Videotaping consultations for educational purposes in the out-of-hours primary care: most patients and physicians would participate.

KRUG, Bertwin; Universiteit Antwerpen

Promotor: REMMEN, Roy

Co-promotor: MATTHYS, Jan

Master of Family Medicine
Masterproef Huisartsgeneeskunde

L.S.

In kader van mijn masterproef hebben we uiteindelijk gekozen om een artikel te maken en deze te gaan publiceren (juiste tijdschrift dient nog gekozen te worden).

In bijlage de goedkeuringen van de ethisch comités.

Videotaping consultations for educational purposes in the out-of-hours primary care: most patients and physicians would participate.

Bertwin Krug[1], Annelies Colliers[1], Jan Matthys[2], Sibyl Anthierens[1], Hilde Philips[1], Samuel Coenen[1,3], Jorn Damen[4], Roy Remmen[1]

[1] Department of Primary and Interdisciplinary Care (ELIZA) – Centre for General Practice (CHA) Faculty of Medicine and Health Sciences University of Antwerp – Campus Drie Eiken Universiteitsplein 1 B-2610 Antwerp (Wilrijk), Belgium
[2] Department of medicine University of Ghent
[3] Department of Epidemiology and Social Medicine (ESOC) Faculty of Medicine and Health Sciences University of Antwerp – Campus Drie Eiken Universiteitsplein 1 B-2610 Antwerp (Wilrijk), Belgium
[4]Emergency department AZ Nikolaas, Sint-Niklaas, Belgium

Corresponding author: Bertwin Krug

ABSTRACT:

Background: Video recordings may be used by GP trainees as a tool for learning, to make it possible to reflect on their communication style, diagnostic thinking, examination skills, and are giving the possibility to receive feedback from trainers and peers. Typically, these recordings are taken during regular working hours. To be able to videotape the consultation during OOH (out of hours) care (i.e. at the emergency department (ED) and at the General Practitioner Cooperative (GPC)), patients must be willing to cooperate and give informed consent. Therefore it was of interest to research the potential barriers in these settings.

Methods: A questionnaire was administered to patients and physicians at the ED and at the GPC in Sint-Niklaas, Belgium. The first section of the questionnaire asked for demographic variables, the second part about the attitudes regarding consent.

Results: A total of 346 questionnaires were completed, 23 by physicians and 323 by patients. At the ED 99 patients and at the GPC 224 participated. A majority of the patients (67%) would give consent for videotaping the consultation. We did not find any significant difference between respondents at the GPC and ED.

Conclusion: A vast majority of the participants would consent being videotaped during their consultation, with primarily concerns about privacy, shame and discomfort as barriers. There was no significant difference between respondents in the settings ED and GPC.

Keywords:

Out-of-hours (OOH) primary care; Emergency department (ED); General Practitioner Cooperative (GPC); videotaping; video recording; consent

Introduction

Out-of-hours (OOH) primary care provides medical care to patients during the night, evenings and weekends. In many European countries, a mix of services of general practitioners (GP) in local General Practitioner Cooperatives (GPCs), and Emergency Departments (EDs) adjacent to hospitals are provided to the community.[1] Since 2003, groups of general practitioners in Belgium started organizing OOH care from local GPCs, where a GP is on call several times a year for his/her own region.[2] Besides the GPC, patients have 24/7 access to the ED staffed by medical specialists and their trainees. The Belgian health system is characterized by unlimited access to primary, secondary and tertiary health care providers. There is no triage system and the GP does not have a gate keeper role.[3,4,5]

In Flanders (the Northern and Dutch speaking part of Belgium), post-graduate training in general practice will be reorganized from 2018 and will be aligned to European regulation.[6] All trainees will spend 6 months of their three year-GP training in hospitals. This will also include work at the ED of selected general hospitals.[7] Trainees in general practice will need to acquire many skills to prepare for the work during OOH primary care and the work in the acute setting of the ED. In GP training videotaping is often used as a tool for learning, to achieve the best possible quality of care. Videotaping enables GP trainees to critically reflect on their communication style, diagnostic thinking, examination skills, etc., and provides the possibility to receive feedback from trainers and peers.[8,9,10] To be able to videotape consultations during OOH care patients must be willing to cooperate and give informed consent. This may be difficult during the OOH setting where patients tend to have acute medical problems and do not have a longitudinal relationship with the providers in the service.

