

Review

Audio-visual recording of patient–GP consultations for research purposes: A literature review on recruiting rates and strategies

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Abstract

Objective: To identify ethical processes and recruitment strategies, participation rates of studies using audio or video recording of primary health care consultations for research purposes, and the effect of recording on the behaviour, attitudes and feelings of participants.

Methods: A structured literature review using Medline, Embase, Cochrane Library, and Psychinfo. This was followed by extensive hand search.

Results: Recording consultations were regarded as ethically acceptable with some additional safeguards recommended. A range of sampling and recruitment strategies were identified although specific detail was often lacking. Non-participation rates in audio-recording studies ranged from 3 to 83% for patients and 7 to 84% for GPs; in video-recording studies they ranged from 0 to 83% for patients and 0 to 93% for GPs. There was little evidence to suggest that recording significantly affects patient or practitioner behaviour.

Conclusions: Research involving audio or video recording of consultations is both feasible and acceptable. More detailed reporting of the methodical characteristics of recruitment in the published literature is needed.

Practice implications: Researchers should consider the impact of diverse sampling and recruitment strategies on participation levels. Participants should be informed that there is little evidence that recording consultations negatively affects their content or the decisions made. Researchers should increase reporting of ethical and recruitment processes in order to facilitate future reviews and meta-analyses.

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Keywords: Recruitment; Audio recording; Video recording; Consultations; Ethics; General practice

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1. Introduction

A vast body of literature provides information and evidence about the pitfalls, advantages, and effects of recording consultations. Yet, one of the greatest challenges researchers face is the recruitment of patients and physicians to studies that include the recording of consultations. Primary health care settings often provide the first contact a patient has with a doctor and are usually less formal than hospital settings. Therefore, recruitment of patients in primary health care to studies using video or audio recordings of consultations is likely to be determined by different factors than recruitment to studies taking place in acute service settings.

Research governance procedures in the UK concerning the recruitment of participants and access to patient data have recently undergone a series of structural, ethical and procedural changes for research. These include the increasing requirement to seek consent even where there is no patient contact; to have a formal “opt-in” (patients have to explicitly express their consent to be considered research participants) rather than an “opt-out” process (patients are considered participants unless they actively contact researchers and demand not to be); and an increasing demand on health researchers in the UK to recruit participants directly rather than through a clinical intermediary. Arguably, this development has led to increased protection of research participants’ safety and wellbeing. Yet, they have also increased the difficulty of conducting rigorous and sound research [1,2], affected timelines, budgets and the generalisability of research outcomes [3]. These changes mean that response rates have increasing potential for bias [4,5].

The identification of effective strategies to maximise participation in both experimental and observational research has received considerable attention [6,7]. The current evidence base shows considerable variation with regard to the effectiveness of recruitment strategies in primary health care [8]. This variation renders it difficult to draw conclusions for specific types of studies, including research involving the recording of patient–physician consultations. This is due to the particular issues and concerns that have been associated with audio and audio/video recording patients and health professionals [9].

The aim of this review is to take stock and present an overview of existing evidence on (a) the ethical issues surrounding the recording of consultations; (b) aspects influencing recruitment rates for patient and GPs; and (c) the effects of recording on the behaviour, attitudes and feelings of patients and GPs in primary health care.

2. Methods

A structured rather than a fully systematic review of the literature was conducted for the following reasons. The

objectives of the review demanded the inclusion of a diverse area of studies. It was not possible to systematically identify studies using audio recordings as this feature of the data collection process is often not indexed as a keyword or mentioned in the abstracts. It had also not been possible to define all the search terms, inclusion and exclusion criteria prior to the review. Sensitivity was therefore sacrificed for specificity. Subsequent reviews should be able to build on this work and conduct systematic reviews on each of the study objectives.

The strategy outlined below was used to search the following databases via OVID: Medline (1996 to 16th Oct 2007), Embase (1996 to 16th Oct 2007), Psycinfo (1985 to 16th Oct 2007), EBM Cochrane Database of Systematic Reviews (3rd Quarter 2007), and EBM Cochrane Controlled Trials Register (3rd Quarter 2007). The search strategy was optimised for specificity. No limits were applied. An updated search took place on the 16th October 2007.

The search used the following keywords (MeSH terms):

1. exp video recording/ or exp tape recording/ or exp videodisc recording/ or exp videotape recording/ or exp audio-visual aids/ or exp recording/ or exp tape recorder/ or exp videorecorder/;
2. exp primary health care/ or exp primary medical care/;
3. exp “referral and consultation”/ or exp communication/;
4. 1 and 2 and 3;
5. remove duplicates from 4.

The search of the OVID databases resulted in 253 publications being found. The titles and abstracts of these publications were screened by MT; articles were deemed suitable for possible inclusion if they were focussed on the topic of video or audio recording of a primary care-based GP consultation. 129 papers met these inclusion criteria and 125 were excluded at this stage. The full papers of the 129 publications were then retrieved and their reference lists screened for further publications that may meet inclusion criteria. Checking reference lists and hand searching journals proved to be particularly useful as the use of audio or video recording was often not reflected in the articles’ keywords.

The search for relevant publications was further augmented by tailored searching of Google Scholar; a number of key authors in the field were searched for as well as any unpublished reports on the topic. A further 80 publications were identified. Thus, a total of 209 publications were found meeting initial inclusion criteria. These 209 publications were then scrutinised to assess whether or not they met one of three final inclusion criteria. Studies had to contain: information regarding non-participation rates; details of ethical issues; provide data or comments on the influence of recording on behaviour. A total of 129 publications met at least one of these final inclusion criteria

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