Reviewer's report

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

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Reviewer: David Lam

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Generally, this remains a well-done and interesting study. This revision does strengthen the paper a bit, but unfortunately it still does not address my basic objections. I still find the “qualitative analysis” less than valid in this type of study—all it really says is that some participants (we still are not told how many, or what percentage of those studied) preferred the VTC system to a conglomeration of various telephone modalities. It does not compare a current state of the art telephone system with VTC, but compares a variety of telephone systems (many totally obsolete for this purpose) with VTC. Thus, this is a classic example of “comparing apples to oranges”. I would find it much more convincing if the Telephone systems were all the same-- new, state of the art, and allowed conference calls from the patient location.

I am still not sure exactly what is new about the technology being evaluated, or why this study was done—two-way voice, data, and visual communications have been used for decades in Trauma care, though perhaps not in Norway. The British Columbia (Canada) and Arizona (USA) systems come to mind immediately, and I have seen many others discussed at various international meetings-- my understanding of the literature is that the potential utility of VTC systems in collaborative trauma care has been well-demonstrated. I think it would be interesting if the authors discussed in more detail what was really unique about their system and its usage—as written, the manuscript leaves me with the impression that this is generally re-ploughing old ground. Basically, the conclusion is the non-scientific one that “some/many participants really liked the VTC system, preferred it to the old non-standardised telephone systems, and thought it improved patient care.” But, without any data to compare, we have no basis for determining whether the interpretations by the authors are correct or not. We have no data about how many different participants there were, how many of them used which kind of telephone system, or how many of them preferred the VTC system. Of more importance, we are given no evidence that care was improved by the use of VTC—where is the data showing better care or fewer errors in these scenarios with the use of VTC?

Level of interest: An article of limited interest

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.