Some evidence suggests that a minority of the patients refuse being filmed and feel the recording makes consultations less confidential. Patients with psychiatric problems (anxiety and depression), or problems relating genitalia or the breasts were more likely to withhold consent.[11,12,13] It seems that when patients have more time to think about whether or not they want to be recorded (by getting more time before consultation or getting a consent form prior to the consultation), more patients refuse to give their consent.[14,15,16] Patients were more likely to give their consent when (1) asked by a member of medical staff[17] and (2) with increasing age of the patients.[18] Gender had an ambiguous influence, while ethnicity did not seem to influence patients' consent.[19] Prior to a consultation a vast majority of patients felt discomfort by the thought of being recorded.[20] In contrast, studies of patients who had been recorded felt there was only a minimal influence by videotaping.[21,22]

Typically, all these studies were performed in regular day-time general practice consultations and not outside the standard working hours at EDs and GPCs. Therefore, it was of interest to research if patients and physicians are willing to give their consent to be videotaped for educational purposes in these settings.

Methods

A four-page self-administered paper questionnaire was developed based on literature[11,12,16] and current interests to clarify physicians and patients attitudes at the ED and GPC about videotaping their consultation and what the potential barriers are. The questionnaire was pilot tested among 16 patients in January 2017 to improve comprehensiveness and clarity. The first section of the questionnaire covered demographic variables, i.e. age, gender, educational level (table 1). The second part of the questionnaire included 11 items (table 2) in which participants were asked whether they would give consent to videotape their consultation, with or without taping the physical examination, when only the physician would come into the picture, when it includes a known, new, psychiatric or genital problem, or whether they would agree when the recording would be shown publicly. They were asked about their feelings on being videotaped and possible reasons to withhold consent. The study was conducted at the ED and at the GPC in Sint-Niklaas, Belgium, in the period from February 2017 to April 2017.

The paper based questionnaires were given to the patients at the GPC by the receptionist and at the ED by the receptionist or a nurse. It was completed by the patient (or by one of the parents/caregivers when the patient was young, incapable or very old), while waiting in the waiting room. The patients' consent was acquired through filling in the questionnaire. The questionnaires were completed anonymously and the data were collected in an EXCEL database. Frequency tables were made and the data was analyzed using the statistical program SPSS (version 25.0.0.0). Calculations were made to conclude if there is a difference between the views of patients and physicians at the ED and GPC, as well as between the different groups. For the nominal (categorical) variables a significant difference was defined by a $p < 0,05$ (with chi-square test).

The questionnaires were approved by the ethics committee of the Antwerp University Hospital (ethical approval 17/2/11) and of the AZ Nikolaas hospital in Sint-Niklaas (ethical approval EC 17005).

Table 1: Details of the questionnaire

Questions	Answers				
Location	ED	GPC			
You are	Patient	Physician			
Age (years)	<18	18-29	30-60	>60	
Gender	Male	Female			
Native language	Dutch	French	German	Other	
Education level	None/primary school	Lower secondary school	Higher secondary school	Higher education, non-university	Higher education, university
Opinion of making a recording of the consultation	Neutral	A bit annoying	Very annoying	Don't know	
Would you agree being recorded:					
without the physical examination?	Yes	No			
with the physical examination?	Yes	No			
when only the physician was being filmed?	Yes	No			
if it is a known problem?	Yes	No			
if it is a new problem?	Yes	No			
if it concerns a psychological/psychiatric problem?	Yes	No			
if it concerns a genital problem?	Yes	No			
if the recordings would become public?	Yes	No			
How do you feel if the consultation would be recorded? (multiple answers possible)	Shy or Embarrassed	Neutral as it is part of the training of physicians	Anxious	Annoyed	Enthusiastic / Other
What would withhold you to make a video-recording? (multiple answers possible)	Nothing	Shame	Discomfort	Concerned about privacy	

Results:

A total of 346 questionnaires were completed, 23 by physicians and 323 by patients. Demographics are set in table 2. At the ED 99 patients participated out of the total of 3484 patients (2,8%). Of the total of 1245 patients signing in at the GPC, 224 patients participated (18,0%). More male patients participated than female (60,4% versus 39,6% respectively). Overall the native language was Dutch (94%). Only four participants had the native language of French, sixteen had another. Few of the surveyed patients (4,7%) were filmed before. More patients with a lower education level (included no education to higher secondary school) participated than those with a higher education level (55,4% versus 44,3%).

