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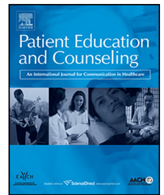

Communication study

Developing and administering scripted video vignettes for experimental research of patient–provider communication

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ABSTRACT

Objective: Scripted video-vignette studies enable experimental investigation of specific elements of patient–provider communication, separating cause and effect. However, scripted video vignettes are infrequently used to this end. Resultantly, few guidelines are available for their design, development and administration. We aim to suggest guidelines enabling more informed decisions when designing and conducting these studies.

Methods: Based on the available methodological literature, we discuss methodological considerations when developing and administering scripted video vignettes.

Results: Developing and using valid video vignettes requires: (I) deciding if using video vignettes is appropriate, (II) developing a valid script, (III) designing valid manipulations, (IV) converting the scripted consultation to video, and (V) administering the videos. We provide a first checklist of the methodological considerations in each phase. Advantages and pitfalls of possible approaches are discussed.

Conclusions: No 'gold standard' exists for most methodological issues, as literature testing the consequences of different approaches is lacking. The best approach when developing and implementing video vignettes depends upon the aims and practical limitations of a particular study.

Practice implications: Our checklist may serve as a starting point for further study of scripted video vignettes methodology. More detailed methodological reporting would yield new knowledge, thus allowing the research field to progress.

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1. Background

Observational research has been frequently used to investigate the effects of care providers' communication on relevant patient outcomes [1]. Such research aims to identify, categorize and quantify communication behavior [2]. Although observational research allows registering actual clinical behavior in a non-invasive manner, an important drawback is that it does not permit definitive conclusions about cause and effect [3]. Experimental methods are therefore needed. Experimentally manipulating care providers' communication behavior in clinical practice is problematic because the manipulations may expose patients to suboptimal communication. Alternatively, the impact of communication can be investigated in lab settings, by experimentally varying behavior in a hypothetical patient–provider interaction. A specific type of such experimental lab research involves scripted video vignettes.

In patient–provider communication research, scripted video vignettes have been introduced to systematically study the effects of specific communication on patient outcomes. Scripted video vignettes are short visual depictions of pre-written (hypothetical) events. Generally, multiple variations of a scripted vignette are created, depicting a consultation between care provider(s) and patient(s). Except for varying specific elements of communication, all other content of the vignettes is held constant. The role-played video vignettes are viewed by 'analog patients' (APs), who are either (former) patients, or healthy people instructed to imagine themselves in the place of the patient observed in the video [4]. After watching the video vignette(s), APs' perceptions or evaluations of specific aspects of the videotaped consultation can be assessed. Several outcome measures can be employed: (1) evaluative outcomes, such as perception of the physician [5–12] or preference for a consultation style [11,13–15]; (2) affective outcomes, such as (self-reported and/or physiological) anxiety and distress [16–18]; (3) behavioral outcomes, such as intended treatment decision [13], self-disclosure [10], and compliance [7,12]; and (4) cognitive outcomes, such as recall [17,18].

The research field using scripted video vignettes of patient–provider communication is still in development. A review of the empirical literature revealed that only 18 experimental video-vignette studies testing the effects of physician communication have been published thus far [19] (see Table 1 for an overview). Results of these studies indicate that video vignettes allow effective manipulation of communication [7,20–23], are perceived as realistic [7,16,18,22,24], and enable observers to immerse themselves in the situation depicted [17,18,24]. Thus, they can yield valid and informative results. Significant effects were indeed established thus far for evaluative, affective and behavioral outcomes, and in some but not all cases for cognitive outcomes. Thus, the relative scarcity of literature seems not due to a lack of feasibility or validity of this methodology for studying patient–provider communication. An alternative explanation for the limited use of video vignettes is that researchers shy away at, or get lost in, the daunting task of creating and implementing video vignettes. Presently, no clear instructions or guidelines exist on how to deal with the many methodological issues encountered. Very little empirical evidence is available to support one approach over the other.

We aim to advance the field by providing an overview of the methodological considerations encountered in each phase of developing and implementing scripted video vignettes, and possible approaches to address these considerations. This is a first attempt to provide guidelines, as to prepare researchers for making the most appropriate choices for their specific study requirements. It may serve as a starting point for further study of the methodology itself, to enable the development of more specific guidelines and recommendations in the future.

2. Methods

For our overview, we based ourselves on three sources. First, the method sections of the 18 available studies previously identified were inventoried for methodological issues, possible approaches and their rationales when developing and administering scripted video vignettes in physician–patient communication research. Second, we sought methodological literature on developing vignettes in related fields and using different designs. To that end, literature databases Pubmed, Embase, Cinahl and Psychinfo were searched using all variants of the keywords *Vignettes*, *Methodology* and *Development*. This search yielded three papers exclusively focussed on the advantages and challenges in the development of vignettes [25,26] or on its methodological difficulties [27]. Moreover, four papers presented exceptionally elaborate, stepwise, accounts of their methodological choices during vignette development [28–31]. All seven methodological articles identified in our literature search are displayed in Table 2. Third, the first and second authors (MH and LvV) supplemented the overview based on their experience with developing vignettes.

Through informal discussion between all authors, the methodological issues were formalized and categorized into five phases. These phases are: (1) deciding if using video vignettes is appropriate (Phase I), (2) developing a valid script (Phase II), (3) designing valid manipulations (Phase III), (4) converting the scripted consultations to video (Phase IV), and (5) administering the videos (Phase V). All methodological considerations encountered during each of these stages are displayed in Fig. 1. Moreover, Table 1 provides an overview of the different approaches used in the 18 empirical studies published thus far, to direct readers to relevant empirical examples.

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