Reviewer's report

Title: Video-confidence: a qualitative exploration of videoconferencing for psychiatric emergencies

Version: 1
Date: 22 August 2014

Reviewer: Chi-Wai Lui

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This study is aimed to evaluate the impacts of real-time videoconferencing (VC) on confidence of patients and staffs in a psychiatric emergency practice in Norway. The results indicate that the introduction of VC help increase confidence through (1) strengthening of patients’ involvement; (2) reduction of staffs’ uncertainty; (3) sharing responsibility of decisions; and (4) acting as a safety net or optional resource.

Major Compulsory Revisions

1. The conclusion the authors drawn is not consistent with the aim of the study and also not supported by the findings. It needs to be tune down and revised. The use of VC may have increased confidence in the 4 dimensions as suggested by the authors. It is however a big jump to claim in the Conclusion that 'Use of VC can also strengthen collaboration... increase their competence.... This study therefore suggests that VC can be a tool to ensure quality in a decentralised psychiatric service for emergency care.' The authors seem to treat 'confidence' and 'competence' or 'quality of service' as equal, which are not the same thing.

2. The paper will be strengthened if further details regarding the 19 health staff participants are provided. The readers were told this group consists of specialist nurses and social educators but their role (and contexts) in using the VC technology is unclear. Having this information (and how VC is actually conducted in the emergency practice) will increase our understanding of how the technology helps reduce uncertainty/develop shared responsibility among the staff members. It will also be good if job title (nurse, educator) is specified in quotes of the staff.

3. Related to point 2, the authors argue that one of the 'main mechanisms generating stronger confidence' they identified is the 'use of VC for collaborative problem-solving across professional levels' (third paragraph of Discussion). However, their discussions on how VC facilitates collaboration or shared responsibility on decision making remain a bit thin. Further elaboration on these points with concrete examples will substantially improve the quality of the paper.

Minor Essential Revisions

1. The authors suggest data analysis 'followed a stepwise-deductive inductive (SDI approach' (second paragraph of Data Generation and Analysis). The inductive angle of the methodology is clear but the 'stepwise-deductive'
component needs more elaborations.

2. Further explanation is needed on why 'the four themes in our analysis are related to various aspects of confidence that are not related to technical qualities' (the seventh paragraph of Discussion). Not sure why the first three aspects of confidence have nothing to do with technical qualities.

3. The meaning (and their relation to the findings of the study) of the last few sentences in the last paragraph of the Discussion section is unclear: 'While health service provision is becoming more interdisciplinary... when handling especially vulnerable mentally ill patients'. Need further elaboration and explanation of the claim made here.

4. Abstract: Results section, point (4), 'as a safety net, also when VC is not used'. Will it be better if 'ALSO' is replaced by 'EVEN'? [Same issue in second paragraph of the Results section]

5. Background: first paragraph, 'Maintaining life in patients own community...' should be 'PATIENTS' own community....'

6. Background: third paragraph, delete 'with' from 'advanced consultative services to areas with lack of psychiatrists'.

7. Material and Methods, first paragraph, '2,5 to 4 hours away...' should be '2.5' or...

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published

**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.