Table 2: Responders and background information at the GPC and ED

Questions	Answers					
	Patients (n=323)				Physicians (n=23)	
Location	ED	GPC			ED	GPC
	30,7% (99)	69,3% (224)			34,8% (8)	65,2% (15)
Age (years)	<18j	18-29j	30-60j	>60j	18-29j	30-60j
	17,6% (57)	22,6% (73)	46,4% (150)	13,0% (42)	43,4% (10)	56,5% (13)
Gender	Male	Female			Male	Female
	60,4% (195)	39,6% (128)			21,7% (5)	78,2% (18)
Native language	Dutch	Other			Dutch	Other
	92,8% (300)	6,2% (20)			91,3% (21)	8,7% (2)
Education level	Lower	Higher				
	55,4% (179)	44,3% (143)				

Table 3: Consent at GPC and ED

	Consent	GPC (n=224)	ED (n=99)
Without physical examination	Yes	69,2% (155)	70,1% (70)
	No	20,5% (46)	15,2% (15)
With physical examination	Yes	40,6% (91)	46,5% (46)
	No	40,2% (90)	36,4% (36)
Only physician being recorded	Yes	80,4% (180)	81,8% (80)
	No	12,5% (28)	17,2% (17)
Known problem	Yes	70,1% (157)	63,6% (62)
	No	29,9% (67)	37,4% (37)
New problem	Yes	58,9% (132)	67,7% (67)
	No	40,2% (90)	33,3% (33)
Psychiatric problem	Yes	42,0% (94)	46,5% (46)
	No	57,1% (128)	54,5% (54)
Genital problem	Yes	22,8% (51)	27,3% (27)
	No	76,3% (171)	73,7% (72)
Making the recording public	Yes	12% (26)	15,2% (15)
	No	87,5% (196)	85,9% (84)
Filmed before	Yes	4,9% (11)	9,1% (9)
	No	94,6% (212)	91,9% (90)

The majority of patients (67,7%) and physicians (91%) would give their consent. We did not find a significant difference between consent of patients at the GPC or at the ED (table 3). Table 4 overviews the attitudes to give consent to videotape their encounter with a physician in the OOH service and the ED. The patients at the ED had less difficulty with being videotaped than patients at the GPC. There was no significant difference between the consent of the different age groups, although with growing age there was a reduction of shame and concerns for privacy. There was no significant difference between patients who were filmed before, compared to those who were not. We found a significant difference between male and female patients when asked giving their consent including physical examination or when it concerns a genital problem. Males were less cooperative than females (consent of 34,9% compared to 53,9%; and 15,4% compared to 37,5% respectively). When asked about their opinion about videotaping, women tend to answer more annoyed. Women felt more shy or embarrassed, and were more anxious and annoyed than men. Most felt shameful and had concerns about privacy. We also found a significant difference when having a foreign native language compared to being native Dutch. Having a foreign native language suggests more withholding consent compared to the native Dutch.

Patients reported significantly less barriers than physicians. We also found that physicians significantly were easier to give consent when the complaint is a known problem than patients do (91,3% and 68,1% respectively). Eighty-four percent of the patients and eighty-three percent of physicians thought that videotaping was no problem or only a bit annoying.

Table 4: Attitudes of patients and physicians of videotaping for educational purposes

Patients (n=323)		Physicians (n=23)	
Neutral	55,1% (178)	Neutral	65,2% (15)
Shy or embarrassed	34,7% (112)	Shy or embarrassed	26,1% (6)
Annoyed	10,8% (35)	Annoyed	8,7% (2)
Other feeling	8,4% (27)	Other feeling	4,3% (1)
Anxious	5,0% (16)	Anxious	0% (0)
Enthusiastic	2,8% (9)	Enthusiastic	0% (0)

Discussion

As far as we know this is the first study to explore patients' and physicians' attitudes towards videotaping consultations at the GPCs and ED during the out-of-hours period. The findings are important for these new educational settings where videotapes may be a valuable adjunct to clinical teaching and research. Before implementing this research and learning method it is important to understand clinicians' and patients' perceptions on this subject.

