Reviewer's report

Title: Medical Students' Attitudes toward Gay Men

Version: 2 Date: 29 June 2012

Reviewer: Mary E Kite

Reviewer's report:

I appreciate the authors' careful attention to my and the other reviewers' comments and believe they have made significant improvements to their paper.

Minor Essential Revisions

1. As I noted in my earlier review, I encourage the authors to change the term "homophobic" throughout their paper. For example, the term "prejudice" could replace "homophobic" in this sentence on p. 3 "Further, studies assessing... " and the one that follows it with no loss in meaning. The authors did change this in many places, but not completely.

Also on the issue of terminology, please change "sexual preference" to "sexual orientation." Finally, it is better to use "race/ethnicity" than just "race" and it's better not to refer to "the races" (p. 8); instead, refer to differences between "racial/ethnic groups."

I know these issues can seem like minor points, but they reflect the current terminology used in this literature and are seen as very important points to many scholars.

2. Also on p. 3, it appears that in the editing process, some transitions/context was lost. So, in the second paragraph, several ideas appear to be lumped together that don't necessarily follow from one another. So, the point about patient outcomes is followed by a statement about social desirability with no clear connection between the two. Similarly, on p. 11, links between the ideas covered in the first full paragraph could be clearer.

Also, on p. 10, there is a disconnect in the discussion of response rates. The authors correctly note that they have a high response rate, but the next sentence addresses the non-response rate. Again, some simple editing would take care of this (e.g., despite the high response rate, it is possible that those who did not respond are less comfortable...)

3. From my perspective, I think it's important for everyone (including medical students) to have training in how to communicate with other groups. So, it might be worth mentioning this on p. 10. How would one ask patients with a gay or bisexual orientation health-related questions? In other words, how would those questions be different from those asked of homosexuals?

4. Why is it important to discuss masculinity? (p. 12) Also, I really didn't follow the
idea of focusing on the arts as a way to address prejudice. This needs to be explained more fully or dropped.

5. Some really minor points, but on p. 4, the line beginning with "to date..." needs a "should" before "be discussed" and method is singular. on p. 5, n should be italicized. In Table 3, the P in the last column should be lower case.

Discretionary Revisions

1. I strongly encourage the authors to include the item means and standard deviations in Table 2. These are especially helpful for meta-analysts who might use this data in their research. Relatedly, the percent responding to the other scale points is missing so that the reader only has part of the picture. What percentage responded in a neutral way, for example? What percentage used 1 or 2 on the scale? Also, are do these percentages reflect the data before or after recoding? Finally, I strongly encourage the authors to report the value of the statistic on which the p value is based in Table 3 for both the significant and the non-significant results. Again, these data are useful for readers and for meta-analysts.

2. I still disagree that the age analysis is appropriate, but hope that, in the least, the authors will discuss the issue of restriction of range (p. 12) and emphasize more clearly the limitations of the reported analysis. I don't think the discussion now offered is complete on this point.

3. I also respectfully disagree that the results show that sexual prejudice is prevalent among medical students (p. 12) or that most respondents endorsed positive attitudes toward gay persons (p. 7). I also note that the statements on these two pages are actually contradictory. The authors do not have normative data, so have no basis for concluding that the responses are, overall, negative or positive.

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.

Declaration of competing interests:

I have no competing interests.