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When patients take the initiative to audio-record a clinical consultation

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ABSTRACT

Objective: to get insight into healthcare professionals' current experience with, and views on consultation audio-recordings made on patients' initiative.
Method: 215 Dutch healthcare professionals (123 physicians and 92 nurses) working in oncology care completed a survey inquiring their experiences and views.
Results: 71% of the respondents had experience with the consultation audio-recordings. Healthcare professionals who are in favour of the use of audio-recordings seem to embrace the evidence-based benefits for patients of listing back to a consultation again, and mention the positive influence on their patients. Opposing arguments relate to the belief that is confusing for patients or that it increases the chance that information is misinterpreted. Also the lack of control they have over the recording (fear for misuse), uncertainty about the medico-legal status, inhibiting influence on the communication process and feeling of distrust was mentioned. For almost one quarter of respondents these arguments and concerns were reason enough not to cooperate at all (9%), to cooperate only in certain cases (4%) or led to doubts about cooperation (9%).
Practice implications: the many concerns that exist among healthcare professionals need to be tackled in order to increase transparency, as audio-recordings are expected to be used increasingly.

1. Introduction

While healthcare professionals (HCPs) are responsible for facilitating the consultation process, patients are increasingly expected to be informed participants and to be able to make conscious decisions [1]. Clearly, the complex nature of medical encounters and the often vulnerable and emotional position of patients make this role challenging for them, which is evident in oncology care [2–4]. In 2007, Epstein and Street stressed the need to support patients in the communication process [5]. Giving patients an audio-recording of the consultation to replay, has proven to be an effective approach in this context. Studies in the oncology setting reveal that patients highly value audio-recordings, the majority benefit from listening to the recordings, and they provide support in achieving effective medical communication [6–10]. Moreover, it improves information recall [11–13], gives a clearer understanding of treatment options [14,15] and induces more active engagement in treatment decisions [15,16].

Despite these benefits, routinely providing audio-recordings to patients has not yet become common practice in oncology clinics [6,8]. Practical issues like funding and logistics, as well as HCPs' antagonistic views seem to impede implementation [17,18]. These views relate for example to the perceived intrusive nature of recordings, perceived 'risks' (medico-legally), the belief that patients do not benefit from listing back to a consultation or the belief that it is confusing for patients. However, current developments have led to a resurgence in the use of audio-recordings in clinical practice, but from a different perspective. Whereas previously the HCP facilitated and provided the recording, now patients take the initiative. Smartphones and tablets enable patients to make audio-recordings in an easy and accessible way and in the Netherlands, patient associations have started to encourage patients to record their clinical consultations. Online discussions between HCPs reveal that (also in other countries) HCPs are confronted with these developments in clinical practice [19–21].

From an organisational perspective, the administrative support, logistics, and financial resources may be simplified when patients take the initiative to record the clinical consultation, rather than HCPs. It may be far easier to obtain audio-recordings across medical specialties (in the case of severe or chronic conditions)

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when the patient is in control. This approach also fits with the increased focus on patient engagement and transparency in healthcare. However, the use of consultation audio-recordings made on the initiative of patients, will only be feasible when both parties (HCPs and patients) endorse this new approach. But what are the opinions of HCPs on being recorded on patients' request?

Recent articles about patient initiated recordings share personal experiences, opinions and case studies that mainly describe the covert recording of clinical encounters [19–21].To follow the developments in the use of open (rather than covert) consultation audio-recordings and to find out how they can advance patient–professional communication in oncology care, we set up an explorative study. The study was guided by the following questions:

1. What are the current experiences with consultation audio-recordings of Dutch HCPs in oncology care?
2. What are the perceived risks and perceived influence of recording a consultation?
3. What are the views and perspectives that may influence the use of the audio-recordings made on patients' request?

2. Method

2.1. Participants and design

An online survey was set up, based on previous research related to consultation audio-recordings [17]. Dutch hospitals and associations for HCPs in oncology care were asked to circulate the questionnaire link to their employees or members; i.e. physicians, nurse practitioners and nurses. In addition, social media (Twitter and LinkedIn) were used to publicize the survey. The questionnaire was available online from April to June 2015 and started with screening questions (gender, age, occupation, work experience in years, peripheral/academic hospital, experience with EPD/audio-recordings). Respondents were excluded from analyses if they did not work as a physician or nurse (practitioner) in a hospital ($N = 45$), or when they had not completed any of the questions in the second part of the questionnaire ($N = 8$).

2.2. Questionnaire

Participants' background characteristics and experiences with audio-recordings were covered in the first questions (see Table 1). HCPs may have acquired experience with consultation audio-recordings because their hospital facilitates recording, or because patients (ask for permission to) record the consultation. A distinction in questions was made between these situations because respondents who have experience with hospital-initiated recordings, may have had additional information that influenced their views. Also, their patients may not have felt the need to make a recording themselves, as it was provided for them. The respondents without the experience of audio-recordings facilitated by the hospital were questioned about their experience with audio-recordings initiated by patients. The second part of the questionnaire was tailored to this stated experience. The questions in the second part (see Figs. 1–4) concerned the influence of audio-recordings on the patient-provider interaction and perceived risks, based on experience or expectations. Respondents with no audio-recording experience were only asked about perceived risks. A 5-point Likert scale was used to categorise the respondents' views and experience or expectations. After each question, the respondents were encouraged to elaborate on the answer given to clarify their views. At the end of the questionnaire there was room for additional comments.

2.3. Data analysis

Descriptive statistics were used to identify the respondents' experiences and views. Linear regressions were conducted, with the HCP's age, gender, type of hospital (university/non-university), profession (physician/nurse), work experience in years, and experience with consultations being recorded (none/via the hospital/via patients) as predictor variables. STATA 13.0 was used to conduct these analyses. The analysis of the open-ended

Table 1
Respondents' characteristics and experience.

Background characteristics		All $N = 215$		Physicians $N = 123$	Nurses $N = 92$
Age (5 missing)		mean (sd)	46.1 (9.8)	46.7 (9.6)	45.2 (10.0)
Work experience in years		mean (sd)	18.0 (10.0)	16.6 (9.5)	20.0 (10.3)
Gender	Male	*N* (%)	73 (34)	63 (51)	10 (11)
Type of hospital	University	*N* (%)	101 (47)	74 (60)	27 (29)
	Non-university		114 (53)	49 (40)	65 (71)
Experience – facilitated by the hospital					
My hospital facilitates consultation audio-recordings (sometimes) and provides them to patients. ($N = 215$)	Yes	*N* (%)	37 (17)	28 (23)	9 (10)
	No		178 (83)	95 (77)	83 (90)
Experience – initiated by patients					
I have experience with patients who ask if they can make a recording. ($N = 178$)	Yes	*N* (%)	116 (65)	77 (81)	39 (47)
	No		62 (35)	18 (19)	44 (53)
I give permission when a patient wants to make a recording. ($N = 116$)[a]	Yes	*N* (%)	96 (83)	60 (78)	36 (92)
	Sometimes		8 (7)	8 (10)	0
	No		12 (9)	9 (12)	3 (8)
I would give permission if a patient wanted to make a recording. ($N = 62$)[b]	Yes	*N* (%)	38 (65)	10 (59)	28 (68)
	Perhaps		16 (27)	5 (29)	11 (27)
	No		4 (7)	2 (12)	2 (5)

[a] This question was only posed to respondents who had experience with patient-initiated consultation audio-recordings, see Section 2.2.
[b] This question was only posed to respondents who had no experience with consultation audio-recordings, see Section 2.2.

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