Our findings show that the vast majority of the patients would give their consent for being videotaped, even more so when only the physician would be in the picture. Most physicians would give their consent. We did not find significant difference between the participants at the GPC and the ED.

Strengths & weaknesses:

Parents or caregivers filled in the questionnaire for their child and the incapable or very old. Possibly there was confusion about answering the questions from the perspective of the patient or from their own perspective.

Only a small selection of patients signing in at the GPC or ED participated in this study. Furthermore, this study was performed in a small city in Flanders (Belgium) and generalizing the results to, for instance, larger city may not be possible. The low participation rate at the ED may be partly due to the volatile and high speed of the subsequent patient contacts that was hindering data collection. We acknowledge possible bias that may be introduced as we may have included less ill patients and may have excluded patients with other cultural backgrounds. However we collected a large number of

patient attitudes and could not observe differences between patients at the GPC and the ED.
We did not research opinions of auxiliary personnel. Their attitudes may be very important at both GPC and ED as they are the first contact with the patients and remain an important role throughout the care process.

Videotaping has an important role in the learning process for GP trainees, supplying means to critically reflect on the consultation and the possibility to receive feedback.

More research is needed regarding the severely ill patients and their caregivers' attitudes and the added value of videotaped patient encounters. As the society is becoming more diverse more research of other ethnic groups is needed. Moreover, the use of videotaping will become more important to patients as they can more easily recall the information provided by physicians.[23]
Future research of our group will therefore focus on the content and quality of the patient-physician encounters using videotapes in the GPCs and EDs.

Acknowledgements:
Special thank you to the physicians and personnel and patients at the ED of the AZ Nikolaas hospital and the GPC Waasland in Sint-Niklaas, Belgium.

References:

[1] Huibers L, Philips H, Giesen P, Remmen R, Christensen MB, Bondevik GT. EurOOHnet-the European research network for out-of-hours primary health care. Eur J Gen Pract. 2014 Sep;20(3):229-32. doi: 10.3109/13814788.2013.846320. Epub 2013 Nov 13. PMID:
[2] Huibers L, Philips H, Giesen P, Remmen R, Christensen MB, Bondevik GT. Altmetric Background Papers EurOOHnet—the European research network for out-of-hours primary health care. Eur J Gen Pract. 2014 Sep;20(3):229-32. doi: 10.3109/13814788.2013.846320. Epub 2013 Nov 13.
[3] Colliers A, Bartholomeeusen S, Remmen R, Coenen S, Michiels B, Bastiaens H, Van Royen P, Verhoeven V, Holmgren P, De Ruyck B, Philips H. Improving Care And Research Electronic Data Trust Antwerp (iCAREdata): a research database of linked data on out-of-hours primary care. BMC Res Notes. 2016; 9: 259
[4] Colliers A, Remmen R, Streffer M, Michiels B, Bartholomeeusen S, Monsieurs KG, Goris J, Coenen S, Verhoeven V, Philips H. Implementation of a general practitioner cooperative adjacent to the emergency department of a hospital increases the caseload for the GPC but not for the emergency department. Acta Clin Belg. 2017 Feb;72(1):49-54. doi: 10.1080/17843286.2016.1245936. Epub 2016 Oct 17.
[5] Philips H, Remmen R, Van Royen P, Teblick M, Geudens L, Bronckaers M, Meeuwis H. What's the effect of the implementation of general practitioner cooperatives on caseload? Prospective intervention study on primary and secondary care. BMC Health Serv Res. 2010; 10: 222.
[6] European Commission. https://ec.europa.eu/growth/single-market/services/free-movement-professionals/qualifications-recognition_en
[7] Interuniversitair Centrum voor Huisartsen Opleiding, Leuven. http://www.icho-info.be
[8] Hammoud MM, Morgan HK, Edwards ME, Lyon JA, White C. Is video review of patient encounters an effective tool for medical student learning? A review of the literature. Adv Med Educ Pract. 2012; 3: 19–30.
[9] Ozcakar N, Mevsim V, Guldal D, Gunvar T, Yildirim E, Sisli Z, Semin I. Is the use of videotape recording superior to verbal feedback alone in the teaching of clinical skills? BMC Public Health. 2009; 9: 474.
[10] Campbell LM, Howie JG, Murray TS. Use of videotaped consultations in summative assessment of trainees in general practice. Br J Gen Pract. 1995 Mar; 45(392): 137–141.
[11] Martin E, Martin PM. The reactions of patients to a video camera in the consulting room. J R Coll Gen Pract. 1984 Nov;34(268):607-10.
[12] Coleman T, Manku-Scott T. Comparison of video-recorded consultations with those in which patients' consent is withheld. Brit J Gen Pract 1998;48:971–4.
[13] Van den Brink-Muinen A, Verhaak PF, Bensing JM, Bahrs O, Deveugele M, Gask L, Mead N, Leiva-Fernandez F, Perez A, Messerli V, Oppizzi L, Peltenburg M. Communication in general practice: differences between European countries. Fam Pract. 2003 Aug;20(4):478-85.
[14] Themessl-Huber M, Humphris G, Dowell J, Macgillivray S, Rushmer R, Williams B; Audio-visual recording of patient–GP consultations for research purposes: A literature review on recruiting rates and strategies; Patient Education and Counseling 71 (2008); 157–168
[15] Howe A. Detecting psychological distress: can general practitioners improve their own performance? Brit J

