Town Hall
An account of the challenges inherent in asking trainees to video record their clinical sessions on placement - why is it so complicated?!

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The challenges of recording clinical material on placement

Why is it so complicated?!

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Introduction

• How and when we initially introduced recording on placement

• Why this has become increasingly difficult

• How we’ve somehow reached a dead end

• Let’s compare notes!
Historical Context

• Allowed course staff to directly observe trainees clinical work

• Video Case Assignment in the 1st year - 30 minutes of a clinical session on placement, submitted with a one page written account of the session

• Several sessions recorded, the ‘best’ clip submitted

• Great way to assess clinical skills ‘in vivo’. Real and authentic

• Videoed material obtained useful for discussion in supervision
Historical Context

• The course bought a number of analogue video cameras
• Trainees could book these out for use on placement
• Everything was recorded on analogue tapes
• Recordings were stored securely on placement but weren’t encrypted
• 1 tape per trainee was handed in to University for marking
• We had an agreement with the host Trust that this was acceptable
Problems with this process

• By 2015 - Our equipment became old and didn’t work properly. This was the main driver for change.

• Trainees got frustrated and used whatever equipment they could. Some departments had their own recording equipment

• Widespread digitisation of data in society

• Rules around information governance became stricter
Time for Change - 2016

- Do we buy digital cameras and encrypted memory sticks?
- Would this satisfy local NHS Trust policy?
- We opened a can of worms! - The more we tried to do the right thing, the more complicated it became
The Trust’s position....

- Recordings must be made in digital format using encryption software
- Only Trust bought, owned and approved recording devices can be used. Trainees cannot use their own recording devices
- No images of service users must leave LPT premises unless encrypted
- Recordings can only be viewed within LPT premises. They cannot be viewed at the university as this is not Trust premises
- Recordings must be stored in a specific LPT approved folder only
- Trainees must make an entry in the service users notes – what recorded, by whom, when and why obtained and where it is stored
Possible Solution

- Discussion with the Trust

- We commissioned them to develop a proposal that would comply with their requirements

- This would include all the hardware, software and technological support

- The outcome was
  - £18,000 set up cost
  - £10,000 yearly on costs

- This was ruled out as too expensive
Options appraisal

1) Simulated Clinical Skills Assessment
2) Live observations by tutors on placement
3) Encrypted recordings marked onsite during placement visits
4) Recordings taken to a single site in the Trust and marked there
5) Additional visit to placements for marking

Decision in the short term – To use actors Clinical Skills Assessment whilst we explore other longer term solutions.
The University Context

• Based within Health Sciences and the Medical School

• Had University IT services already developed a secure system for other specialties that complied with LPT guidelines?

• Many emails and meetings!

• Established they did not already have a secure system set up

• Exciting new highly secure cloud storage system ready for use suggested. This would negate the need for storage on placement and could be accessed remotely from anywhere

• The Trust were involved from the beginning so this was a very positive opportunity for University and Trust to work together
The University Context

BUT

• University were vague about cost (no cost for first year experiment but ??? after that)

• They insisted every trainee needed an encrypted laptop (about £1000 each) – which would need wiping each year, updating and replacing every 5 years

• They then lost interest and we were in shock!
What has this process been like?

• Laborious!

• Lots of waiting for people to get back to us – This is clearly not a priority for others

• The more you look into the requirements the more complicated it seems to get

• Discussions about software systems were confusing
Where are we now?

• Yet to find a cost effective way forward

• The video case assignment is on hold – we currently use actors to replicate this

• Dilemma – Do we pursue this at great expense or continue to work with actors in lieu of ‘real’ clinical recordings?
What are other courses doing?

• Has your course successfully addressed these issues?

• What systems are being used?

• Was there a big initial cost involved?

• What about trainees on placement in different Trusts?

• Do any courses not expect trainees to record ‘in vivo’ clinical sessions?

• Can anyone help us become unstuck?!
Group of Trainers in Clinical Psychology 2018 Annual Conference

Refreshment Break in the Foyer

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