

Correspondance

Over the moon about even numbers

The discovery by K.S. Joseph and Michael Kramer of the misreporting of gestational age for Canadian preterm births in 1972¹ may indicate not only rounding to the nearest lunar month or half month, but also the recognized bias for even versus odd numbers. This bias is a form of digit preference, which has been defined as "a preference for certain numbers that leads to rounding off measurements. Rounding off may be to the nearest whole number, even number, multiple of 5 or 10 ..."² Interested readers will find a catalogue of biases in an article by David Sackett.³

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References

1. Joseph KS, Kramer MS. Recent versus historical trends in preterm birth in Canada. *CMAJ* 1999; 161(11):1409.
2. Last JM, editor. *A dictionary of epidemiology*. 3rd ed. New York: Oxford University Press; 1995.
3. Sackett DL. Bias in analytic research. *J Chronic Dis* 1979;23:51-63.

Show us the evidence

We read the study of physician performance in Alberta¹ with a growing sense of concern. The study appears to provide evidence of the reliability and validity of the approach using self-assessments and assessments by peers and patients. Unfortunately, appearances are deceptive; while the survey contained information that could have been used to assess reliability and validity, none of the analyses reported in the paper were actually relevant to these concerns.

The study obtained ratings from patients and peers. These multiple raters per physician could have been used to assess inter-rater reliability. Regrettably this was not done; instead the authors

computed the Cronbach α statistic, which is simply a measure of the extent to which a rater who rates 1 item high will rate other items high.

Secondly, since all subgroups were presumably assessing aspects of competence, one would expect some correlation between assessments by the physician himself or herself, patients, peers, consultants and co-workers. This is an issue of concurrent validity and could have been addressed by computing the mean score for each physician by each rater type and then correlating these scores. While the correlations may be less than 1, to the extent that there is such a thing as competence, the correlations should be positive and in the mid-range. Again, this informative analysis was not conducted.

It is frustrating to see that critical analyses that could have been done, were not. It is also worrisome that the study, which provides essentially no evidence to substantiate the reliability and validity of the peer assessment method, might be misinterpreted by the casual reader as strong support for the approach.

The peer assessment approach may well be a useful strategy. Certainly the results of other studies provide support for the strategy. Regrettably, the present study provides no evidence to assess the utility of the method.

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Reference

1. Hall W, Violato C, Lewkonja R, Lockyer J, Fidler H, Toews J, et al. Assessment of physician performance in Alberta: the Physician Achievement Review. *CMAJ* 1999;161(1):52-7.

Impact of abstracts and short reports

I read with interest the discussion about citation indices in *CMAJ*.^{1,2} It was recently pointed out to me that publishing abstracts is a way to increase the impact factor of a journal. *Gastroenterology* publishes the abstracts of the American Gastroenterology Association meeting each year. These abstracts are often cited but do not affect the denominator in the impact factor calculation. Is there a way that the citation index can capture this kind of information?

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References

1. Joseph KS, Hoey J. *CMAJ*'s impact factor: room for recalculation [editorial]. *CMAJ* 1999; 161(8):977-8.
2. Garfield E. Journal impact factor: a brief review [editorial]. *CMAJ* 1999;161(8):979-80.

[Dr. Garfield responds:]

If you add abstracts and if they are included as source items you would dilute the impact factor. If a journal publishes abstracts and they are not included by ISI in the database, then any citations to them would tend to increase the impact factor. In other ISI databases where each source item is linked to its citations (for example, the Journal Performance Indicators database), the effect would not be noticed. I checked the Web of Science [a Web interface for ISI's citation databases] and found that abstracts for *Gastroenterology* are included. From the point of view of

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