient detail to enable these methods to be replicated. Who was chosen for the interviews and the questionnaires? I assume that some staff were included in both evaluation methods?

Regarding the interviews – what was the line of inquiry? What did the interviews explore?

Regarding questionnaires – what methods were used to develop the questionnaires? On how many staff were these trialled?

How were the results from the two evaluation aspects synthesized?

RESULTS

Results

This section is generally poorly written – and I suggest a major rewrite. Authors should further explore the thematic analysis, not provide a content analysis with such low frequencies (n=1 for many of the themes described in the tables). The thematic analysis is limited at present for high quality qualitative research. I suggest that Tables 1 and 2 are removed as in their present form the analysis is presented by quote, which is not good practice (refer authors to http://onlinelibrary.wiley.com/doi/10.1111/j.1753-6405.2009.00419.x/pdf). Furthermore, the presentation of raw data for before and after knowledge scores is unnecessary (table 3). The range and mean (±SD) should be presented for pre- and post-training scores, with all raw data removed. Also the footnote should be added to this table as to the questionnaire used.

These results need to be integrated/triangulated in the discussion to demonstrate the relationship between these data and the thematic analysis.

DISCUSSION

Many limitations of the present study exist that need to be acknowledged – this section is insufficient in its present form.

Eg. development of the knowledge questionnaire

Did the need for written rather than verbal consent effect response rate?
Rigour of the qualitative methods used?

Minor essential revisions

Background
Paragraph 4, sentence 4 – The 6-item MNA-SF needs to be referenced – only the 18 item full MNA presently is referenced and the sentence wording implies that you may have abbreviated the full form.

METHODS
Paragraph 1
It is not clear that your sample was a convenience sample as you outline in the abstract. Please include more detail.

What was the method of random allocation?
Paragraph 2 – what was the program used for statistical analysis – to apply the paired t-test?
“copies of patient resources that could be handed out” is not particularly scientific – suggest rewording to “copies of resources for distribution to participants”.
Paragraph 4 – Is “through their practice manager” necessary if the training was provided directly to the participating GPs?
MBS funded 75 + health assessment (75+HA) was abbreviated in the background and does not need to be spelt out again.

RESULTS.

Further specific comments:
Theme 1 – “the MNA-SF scoring system was viewed….” By whom?
Theme 4 – were any broader perceptions of the MNA identified? Eg. why it was being used?
How many patients declined to participate? Ie. Is your sample representative of the eligible sample across these GP practices?

Discussion
Paragraph 6 – sentence starting “our small” does not make sense.
Final paragraph – suggest moving from “this study represents…” to the introduction as it places the overall project in a defined context. “Translation (of what?) into practice”?

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

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests:

I declare that I have no competing interests.