Gen Pract 1996;46:407–10.
[16] Tylee A, Freeling P, Kerry S, Burns T. How does the content of consultations affect recognition by general practitioners of major depression in women? Brit J Gen Pract 1995;45:575–8.
[17] Servant JB, Matheson JAB. Video recording in general practice: thepatients do mind. J R Coll Gen Pract 1986;36:555–6.
[18] Howe A. Refusal of videorecording: what factors may influence patient consent? Fam Pract 1997;14:233–7.
[19] Neal RD, Ali N, Allgar V, Coleman T. Consent rates for video-recording general practice consultations: effect of ethnicity and other factors. Fam Pract 2004;21:219–20.
[20] Bain JE, Mackay NS. Videotaping general practice consultations. Brit Med J 1993;307:504–5.
[21] Arborelius E, Timpka T. In what way may videotapes be used to get significant information about the patient–physician relationship? Med Teacher 1990;12:197.
[22] Herzmark G. Reactions of patients to video recording of consultations in general practice. Br Med J (Clin Res Ed). 1985 Aug 3;291(6491):315-7.
[23] Elwyn G, Barr P, Castaldo M. Can Patients Make Recordings of Medical Encounters? What Does the Law Say? JAMA August 8, 2017; Volume 318, Number 6: 493-584

UZA / Wilrijkstraat 10 / 2650 Edegem
Parking via Drie Eikenstraat 655
Tel +32 3 821 30 00 / Fax +32 3 829 05 20
www.uza.be / BE0874.619.603

Universiteit Antwerpen

ETHISCH COMITE

Prof. dr. R. Remmen

UA
Huisartsgeneeskunde

gebouw R317
Universiteitsplein 1
2610 Wilrijk

VOORZITTER
Prof. dr. Patrick Cras

SECRETARIAAT
tel: 03 821 35 44

Wat vinden patiënten en artsen van het maken van video-opnames van de consultatie op spoed en in de huisartsenwachtpost. (manama huisartsgeneeskunde Bertwin Krug)

datum	ons kenmerk	contactpersoon
23/01/2017	17/2/11	Annelies Van Looy Anniek Leeraert Marleen Bolens ethisch.comite@uza.be

DEFINITIEF GUNSTIG ADVIES

Geachte Collega,

Het Ethisch Comité van het Universitair Ziekenhuis Antwerpen en de Universiteit Antwerpen heeft bovenvermelde studie besproken en geeft een gunstig advies dd. 23/01/2017.

De volgende bijlagen werden volgens de ICH-GCP richtlijnen door het Ethisch Comité goedgekeurd:

- CV onderzoeker
  Dr. Krug
- Informatie- en toestemmingsformulier NL dd. 1/12/2016
  V.2.0
- Protocol dd. 1/12/2016
  v.2.0
- Vragenlijst(en) dd. 1/12/2016
  V.2.0

De volgende opmerkingen werden nog gemaakt:

l.v.m het ICF:

1) Gelieve de duurtijd van de vragenlijst te vermelden.
2) Op het toestemmingsformulier dient de titel nog toegevoegd te worden.
3) Gelieve de spellingsfouten op het ICF aan te passen. Zie bijlage.

