

How to use video observation in workplace communication training

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This sheet deals with the use of videos in the workplace for:

- **Learner self assessment**
- **One to one feedback**
- **Group sessions and peer feedback**

What?

Video recording and observation consists of watching a part of or a whole recorded patient encounter, providing a glimpse of workplace interactions, and providing feedback to the learner, either one-to-one or in group sessions.

Why?

The use of video recordings in the workplace:

- Gives the opportunity to see oneself from 'the outside'. Learners can view their performance, reflect on strengths and weaknesses.
- Enables descriptiveness – one can rewind and re-observe parts of the interaction.
- Enables detailed analyses of non-verbal behavior – both learner and patient.
- Ensures tailored communication training, captures the specific types of communication in the workplace.
- Can make it possible for learners to share important experiences with each other – and receive feedback from peers.

How?

1. Preparing the learner

Give clear instruction to learners about which type of consultations they should record and what is the aim. Is it a video of: *a specific type of communication? Where the learner wants to show effective communication? Where the learner is challenged? Will they receive summative or formative feedback? Should the learner select a part of the conversation in advance?* Make sure that the learner knows how to use the camera and where to find help if the technology fails.

2. Self-assessment

Video recording should always start with the learners' self-assessment and self-reflection. In some cases, self-assessment may be the only learning usage of a video – in others it is the first step of giving feedback.

3. One-to-one feedback

Give individual feedback in a private setting. In advance, either the learner or the facilitator choose a part of the recording that you will focus on. Start by eliciting the learner agenda: *What do you want feedback on? Why did you select this part of the conversation?* Run the selected part of the video. Encourage self-assessment and the learner's own reflection on what they observe. Offer feedback. Rewind and use parts again if needed. Learners identify one key skill they will practice/change in their clinical work.

4. Group sessions and peer feedback

Video observations in groups could take place in allocated education time in the workplace. Introduce a model for feedback and prepare the learner and the group: *what is the context/situation in the recording and what should feedback focus on?* Members of the group can be given different tasks such as: watching the video from the patient perspective, or for specific behaviors. Watch a selected part of the recorded consultation. First, give the learner the opportunity for self-assessment, then invite the group to provide feedback. End the session by letting the learner summarize learning points and re-rehearse this: either by formulating concrete sentences they will try or making a roleplay of a part of the video.

Implementation of video observation:

- Individual feedback: Plan the video feedback: for example 10-15 min ideally in a room without disturbance. Watch small parts (1-3 min). Stop and reflect with the learner. Take notes. Rewind and repeat key parts.
- Group session: Ideally, a group is no more than 10-15 colleagues.
- Timeframe: In a 30 min session, divide into: 2-3 minutes preparation of learner and group. 5 min. watch selected part of video. 20 minutes group feedback and discussion. Limit how much feedback comes from the group to avoid overwhelming the learner. 2-3 minutes learner identifies learning points, re-rehearse and wrap up.

Limitations:

- Power structure: be aware that the hierarchy in the workplace may interfere with the feedback model. Junior colleagues may find it difficult to give constructive criticism to their seniors. In addition, the workplace collegial relations may cause anxiety about showing a video to colleagues. Therefore, trained facilitators are necessary in order to create a safe learning environment.
- Technical issues: set aside preparation time for getting familiar with the camera. Make sure you are able to display the recording. Make decisions about technology: you may invest in a camera or use mobile phones, however, be aware about data protection issues.
- Patient consent: It may vary among institutions what type of patient consent is needed (written or oral), but this needs to be clarified in advance.
- Logistical questions: where to place the camera in order to see both learner and patient? If this is not possible, who should be in the picture – patient or learner?
- Costings: funding for technical equipment could be needed, however the use of mobile phones and PC's make video recording less costly.

Read more?

1. Hammoud, M. M., Morgan, H. K., Edwards, M. E., Lyon, J. A., & White, C. (2012). Is video review of patient encounters an effective tool for medical student learning? A review of the literature. *Advances in Medical Education and Practice*, 3, 19–30. <http://dx.doi.org/10.2147/AMEP.S20219>
2. Lindon-Morris E1, Laidlaw A (2014) Anxiety and self-awareness in video feedback. *Clin Teach*.11(3):174-8. doi: 10.1111/tct.12103.
3. Eeckhout T, Gerits M, Bouquillon D, & Schoenmakers B (2016). Video training with peer feedback in real-time consultation: acceptability and feasibility in a general-practice setting. *Postgraduate Medical Journal*, 92(1090), 431–435. <http://doi.org/10.1136/postgradmedj-2015-133633>