Author's response to reviews

Title: Video conferencing versus telephone calls for team work across hospitals: A qualitative study on simulated emergencies

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Author's response to reviews:

Dear Editor,

Thank you for reviewing our manuscript (ID 1652940471255980) and for your suggestions of improvements. We have now revised our paper according to your suggestions, as will be detailed below. We believe the paper is of interest both to those who plan to implement similar systems, as well as professionals using them.

Changes and comments based on report from reviewer David Lam:

1. This reviewer seem to question the use of qualitative methods. We have therefore included a paragraph under the heading of "Methodological issues" to address strengths and weaknesses of qualitative research methods.

2. In our opinion, a qualitative study based on group interviews is not more valid if counts or percentages of certain statements and opinions are reported. This view is shared by many experts on qualitative research. We therefore do not include such numbers in our paper. We do, however, describe how data was collected and analyzed.

3. We do not understand this reviewer's comment on telephones being obsolete, as this is one of the most common communication technologies within and between hospitals worldwide.

4. This reviewer ask what is new about the video conferencing technology used in our study. Our paper is about team work across hospitals, not so much about new technology, as stated by reviewer Cregan: "the team to team aspect (...) is the real value in the study". To clarify, we now use the term "team to team", and we describe this in more detail both in the Background and Method sections.

Changes and comments based on report from reviewer Patrick Cregan:

1. We agree that our use of the term "state-of-the-art" in the previous version of
our paper was not the best. We have changed it to "commercial off-the-shelf video conferencing system".

2. We have not experienced audio problems due to insufficient echo cancellation. However, we have added a paragraph discussing the problem of compression/decompression, as mentioned by this reviewer.

3. Vital signs monitoring were in fact available to all participants, but users of the systems were allowed to turn off this option. Based on the comments from this reviewer we have changed the paper to avoid this misunderstanding.

4. Based on this reviewer's feedback, we now discuss the amount of training participants received before trials under the heading of "Methodological issues".

5. We have moved all interview excerpts into tables. Hopefully this makes the paper easier to read.

Sincerely yours,
Stein Roald Bolle