Author's response to reviews

Title: Clinical Excellence in Nephrology: Examples from the Published Literature

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Reviewer's report:
This is an interesting well written paper and I certainly like the idea of developing Standards to assess clinical competence. But for the paper to be meaningful, the authors must expand the paper and acknowledge the challenges faced by nephrologists -- the financial pressure to meet "RVU requirements", the burden of documentation, the limitations of establishing good quality care imposed by dialysis facility owners, hospital administrators, and departmental chairman. Otherwise having clinicians strive to meet these "objective" standards will impose an additional burden on nephrologists and further discourage trainees from selecting nephrology as a sub-specialty.

We thank the reviewers for this suggestion and have incorporated these suggestions in the “Introduction” section of the revised manuscript.

Specific comments:
1. p7: to assess physician communication skills by patient compliance is difficult and will encourage physicians to "discharge" non-compliant patients from their care

We thank the reviewer for raising this as a concern. We do believe communication is especially important in individuals with chronic kidney disease where non adherence to therapy has been associated with increased morbidity and mortality. The delivery of medical care can be considered as a communication enterprise in which clinicians, patients, and their families discuss a patient’s medical condition, makes decisions on the best therapeutic options, and formulate plans for follow up. Communication often impacts health outcomes indirectly through its influence on intervening variables like better understanding of treatment options and adherence to treatment. There is no data to support the
fact that nephrologists discharge non-compliant patients from their practice and in fact as far as chronic dialysis patients are concerned, it is usually the chronic dialysis unit and not the nephrologist that discharges a patient with disruptive behavior. The current guidelines do not allow a nephrologist to discharge a dialysis patient from practice until the patient has been accepted by another nephrologist.

2. p.8 the example cited is very troublesome -- one might argue that the physician communication skills were very poor for a 48 year old to refuse care and die -- one might wonder what sort of communication skills did the physician have? How was dialysis presented? Was transplantation discussed?

The cited example pertains to an Australian Aboriginal patient with end stage renal disease in Alice Springs. Alice Springs is a service center for majority of these Aborigines who live in underserviced settlements spread over great distances. Australian Aborigines with ESRD who choose to go on dialysis have to travel to and live in towns distant from their homes. They suffer from loneliness, loss of social and cultural support as a result and this may lead to treatment refusal or non-compliance. For such ESRD patients refusing dialysis, palliative care is offered by the Central Australian Palliative Care Service after evaluation by the nephrologist and other care providers. We have clarified this further in the case description of the revised manuscript.

3. p12 While team base care is great, hospitals and dialysis facilities need to provide the resources to achieve this -- that is often beyond the control of the physician. This needs discussion.

We agree with reviewer’s comments and have incorporated this in the revised manuscript

4. p. 15: "passion for clinical medicine": this needs discussion. Many folks are finding it difficult to maintain this passion in the current health care environment. We will never be returning to the "good old days" when it was not difficult to exhibit this passion and implement care as we thought proper. The current restraints on care by hospitals and dialysis facilities, the burden of documentation, the endless requirements that need to be satisfied, etc are making it challenging to maintain this passion.

We agree that these are challenges facing not just nephrologists but all specialties in Medicine and have highlighted these in introduction and in other domains. Being passionate is important to be successful in any field and we hope every physician is passionate about their chosen field.

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