UZA / Wilrijkstraat 10 / 2650 Edegem
Parking via Drie Eikenstraat 655
Tel +32 3 821 30 00 / Fax +32 3 829 05 20
www.uza.be / BE0874.619.603

Universiteit Antwerpen

datum
23/01/2017

ons kenmerk
17/2/11

contactpersoon
Annelies Van Looy
Anniek Leeraert
Marleen Bolens
ethisch.comite@uza.be

Vermits de studie niet onder de wet van 07/05/2004 valt, is de procedure van het enig advies niet van toepassing. Elke onderzoeker dient de studie bij zijn Ethisch Comité in te dienen, die dan onafhankelijk van andere deelnemende Ethische Comités zijn advies uitbrengt.

Tenslotte verzoeken wij u ons volgende data te melden:

- Startdatum inclusie patiënten
- Datum waarop de studie wordt afgesloten en de reden hiervoor:
  - o Nooit opgestart
  - o Vroegtijdig stopgezet
  - o Einde studie

Met vriendelijke groeten,

Prof. dr. G. Ieven
Ondervoorzitter Ethisch Comité

cc: AZ Nikolaas - Ethische Commissie, Moerlandstraat 1 - 9100 Sint-Niklaas
B. Krug, NVT, Vermorgenstraat 71 bus 4 - 9100 St. Niklaas

UZA / Wilrijkstraat 10 / 2650 Edegem
Parking via Drie Eikenstraat 655
Tel +32 3 821 30 00 / Fax +32 3 829 05 20
www.uza.be / BE0874.619.603

Universiteit Antwerpen

Vervolg blz. 3 van het adviesformulier betreffende project EC UZA 17/2/11

datum	ons kenmerk	contactpersoon
23/01/2017	17/2/11	Annelies Van Looy Anniek Leeraert Marleen Bolens ethisch.comite@uza.be

Samenstelling Ethisch Comité sinds 1/01/2017.
Deze studie werd besproken op vergadering van 23/01/2017.

	Functie	M/V	Aanwezig
Voorzitter			
CRAS Patrick	Voorzitter/Neuroloog	M	-
Ondervoorzitter			
IEVEN Greet	Ondervoorzitter/Klinisch Bioloog	V	+
Leden EC UZA			
BERVOETS An	Dermatoloog	V	-
BLAUMEISER Bettina	Medisch geneticus	V	-
DE WINTER Benedicte	Farmacoloog	V	+
HUIZING Manon	Oncoloog	V	+
MICHIELS Barbara	Huisarts	V	+
SMETS Erika	Oftalmoloog	V	+
VAN BORTEL Paulus	Filosoof	M	-
VAN DE WIELE Miranda	Patiëntenbegeleiding	V	+
VAN DEN EEDE Filip	Psychiater	M	-
VANSWEEVELT Thierry	Jurist	M	-
VERLOOY Joris	Pediater	M	+
Toegevoegde leden UA			
DE MEESTER Ingrid	Farmacoloog / Onderzoeker UA	V	+
DECKERS Lara	Medewerkster Dep. Onderzoek	V	+
MICHIELSEN Peter	Gastro-enteroloog	M	+
Uitgenodigde Experten			
GOETHALS Sofie	Biobank manager	V	+
HENS Kristien	Ethicus	V	-
IDES Kris	Kinesitherapeut	M	-
LEMMENS Katrien	Farmacoloog	V	-
LUYTEN Leon	Arts in het beheer van gezondheidsgegevens	M	-
MAMPAEY Els	Psychologe	V	-
MICHIELSENS Inge	Jurist	V	+
NORGA Koenraad	Pediater	M	-
THEUNIS Bea	Apotheker	V	-
VAN BOGAERT Peter	Docent UA - verpleeg- en vroedkunde	M	-

The Ethics Committee states that no individual member of the Ethics Committee who may have an affiliation with the study or sponsor, has voted in
the deliberations for this trial.
The Ethics Committee states that it is organised and operates according to the ICH/GCP guidelines, the applicable laws and regulations, and
their own written operating procedures.

