



Discipline of Family Medicine

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Guidelines for Video Recording and Direct Observation of Clinical Interviews

The recording and/or direct observation of patient encounters made during a resident's Family Medicine rotations are important learning tools for our residents. It is impossible to predict which visits will provide useful teaching material so it is suggested that residents continuously record specified entire clinical half-days. In most cases, this would be a minimum of two half-days for first year residents and one half-day for second year residents per week. These recordings should be reviewed with faculty during the Family Medicine teaching rounds at each site. For first year residents, the recordings will also be used as a teaching tool at the Counseling Centre each Wednesday morning during the Academic Family Medicine rotation.

In addition, direct observation of a resident-patient interview by a preceptor is a valuable teaching tool and can be employed with or without recording of the encounter.

The goal in using recording and direct observation for teaching purposes is to have the most accurate reflection of resident encounters with patients. Implicitly, at the same time, it is of the utmost importance for residents to understand the patient's right to respect, privacy and confidentiality.

Prior to each clinic, the resident must discuss with his/her preceptor for that particular clinic if direct observation and/or recording will be done. It is then the resident's responsibility to obtain each patient's consent for either process. If the patient declines, it will be the preceptor's responsibility to follow-up with the patient, if indicated, to further explain the process.

In view of the above, the following should be noted:

1. All residents will be given an encrypted USB during the Academic Family Medicine Orientation session. This USB must be used when saving patient video encounters. Videotapes will be given to residents who are completing Academic Family Medicine at the FPU, Shea Heights or the

Ross Centre. *The USB should be erased at the end of the Family Medicine rotations.

2. Each clinic waiting room must have a notice informing patients that patient encounters may be recorded or viewed for resident training but that these are done only with the expressed consent of the patient.^{1, 2}
3. Each clinic exam room with a camera must have signage directly below the camera indicating that patients are only recorded or viewed with their expressed consent.
4. Under no circumstances should a resident/faculty member record or view a patient encounter without the expressed permission of that patient, or parent/guardian in the case of a child.
5. The resident should introduce herself/himself to a patient as a family medicine resident and state the name of the supervising faculty member. At this point, the resident should ask for verbal consent for recording or direct viewing. If recording, the resident must specify that the recording is for training purposes only, with restricted viewing (see introduction example below) and that it will be erased at the end of the resident's rotation. The resident should record the patient's consent on the recording.^{1, 2}
6. When recording, the resident must ensure that the recorded equipment is turned off before the physical examination is carried out and that he/she informs the patient of this fact. (Note: the cameras have been positioned in the exam rooms so that the examination tables are not captured on recordings.)
7. At the end of each clinic day, the resident must leave the recording in a secured area as agreed upon with her/his preceptor. In view of this, each teaching site should have a designated area that is locked within the clinic area i.e. medication sample room.
8. The resident must never remove the recordings from the clinical site.
9. Recordings must be erased after they are finished the rotation.

Introduction example:

Hi, I'm Dr. X, a family medicine resident working with Dr. Y. Dr. Y has asked me to record my interview with you today (OR Dr. Y might be directly observing the interview today) so that he/she can observe my interviewing skills. Sometimes, if we record, other colleagues also review the recording to help us in our training. Would this be okay with you? Do you have any questions?

1. Using clinical photography and video for educational purposes, *The Canadian Medical Protective Association*, March 2011.

2. Personal Health Information Act: What Custodians Need to Know About Consent.
<http://www.nlma.nl.ca/Physicians/PHIA/>. Accessed: September 20, 2013.

Approved by the RTC: February 16, 2016

Approved by the RTC: February 10, 2015

Approved by the RTC: October 30, 2013