Reviewer’s report

Title: Computer-aided DSM-IV-diagnostics - Acceptance, use and perceived usefulness in relation to users’ Learning Styles

Version: 3 Date: 10 October 2004

Reviewer: Dominik Aronsky

Reviewer’s report:

- Major Compulsory Revisions

1. The structure of the manuscript has improved. The description of learning styles (p. 9) may be moved to the introduction (p. 5) where learning styles are mentioned first.
2. Outcome variables mentioned in the methods section (e.g., time variables) need to be reported somewhere in the results section.
3. p. 14, “results were calculated as mean, std, ....” Reporting of means, std are not used in the results section.
4. Portions of the suggested table (demographics of participants) can easily be integrated in the first para of p. 15.
5. The results section includes interpretative statements (“less active and a rather low response rate,” “rather high general skills,” “clear correlation”) and the authors should consider just reporting the results.
6. Page 16, para 1: provide some data for the variables mentioned (age distribution, level of professional training, decision time, etc.), which provides more information than the statement that the investigators did not find statistical differences.
7. Page 15, para 2: consider providing the actual results for positive attitudes (incomplete sentence?).
8. The authors should consider moving the section on “Overall results from Acceptance, Use and Perceived usefulness” to the discussion section.
9. Limitations: there are at least two limitations worthwhile mentioning (not “possible limitations”): 1) use of single case, and 2) selection bias. Rephrase 2nd sentence as the use of more cases does not necessarily increase the number of significant results. The fact that physicians decided not to participate due to time constraints raises the concern of selection bias as they may also be less prone to use computer technology, may be older, differ in learning styles, or other variables (some mentioned on p. 24).
10. Conclusion section includes statements that are not supported by the data, e.g., “a risk of over-diagnosis,” acceptance of CDSS might be influenced by the level of professional training,” or “computer training might increase CDSS acceptance.” Conclusions should be limited to the findings of the study and are limited to learning styles of psychiatrists in education or practice.
11. The authors are again encouraged to check carefully the accuracy of the cited references, e.g. ref #2 (DeDombal) is a letter to the editor. Either use full name or abbreviations of journals; if journal abbreviations are used, followed the appropriate abbreviations; be consistent with the use of “volume” and “number” (follow guidelines for authors); ref# 22: incomplete ref and URL does not point to article; ref# 30: dead URL link.

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions.
Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Not suitable for publication unless extensively edited

Statistical review: No

Declaration of competing interests:

None