Commissie voor Medische Ethiek
A.Z. Nikolaas
Moerlandstraat 1
9100 Sint-Niklaas
OG-067

Aan dhr. Bertwin Krug

UW KENMERK	ONS KENMERK	DATUM
UZA: 17/2/11	TC/advies/2017-01 /EC17005	2017-01-19

Uit het verslag van de toetsingscommissie van 19 januari 2017 – lokaal advies

Datum: 2017-01-19
Aanwezig: dr. P. Pype, mevr. S. Van Opdenbosch, dr. J. Miguel, dr. B. Heyrman, dr. P. Van Ranst, mr. P. Hylebos, dr. G. De la Meilleure, mevr. V. Lemmens, dr. J. Damen, dhr. C. Simoen, Dr. W. Lybaert, mevr. J. Appaerts, dhr. B. Krug, Capens (verslag)
Verontschuldigd: dhr. M. Peersman, mevr. K. Slowack, mevr. I. De Kimpe, prof. dr. J. Ruige
Afwezig:

Advies studie

Enquêtes over de visie van patiënten en artsen op het maken van video-opnames van de consultatie op spoed en in de huisartsenwachtpost. (EC 17005 – Bertwin Krug)

Opmerkingen m.b.t. vragenlijst:
Voorstel bijkomende vraag:
"Zou u akkoord gaan indien de filmopname openbaar wordt gemaakt?"

Opmerking m.b.t. de informatiebrief:
"Deze opnamen zullen enkel gebruikt worden voor de opleiding en nadien gewist worden"
➢ deze zin kan verwarrend overkomen bij de patiënt; hij/zij gaat er misschien vanuit dat er nu, tijdens het invullen van de vragenlijst, reeds filmopnames gemaakt worden.
Graag bovenstaande zin anders formuleren.

Besluit
De toetsingscommissie heeft geen opmerkingen in verband met de competentie van de onderzoeker, dhr. Bertwin Krug, noch over de instelling waarbinnen de studie zal plaatsvinden.
De commissie geeft een **gunstig** advies.
Deze aanbeveling betekent geenszins dat de commissie verantwoordelijk is voor deze studie.

dr. G. De la Meilleure
voorzitter

ICHO vzw
INTERUNIVERSITAIR CENTRUM VOOR HUISARTSEN OPLEIDING

KU LEUVEN | UNIVERSITEIT GENT | Universiteit Antwerpen | Vrije Universiteit Brussel

Wat vinden patiënten en artsen van het maken van video-opnames van de consultatie op *spoed* en in de *huisartsenwachtpost*?

Informatiebrief

Geachte heer, mevrouw

Wij vragen u om mee te doen aan dit medisch-wetenschappelijk onderzoek. U beslist zelf of u wilt meedoen. Het invullen van deze enquête zal een vijftal minuten duren. Uw gegevens worden op een anonieme manier verwerkt. Indien u wenst kunt u een samenvatting van de resultaten verkrijgen na afronding en analyse van het onderzoek. U kunt zich te allen tijde terugtrekken uit het onderzoek.

Het onderzoek:
Het onderzoek omvat een vragenlijst, welke ingevuld kan worden door hulpverleners en patiënten (in de wachtzaal), waarin we u vragen naar uw visie over het maken van video-opnamen tijdens de consultaties. Deze bevraging zal zowel op de dienst spoedgevallen, als in de huisartsenwachtpost gebeuren.
Video-opnamen van de consultaties worden in de opleiding huisartsgeneeskunde vaak gebruikt als hulpmiddel om te leren een zo goed mogelijke praktijkvoering te bekomen. Deze opnamen zullen enkel gebruikt worden voor de opleiding en nadien gewist worden.
In de toekomst zullen huisartsen-in-opleiding stage kunnen lopen op de spoeddienst. Ook zullen huisartsen-in-opleiding deelnemen aan de wachtdiensten. De vraag dringt zich op wat de hulpverleners, en ook de patiënten in deze setting ervan vinden dat er video-opnamen worden gemaakt tijdens de consultatie.

Methode:
Er zullen vragenlijsten op spoed en op de huisartsenwachtpost worden afgenomen in de periode januari 2017 t/m april 2017. De vragenlijsten worden anoniem ingevuld en vervolgens in een databestand gezet. De data zullen geanalyseerd worden en er zal worden uitgerekend of er een verschil bestaat tussen de visie van patiënten én van artsen op de spoed t.o.v. die in de huisartsenwachtpost, alsook tussen de verschillende leeftijdsgroepen, geslachten, opleidingsniveau, gesproken taal thuis.

