Werner Zimmerli, Interdisciplinary Unit for Orthopaedic Infections, Kantonsspital Liestal, Switzerland

ESCMID's journal *Clinical Microbiology and Infections* is publishing short portraits of some of its top reviewers. Meet Werner Zimmerli, Interdisciplinary Unit for Orthopaedic Infections, Kantonsspital Liestal, Switzerland.

What is your stage of career?
Retired as Head of Basel University Medical Clinic. Active as consultant in the Interdisciplinary Unit for Orthopaedic Infections, Kantonsspital Liestal, Switzerland.

What is your main clinical work?
Consultant in the Interdisciplinary Unit for Orthopaedic Infections, Kantonsspital Liestal, Switzerland.

Which area of research are you engaged in?
Laboratory and clinical work in the field of implant-associated infections since 1979. Translational research related to implant-associated infections, including pathophysiology of device-related infections and efficacy of antibiotics against biofilm infections. During the training, basic research in granulocyte physiology. Clinical studies on biomarkers (respiratory tract infections and sepsis).

What makes a good peer review?
The review should answer the question, whether the manuscript adds something new, or whether it is just a “me-too paper”. The reviewer should check whether the paper has a clear study question, and whether this question can be answered by the experimental design. Even if the hurdle of the CMI is too high, the review should be useful for the authors. The review should give constructive critical comments, allowing improving the manuscript, even if it cannot be accepted by CMI. Special care should be given to the choice of the references. If there is doubt regarding a correct citation, the reviewer should check it by reading the cited publication himself. A sloppy use of references, especially wrong statements based on references, should result in the rejection of a manuscript.

What makes a bad peer review?
Unjustified criticism because the reviewer has a lack of knowledge in the field of the manuscript should be avoided. It is the task of the editor to choose competent reviewers without bias due to direct competition. Destructive criticism is useless, since it does not give the authors a chance of improving the manuscript.

What are some suggestions you have for the CMI?
For clinicians it may be useful to present a “photo quiz” or a “clinical picture”. This allows improving the clinical knowledge of typical but rare presentations of infectious diseases.