

OP 006

VIEWS OF HOSPICE STAFF, PATIENTS AND THEIR SIGNIFICANT OTHERS ON VIDEO-RECORDING CONSULTATIONS FOR USE IN RESEARCH AND TEACHING

Ruth Parry,¹ Christina Faull,² Luke Feathers². ¹*Sue Ryder Care Centre for the Study of Supportive, Palliative & End of Life Care, University of Nott;* ²*LOROS Hospice Care, Leicestershire, UK.*

10.1136/bmjspcare-2014-000654.6

Research using video-recordings of actual consultations is increasingly providing better understandings of healthcare communication, and grounding new and effective interventions. Video-recordings provide details inaccessible through interviews and ethnographic observations. Initial work in a Health Association funded study involved consulting stakeholders and collating existing guidance to inform reasonable and ethical procedures for video-research in a hospice.

Aims To gather hospice patients', their significant others' and staffs' perspectives on acceptable and feasible approaches to collecting video-recordings of hospice consultations for research and teaching about expert communication skills. To collaboratively produce a protocol for making and using recordings.

Methods Patients and family members (n=14), experienced doctors and nurses (n=9), and educators (n=5) from a large

hospice participated in audio-recorded qualitative interviews or focus groups, discussing: procedures for recruitment, consent processes, potential effects of video-recording on consultations, and use of video-clips within face-to-face teaching. Transcripts were thematically analysed, and findings triangulated with existing video-research guidance. A draft protocol for video-research in palliative care was refined through two rounds of consultation with a subsample of interviewees/focus group members.

Results Views about the pros and cons of the research varied. Staff were more likely to emphasise restricting research to protect vulnerable people. Patients and family members tended to: emphasise the usefulness and need for the research; say patients and their significant others should be offered opportunities to participate; and note participation could be a positive element within the difficult experience of life coming to its end. Patients expressed very definite views about whether they personally would or would not be willing to be video-recorded. Across participants there were diverse views on whether recording would affect consultation behaviours.

Conclusions Besides underpinning the design of our study, findings add to the knowledge available to underpin sensitive and appropriate design of palliative care research and ethical oversight thereof.