

Patient Consent form for videotaping consultation

I would like to ask for permission to videotape your consultation with _____ today. The recording, if you agree to it, will be carried out as part of a research project on communication between health care practitioners and patients in three countries: the U.S., Britain and Japan. The ultimate aim of the research is to help make interactions between patients and health care professionals more satisfying and comprehensible.

In the transcription that will be made from the videotape, names and other identifying information will be omitted or altered so that confidentiality can be scrupulously maintained. If, at a later time, you decide you do not feel comfortable with the videotaping, you will have the option to request that the recording be erased.

The video will be used for research purposes and, potentially, for educational purposes at a medical university in Japan.

The consultation will not take any more time than it would have taken in normal circumstances (i.e., when recording is not being done).

Thank you for your kind consideration.

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I, _____, consent to having my consultation videotaped.

Signature _____
Date _____

Post-consultation confirmation

I will allow/refuse to allow (strike out one) the use of the videotape made of my consultation with _____ for research and educational purposes.

Sign _____

Appendix E/1

Suggested changes to the informed consent procedures

- * Use a much larger font for the older farsighted patients; many of them don't bring their reading glasses to the surgery.
- * Make provisions for a post-consultation disconfirmation decision so that patients will not have to sign any more forms after their consultation UNLESS they want to revoke their consent. It is very hard to track patients down after their meeting with a doctor. They are preoccupied with what just happened and with dealing with the prescription, etc. I did not have good luck securing post-consultation confirmation and it seemed to be just an extra imposition on the patient that was not appreciated.
- * Don't mention Japan in the consent form used in England as older patients who may have had bad war memories might withhold consent on that basis.
- * Have more detailed information on the study prepared to give those who are curious to know more about it (albeit a very small minority). Also, offer to send those patients the results of the study in summarized form. Patients who give consent have the right to know the final end to which the product of their consent is put.
- * Paraphrase the form for patients who can't read it for themselves for one reason or another. The form is too information dense to be easily understood if read as written. [I found that when I read the consent form (as opposed to paraphrasing it), even though I did so as slowly and clearly as I could, patients were more likely to refuse participation.]
- * Try to visit the setting where taping will be done beforehand in order to avoid or work around problems. This is especially important if videotaping will be done. If a room proves too small or the lighting is a problem explore the possibility of using a different room or rearranging furniture.

Appendix E/2

Aspects of the consent procedure that worked well:

- * Use a videorecording device that is as small as possible. Make sure it does not look anything like a TV camera! The university loaned me such a monstrosity, but, fortunately, I had access to a much smaller one and used that.
- * Mail or fax doctors (or nurse practitioners, etc.) a copy of the consent form well before the day of videotaping/observation so they can suggest revisions or deletions.
- * Practice delivering the 'participation pitch' to friends posing as patients so that one doesn't sound too much like a car salesman or so tentative and hesitant that patients do not believe the researcher knows what he is doing. [I had one elderly male patient tell me that I would be a good used car salesman after he saw me successfully get the consent of two patients.]
- * Offer those being videotaped a copy of the tape so they can use it for their own self-knowledge or even their own research purposes. Also, promise to send them copies of the transcript of the videotape and preliminary findings before the final report comes in. By sending them a transcript and copy of the video it is also possible to get feedback from them about particular segments.
- * Offer to do as much of the process of securing informed consent as possible. In other words, do not take up any more of the doctor's and receptionist's time than absolutely necessary. The less painless the process is for the staff, the more likely the researcher will be allowed back for further work.
- * Receptionists are extremely busy and may forget to direct patients to the researcher in order for him/her to brief them about the study. It is helpful if the researcher always stays within sight of the receptionist so that she is always aware of his presence.
- * Ask the doctor (or other health care practitioner) being videotaped if (s)he would like to control the on/off switch of the video camera. I found this to be a less intrusive option and, since it just involved pressing a button to start the machine and the same button to stop it, it was simple to master. It is much easier for patients to forget about the presence of the camera if it is switched on by the doctor before their arrival. The downside is that busy doctors sometimes forgot to switch the camera on or off. A few times they left the camera running when patients were disrobing as well.