Reviewer's report

Title: The association between Colombian medical students' healthy personal habits and a positive attitude toward preventive counseling: cross-sectional analyses

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Reviewer: Pilvikki Absetz

Reviewer's report:

This is an interesting study examining the association between personal health habits and attitudes towards preventive counseling among two cohorts of Colombian medical students. The study question is accurately and well defined. The methods are appropriate and described in enough detail. The study has a representative sample with adequate response rates both among first-year and fifth-year students, and uses a questionnaire that has been also previously used. Overall, the manuscript is comprehensive and clearly written. The title, albeit rather lengthy, clearly conveys the topic of the study. Methods for statistical analyses are appropriate and the findings are interesting. Both limits and strengths of the study are adequately addressed. Below there are a couple of minor essential revisions that need to be made as well as some discretionary revisions that I want to suggest the authors consider.

Minor essential revisions:

1. Abstract.
   a. Physical activity is NOT associated with positive attitudes (CI=0.6-4.4, p=0.25). Remove from the findings.
   b. Abbreviations of confidence intervals should be CI, not IC.

2. Results & Tables.
   a. As in the abstract: Physical activity is NOT associated with positive attitudes (CI=0.6-4.4, p=0.25).
   b. Abbreviations of confidence intervals should be CI, not IC.
   c. All tables. I don’t think it is necessary to explain the categories both in the main text and in the table footnotes. Please leave it in the main text but delete it from the tables.
   d. Table 2. Include the reference categories. Highlighting hypothesis-driven associations is confusing, especially as the p-values are missing. I understand that the p-values won’t nicely fit into the table, but I suggest rather highlighting all statistically significant associations and emphasizing in the main text which of these were hypothesis-driven and, further, which confirmed the hypotheses.
   e. Table 3. Include the reference categories.

3. Discussion. First paragraph, 4th line. Shouldn’t this read: “…but to our
knowledge, has not been studied elsewhere’?

Discretionary revisions:

4. Methods. Covariates. On what grounds is 60% correct answers defined as ‘adequate’ knowledge? I hope that the average level of knowledge is higher for acute care...

5. Shorten the discussion overall

6. When discussing the rationale behind the study – i.e. that showing a positive association between own health behavior and positive attitude towards preventive counseling implies that by promoting healthy habits among medical students one would also promote their later professional practices – one should be a bit more cautious. The hoped for outcomes (more frequent engagement in preventive practices in the future) are really distal and there are many gaps between even the more proximal factors. E.g., attitudes only predict a rather small variance of intentions, intentions some 30% of variance in actual behavior.

**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