Informed Consent

Door de vragenlijst in te vullen, verklaar ik dat ik:

(1) de informatiebrief heb gelezen. Die geeft uitleg over de aard van de vragen, taken, opdrachten en stimuli die tijdens het onderzoek zullen worden aangeboden. Op elk ogenblik wordt me de mogelijkheid geboden om bijkomende informatie te verkrijgen.

(2) totaal vrijwillig deelneem aan het onderzoek.

(3) de toestemming geef aan de onderzoekers om mijn antwoorden op anonieme wijze te bewaren, te verwerken en te rapporteren.

(4) op de hoogte ben van de mogelijkheid om mijn deelname aan het onderzoek op ieder moment stop te zetten.

(5) ervan op de hoogte ben dat ik een samenvatting van de onderzoeksbevindingen kan krijgen.

Onderzoeker:	Dr. Bertwin KRUG
Co-promotor:	Dr. Jan MATTHYS
Promotor:	Prof. Dr. Roy REMMEN

Vragenlijst

Wat is uw locatie?

- Op de spoeddienst van een ziekenhuis
- In de huisartsenwachtpost

U bent:

- Patiënt (of ouder van de patiënt)
- Arts

1. Wat is uw leeftijd (of deze van uw kind, indien hij/zij de patiënt is):
    - <18j
    - 18-29j
    - 30-60j
    - >60j

2. Wat is uw geslacht:
    - Man
    - Vrouw

3. Welke taal spreekt u thuis?
    - Vlaams/Nederlands
    - Frans
    - Duits
    - Andere

4. Wat is uw hoogst behaalde diploma?
    - Geen diploma of lager onderwijs
    - Lager secundair
    - Hoger secundair
    - Hoger onderwijs, niet universitair
    - Hoger onderwijs, universitair






5. Wat vindt u er van als er tijdens de consultatie video-opnames (die enkel gebruikt worden voor opleiding en nadien gewist zullen worden) gemaakt zouden worden (m.b.v. een van de bovenstaande apparaten)? (Eén antwoord invullen)
    - Geen probleem
    - Een beetje vervelend
    - Heel vervelend
    - Geen mening hierover

6. Zou u akkoord gaan tot een video-opname (die enkel gebruikt worden voor opleiding en nadien gewist zullen worden) van de consultatie, zonder het lichamelijk onderzoek in beeld? (Eén antwoord invullen)
    - Ja
    - Nee
    - Ik weet het niet

7. Zou u akkoord gaan als het lichamelijk onderzoek opgenomen zou worden? (Eén antwoord invullen)
    - Ja
    - Nee
    - Ik weet het niet

8. Zou u akkoord gaan als enkel de arts in beeld zou komen? (Eén antwoord invullen)
    - Ja
    - Nee
    - Ik weet het niet

9. Zou u akkoord gaan als:
    - het om een gekend probleem zou gaan? Ja / Nee
    - het om een nieuw probleem zou gaan? Ja / Nee
    - het om een psychologisch probleem zou gaan? Ja / Nee
    - het om een probleem van de geslachtsdelen zou gaan? Ja / Nee
    - de opname openbaar (tv-programma, reclame) wordt gemaakt? Ja / Nee

10. Is er al ooit een dergelijke consultatie van u opgenomen? (Eén antwoord invullen)
    - Ja
    - Nee

11. Hoe voelt u zich als er een dergelijke video-opname van de consultatie zou plaatsvinden? (Meerdere antwoorden mogelijk)
    - Verlegen of eerder beschaamd
    - Geërgerd
    - Angstig
    - Enthousiast
    - Neutraal want hoort bij de opleiding van artsen
    - Geen van bovenstaande

12. Wat zou u tegen houden om de consultatie op te laten nemen? (Meerdere antwoorden mogelijk)

    - Niks
    - Schaamte
    - Onprettig gevoel
    - Zorg om privacy
    - Andere reden, namelijk ...

Afscheuren

Indien u op de hoogte wilt gehouden worden van het resultaat van het onderzoek gelieve uw contactgegevens hieronder aan te geven:

Ik zou graag op de hoogte blijven via:

- E-mail:
- Post, op adres: