



## Review

# Providing recording of clinical consultation to patients – A highly valued but underutilized intervention: A scoping review



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## ABSTRACT

**Objective:** The benefits of providing patients with recorded clinical consultations have been mostly investigated in oncology settings, generally demonstrating positive outcomes. There has been limited synthesis of evidence about the practice in wider context. Our aim was to summarize, in a scoping review, the evidence about providing consultation recordings to patients.

**Methods:** We searched seven literature databases. Full text articles meeting the inclusion criteria were retrieved and reviewed. Arksey and O'Malley's framework for scoping studies guided the review process and thematic analysis was undertaken to synthesize extracted data.

**Results:** Of 5492 abstracts, 33 studies met the inclusion criteria. Between 53.6% and 100% (72% weighted average) of patients listened to recorded consultations. In 60% of reviewed studies patients shared the audio-recordings with others. Six themes identified in the study provided evidence for enhanced information recall and understanding by patients, and positive reactions to receiving recorded consultations. There has been limited investigation into the views of providers and organizations. Medico-legal concerns have been reported.

**Conclusion:** Patients place a high value on receiving audio-recordings of clinical consultations and majority benefit from listening to consultation recordings.

**Practice implications:** Further investigation of the ethical, practical and medico-legal implications of routinely providing recorded consultations is needed.

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## 1. Introduction

One of the earliest suggestions that patients might benefit by the provision of audio-recordings of clinical consultations to patients was by Hugh Butt in 1977. He noted the possibility that the method could lead to a “better physician-patient communication” [1]. Since the late 1970s onwards, there have been studies of this process of giving recordings to patients, although none have been comprehensive in terms of their scope.

Existing specialty-focused studies have noted the benefits of providing recordings of clinical consultations to patients. These include better information recall by patients [2,3], and the view that having access to recordings support them when they wish to discuss their condition with family and friends [4,5]. Patients also report clearer understanding of treatment options [4,6] and more active engagement in treatment decisions [6,7]. Studies also mention the problems encountered when undertaking these efforts. Explaining the presence of a recording device disrupts the normal flow of the clinic, consent is required, and technical problems arise, especially when the technology was much more cumbersome than current digital recording devices.

However, previous reviews have focused on specific clinical areas, namely, oncology [8–11] and pediatrics [12]. We considered it important to get an overview. Perhaps there is added advantage to the sharing of recordings, but more relevant in clinical specialties where emotional reactions might interfere strongly with cognitive processing of information. The focus on oncology would be explained by this concern, for instance, as patients find themselves unable to process information when they are given the diagnosis of cancer. Perhaps surgical specialties would find it helpful if patients were able to re-listen to their explanations of complex procedures, thus ensuring improved consent processes. We therefore wanted to examine all studies that had provided patients with audio-recordings in order to assess the relevance of these potential mediators.

We wanted to understand how the studies had chosen to assess their impact. Some reviews examined specific outcomes such as the value of audio-recordings for health literacy [13], recall of medical advice [14], and participant recruitment rates and strategies [15]. In contrast, a recent review [16] categorized the outcome measures used by the studies into three major groups: (1) information access, use and understanding (e.g. information recall); (2) experience of health care (e.g. satisfaction); (3) health and well-being (e.g. psychological health status). Our intention was to comprehensively describe the evaluations and provide a logical framework for future studies.

We observed that to date, no studies had synthesized evidence about providing recordings of clinical consultations to patients, across all clinical specialties, although, in our view, there remains the potential of identifying important shared experiences among patients, providers and organizations. We feel these issues are of particular relevance, given the increasing ease by which digital recording can now occur, either initiated by patients using their smartphones, or by organizations, as they become more aware of the benefit of having an archive of clinical interactions.

The aim of this scoping review was to evaluate the current state of knowledge about providing recorded clinical consultations to patients, investigate how patients use the recordings, summarize the evidence of the benefits and risks associated with this practice, as well as the barriers and facilitators for future implementation in day-to-day practice settings.

## 2. Methods

According to the framework for scoping studies by Arksey and O'Malley [17] the following steps were undertaken: 1) specifying the research question; 2) identifying relevant literature; 3) selecting the literature; 4) charting the data; and 5) collating, summarizing and reporting the results. Each step is outlined in more detail below. Scoping studies aim to rapidly map the key concepts underpinning a research area and the main sources and types of evidence available [17].

### 2.1. Specifying the research question

Audio- and video-recordings of clinical consultations have been widely used for the purpose of analyzing provider–patient interactions. We were only interested in studies that provided a recording of the clinical consultation to the patient. Therefore, the first step in our review was to develop a scoping question that would narrow our search to studies that had evaluated the practice of providing recordings of clinical consultations to patients. In addition, we decided to include studies that focused on real clinical consultations, and examined benefits, risks and potential harms associated with the provision of recorded consultations to patients as well as perceived barriers and facilitators.

### 2.2. Identifying relevant literature

We searched the following databases from inception until December 2012: Medline, EMBASE, CINAHL, PsycInfo, OpenSIGLE, NHS Economic Evaluation, and the Web of Science. The reference lists of all primary and review articles were hand searched. Only English-language articles were considered for this review. Although it is recommended practice for scoping reviews, we did not include gray literature, as we decided to evaluate robust empirical evidence from peer-reviewed studies. Appendix 1 provides the Ovid MEDLINE search strategy, which was adapted for use in other databases. MeSH-terms and text-words for recordings (tape, audio, video, digital), consultations (office visits) and patient were combined to perform the search.

### 2.3. Selecting the literature

To be included, studies had to meet the following criteria: (1) examine empirical data about the provision of recordings of clinical patient-provider consultations to patients; (2) be published in a peer-reviewed journal. Two researchers (MT, MAD) independently screened the titles and abstracts of the retrieved records. Disagreements about study inclusion were resolved by discussion.

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