

# Video review

## Communication skills-oriented approach for community preceptors

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**V**ideo review should be done in a systematic way. By focusing on specific parts of a videorecorded interview, family medicine preceptors can ensure that residents are proficient in all aspects of interviews. Currently, video review is too often done in an unstructured way, with many preceptors unsure of where to focus their efforts.

Although communication skills are taught early in medical school, clinical clerks tell me that, in an attempt to speed things up (especially during hospital rotations), they often drift away from using open-ended and facilitative interview questions. Family medicine preceptors who use videorecordings are uniquely positioned to reintroduce such valuable interview skills to residents.

Many excellent resources advocate for and document the utility of video review.<sup>1,2</sup> As residents develop self-evaluation skills, they need direction from their preceptors,<sup>3,4</sup> especially in the arena of communication skills.<sup>5,6</sup>

In 1993, Steinert published "Twelve Tips for Using Videotape Reviews for Feedback on Clinical Performance,"<sup>7</sup> which became the criterion standard for teaching video review. In 2000, Pinsky and Wipf published a template for teaching video review.<sup>1</sup> Both these articles offer a systematic approach to video review, outlining general principles and a broad view, much like articles on landscape, geography, and topology. The proposed model presented in this article is more of a road map. In my experience, many community preceptors perceive video review to be a time-consuming process, as they attempt to teach through the whole videorecording offered by their residents.

I propose dividing the video review into 6 components (**Box 1**). Preceptors might focus on 1 or 2 components during a video review teaching session. By breaking the interview into smaller bits, preceptors can be efficient in the short term while still facilitating residents' learning over the long term. By keeping records, such as field notes,<sup>8</sup> preceptors and residents can ensure that all components are covered. Instead of reviewing a whole videorecording (often longer than 15 minutes) the preceptor-resident team could review a specific skill component (1 to 2 minutes) that was observed in a number of recordings.

### Video review components

#### Opening

*Step 1:* With the resident, observe the resident's interview style during the opening of the video (often 90 to 180 seconds). Focus first on open-ended and closed questions, and then on facilitative responses and how these allow the patient to "open up."

#### Box 1. Video review components

- Opening
- Collecting the facts
- Medical, social, and lifestyle history
- Wrap-up
- Resident concerns
- Professionalism

*Step 2:* The resident points out where open-ended questions, closed questions, and facilitative responses were used in the video, and proposes alternate responses to the patient's answers to closed or direct questions.

*Step 3:* The resident points out where the patient brought up an emotional topic and how the resident responded. Both resident and preceptor propose alternate responses to the patient's answers to closed or direct questions.

#### Collecting the facts

*Step 1:* Cue appropriate videos in which the resident takes an in-depth history of a patient with a complex problem.

*Step 2:* The resident discusses how the in-depth history was taken and points out what went well. The preceptor then helps the resident discover what to change in the future if the interview did not go well. The preceptor might be able to offer helpful tips.

#### Medical, social, and lifestyle history

*Step 1:* Videorecord a number of visits in which the resident takes the patient's medical, family, social, and lifestyle history.

*Step 2:* The resident then discusses how the histories were taken. The preceptor might point out that open-ended questions are helpful but direct questions are probably best. The resident and preceptor review this segment of the video and discuss how the learner might conduct the history taking more efficiently.

#### Wrap-up

*Step 1:* Review the closing of the interview.

*Step 2:* Have the resident explain how the treatment

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plan was discussed with the patient and how the patient responded. The preceptor and resident can then discuss the skills of finding common ground with the patient, negotiation, and planning.

### Resident concerns

*Step 1:* Invite the resident to review any segment of the video of personal interest.

### Professionalism

*Step 1:* Record interviews with patients who engender emotional responses such as frustration, apathy, antipathy, or affection.

*Step 2:* The preceptor and the resident choose an interview and watch most of it. The preceptor asks the resident what was going on and explains how the resident's interviewing style influenced what was happening.

