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'Video selfies' for feedback and reflection.

What problem was addressed?

Proficiency in clinical interviews is a critical skill for all medical students. Developing this skill can be a challenging process, particularly for students new to the hospital environment. Most interactions between students and patients occur without direct supervision or observation by experienced clinicians and opportunities for feedback on performance and support for self-reflection are often limited.

What was tried?

Two groups of students in their first clinical year used iPod Touch devices to film themselves during 'long-case' patient interviews. The iPods were easily positioned using flexible smartphone tripods so that they only captured footage of the students. Students independently reviewed their footage and edited it down into a series of short 'highlight' clips of about five minutes in total length to present and discuss during a regular small group tutorial with an experienced clinician. Within these tutorials, students typically provide a detailed oral presentation of their long-case interview followed by feedback from the clinician and discussion between themselves, the clinician and their peers.

For the 'video selfie' groups, this process was supplemented with presentation and discussion of their highlight clips following the oral presentation. We observed and analysed transcripts from a series of these tutorials for both of the groups involved in the intervention. Two additional tutorial groups acted as a control. Two clinician/tutors were involved, with each leading one intervention and one control group. Additional data was captured from all participants via questionnaire.

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What lessons were learned?

The purpose of our study was twofold – (i) to assess the feasibility of students using mobile devices to video key clinical interactions with patients, and (ii) to assess whether the capture and editing of these videos and their presentation and discussion within small group tutorial settings could provide new or improved opportunities for self-reflection by students and for feedback from clinicians and peers.

The feasibility side of the study explored three contexts – technical, practical/logistical and ethical. A member of the study team was on hand to provide support if required but students had very few problems either during the filming or editing their video clips. Sound quality during the playback of some videos (primarily due to background noise in busy hospital settings) was a minor issue. Participants in the study were bound by the conditions of a detailed research ethics agreement. Patients had few concerns about the interview process but students would have liked freer access to devices for filming and editing. Allowing students to use their own devices would undoubtedly improve access but may be ethically fraught. Finding the appropriate balance between student convenience and patient confidentiality requires careful consideration and further work.

Students felt that reviewing and editing their video helped with their self-reflection. Analysis of tutorial transcripts also revealed that the presentation of video clips within tutorials actively stimulated peer discussion. Importantly, the presentation of videos allowed students and tutors to identify and discuss key incidents and learning moments that were not picked up during students' normal oral presentations.

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