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Videotaping of general practice consultations: effect on patient satisfaction

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Videotaping of general practice consultations has assumed a high profile recently with its proposed use in summative assessment of general practice trainees, fellowship by assessment, and the membership examination of the Royal College of General Practitioners. The presence of a video camera does not alter doctors' behaviour,^{1,2} and most patients are happy to give consent to videotaping.³ Videotaping might, however, adversely affect the consultation from the patient's point of view: one study found that most patients would feel uncomfortable during consultations that were being videotaped.⁴

We compared patient satisfaction scores after videotaped consultations and after consultations that were not videotaped, on the basis that if patients felt uncomfortable their scores would be lower.

Methods and results

Eighteen general practitioner trainers participated in the study. Each used two consulting sessions for the study. One was videotaped after obtaining appropriate consent, the other was not. After each consultation patients were asked to complete a validated and reliable satisfaction questionnaire.⁵ They were assured of anonymity, and they completed the questionnaires in the waiting room after the consultation. From work in a similar patient population we calculated that 100 patients per group would have a power of 90% to detect differences in satisfaction as small as 5% between the groups. The results were analysed with spss-x. They were normally distributed, and variances were homogeneous with Bartlett's test. Data were compared by Student's *t* test.

A total of 379 questionnaires were returned, 182 from the videotaped group and 197 from the group that was not videotaped. The groups were well matched for age and sex. Eighteen (9%) patients withheld consent

to videotaping. The findings are shown in the table. We found no significant differences in overall satisfaction or in any of the subscales. Analysis by individual practices showed no significant differences in patient satisfaction between those whose consultations had been videotaped and those whose consultations had not, for any doctor.

Comment

The use of videotaped consultations in summative assessment would be valid only if the process did not affect the consultation. Bain and Mackay suggested that most patients would feel uncomfortable during a videotaped consultation and that the use of a video camera is unacceptably intrusive.⁴ A major drawback of their study, however, was that none of the patients had ever been asked to take part in a videotaped consultation.

Our study shows that there is no difference in patient satisfaction between a group that was videotaped after having given consent and another that was not videoed. The allocation of patients to each group was random except that only the patients who agreed to be videotaped could be allocated to the videotaped group. Such patients may be different from those who were not asked since the group that was not asked will contain some patients who would refuse to be videotaped. However, over 90% of the patients asked agreed to the videotaping, and in any event the ethical objections concern patients who do not refuse to take part but feel uncomfortable being videotaped. We believe that if patients were unhappy their feelings would be reflected in the satisfaction scores. Therefore, provided that appropriate informed consent is obtained, videotaping of consultations seems to have no detrimental effects on patient satisfaction.

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Patient satisfaction scores after videotaping of consultations. Values are means (SD)

Scale	Videotaped group (n=182)	Group that was not videotaped (n=197)	Two tailed probability of difference between means
Total satisfaction	72.1 (9.1)	72.2 (8.6)	0.80
General satisfaction	12.6 (2.1)	12.3 (2.0)	0.29
Professional care	29.2 (4.2)	29.5 (3.4)	0.73
Relationship	18.9 (3.7)	18.9 (3.6)	0.86
Perceived time	11.4 (2.6)	11.3 (2.5)	0.58

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