### Focusing the review


Video review helps the resident develop a patient-centred interviewing style. The preceptor should not try to teach the whole of medicine, as there are other learning opportunities during the clinical rotation (eg, chart reviews are good for teaching the skills of diagnosis and therapy, while corridor consultations assist residents in their critical thinking and problem-solving skills). Preceptors need to focus on interview style during video review. Keep the video review sessions focused and short.

Open-ended questions and facilitative and affective responses are the main communication skills used during the opening of the interview. Direct, focused questions are mostly used while collecting the facts and assessing the social and lifestyle history of the patient. Negotiating skills are needed during the wrap-up as the resident and patient find common ground and arrange follow-up. Resident concerns need to be addressed during every teaching session to encourage resident self-assessment and to ensure preceptors teach to resident issues. Examples of professionalism need to be reviewed during all teaching sessions.

The preceptor can assist the resident in developing the individual skills of communication, time management, negotiation, and questioning for each interview component by watching the appropriate part of each video and encouraging the resident to reflect on what was done well and what could be changed.

Video review should be done as soon after an encounter as possible. One method is to have the resident videorecord all patients seen during a half-day clinic and then set aside 1 hour afterward to discuss the issues noted above. Planning at the beginning of the clinic what will be reviewed later helps focus the teaching and precepting time.

I believe the first skills for which a resident needs feedback and support are asking open-ended questions, providing facilitative responses (parroting, paraphrasing,

verbal prodding, summarizing), and offering affective responses (affective questions and affective labeling). As the learner develops and demonstrates these skills, the learning sessions might concentrate on focused medical history taking, time management, finding common ground, interpersonal relationships, feelings, trust, and the role of the physician as healer. 

### TEACHING TIPS

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- Video review should be done as soon after an encounter as possible. One method is to have the resident videorecord all patients seen during a half-day clinic and then set aside 1 hour afterward to discuss the issues noted above. Planning at the beginning of the clinic what will be reviewed later helps focus the teaching and precepting time.
- The preceptor can assist the resident in developing the individual skills of communication, time management, negotiation, and questioning for each interview component by watching the appropriate part of each video and encouraging the resident to reflect on what was done well and what could be changed.

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### Competing interests

None declared

### References

1. Pinsky LE, Wipf JE. A picture is worth a thousand words: practical use of videotape in teaching. *J Gen Intern Med* 2000;15(11):805-10.
2. Ram P, Grol R, Rethans JJ, Schouten B, van der Vleuten C, Kester A. Assessment of general practitioners by video observation of communicative and medical performance in daily practice: issues of validity, reliability and feasibility. *Med Educ* 1999;33(6):447-54.
3. Martin D, Regehr G, Hodges B, McNaughton N. Using videotaped benchmarks to improve the self-assessment ability of family practice residents. *Acad Med* 1998;73(11):1201-6.
4. Kogan JR, Conforti LN, Bernabeo EC, Durning SJ, Hauer KE, Holmboe ES. Faculty and staff perceptions of feedback to residents after direct observation of clinical skills. *Med Educ* 2012;46(2):201-15.
5. Fallowfield L, Lipkin M, Hall A. Teaching senior oncologists communication skills: results from phase I of a comprehensive longitudinal program in the United Kingdom. *J Clin Oncol* 1998;16(5):1961-8.
6. Parish SJ, Weber CM, Steiner-Grossman P, Milan FB, Burton WB, Marantz PR, et al. Teaching clinical skills through videotape review: a randomized trial of group versus individual reviews. *Teach Learn Med* 2006;18(2):92-8.
7. Steinert Y. Twelve tips for using videotape reviews for feedback on clinical performance. *Med Teach* 1993;15(2-3):131-9.
8. Donoff MG. Field notes. Assisting achievement and documenting competence. *Can Fam Physician* 2009;55:1260-2 (Eng), e100-2 (Fr).

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