

Videoscopy (Description)

What is videoscopy?

Videoscopy is “a teaching practice consisting of critically analyzing video recordings of fictitious or real-life situations related to learners’ chosen field of practice” [Translation] (Office québécois de la langue française, 2017). In other words, these recordings are checked after an intervention or activity, and following an in-depth observation, it is possible to determine what went well or not so well. For optimal use, it is suggested to combine this tool with a **verbatim** (view this tool in your basket).

Videoscopy preserves concrete traces of the trainee’s learnings activities. It can be used as a reference during evaluations, to rely on examples that attest to the results achieved.

Before recording a video, it is essential to obtain consent from the patient and trainee. Patients are usually more open to being filmed when they are aware of the benefits that such a method can bring them (Scaife, 2019). Criteria such as confidentiality, dignity and respect for privacy must be complied with in order to act ethically and professionally when using this supervisory tool.

Videoscopy is **useful for the trainee to:**

- Develop critical thinking and self-assessment skills
- Notice where he demonstrated a good performance and increase his self-confidence
- Analyze his behaviour and become aware of his own mistakes
- Focus on “here and now” rather than being distracted taking notes
- Acquire autonomy by working without the supervisor being in the same room
- Observe his personal and professional progress over time
- Provide better care to patients because of deeper reflection

Videoscopy is **useful for the supervisor to:**

- Collect as much information as possible about the ongoing activity, task or intervention
- Foster the trainee’s autonomy by letting him act without instantly interceding
- Organize constructive feedback based on concrete and observed facts
- Access genuine examples on which to base the trainee’s evaluation
- Propose changes or improvements to the trainee

(Elwyn & Buckman, 2015; Ohio Developmental Disabilities Council, 2016; Scaife, 2019)

References

De Golia, S. G. (2019). Video Recordings: Learning Through Facilitated Observation and Feedback. In S. G. De Golia & K. M. Corcoran (dir.), *Supervision in Psychiatric Practice: Practical Approaches Across Venues and Providers* (chap. 9, p. 85-96). Washington,

DC: American Psychiatric Association.

De Golia, S. G., Williams, K. E. & Safer, D. L. (2019). Working With Transcripts: An Underutilized Supervisory Approach. In S. G. De Golia & K. M. Corcoran (dir.), *Supervision in Psychiatric Practice: Practical Approaches Across Venues and Providers* (chap. 5, p. 57-62). Washington, DC: American Psychiatric Association.

Office québécois de la langue française. (2017). *Vidéoscopie*. Retrieved on July 8, 2019 from the website of the Grand Dictionnaire Terminologique: http://gdt.oqlf.gouv.qc.ca/ficheOqlf.aspx?Id_Fiche=26542749

Ohio Developmental Disabilities Council (2016, May 11). *Using Video as a Foundation for Reflective Supervision*, [Online video]. Retrieved on July 8, 2019 from YouTube: https://www.youtube.com/watch?v=JER_EAu-Vg

Scaife, J. (2019). *Supervision in Clinical Practice – A Practitioner’s Guide*, Oxon, United Kingdom and New York, NY: Routledge.

Yellowlees, P. (2019). Virtual or Hybrid Supervision (chap. 4, p. 45-53). In S. G. De Golia & K. M. Corcoran (dir.), *Supervision in Psychiatric Practice: Practical Approaches Across Venues and Providers*, Washington, DC: American Psychiatric Association.

Videoscopy (Tool)

What does it include?

Videoscopy is a supervisory tool that involves a three-step process: preparation, intervention and feedback. Here is a description of components related to each step:

Preparation

- 1. Explain benefits:** A trainee may show some reluctance at the thought of being filmed. The supervisor's role is to explain the benefits of such a practice and to foster his confidence about this method (De Golia, 2019). To do so, he can encourage the trainee to become familiar with the installation and functioning of the equipment, watch sample recordings reassuring him about these videos being confidential. As time goes by, the trainee will not even notice the camera.
- 2. Set objectives:** Before starting, the supervisor and trainee must set objectives for the session. Watching the video will determine whether the targeted competency was achieved.
- 3. Obtain consent:** It is essential to obtain written consent from all the people who will be recorded, using a consent form.
- 4. Determine whether the session will be filmed in whole or in part:** Recording the entire session provides an overview of how an intervention with a patient can proceed (welcome, presentation, evaluation, departure), while recording part of the session allows the selection of excerpts on which we want to focus.

Intervention

- 5. View the taped sequence to start a preliminary reflection:** Before receiving feedback from the supervisor, the trainee can view the sequence. He will see himself in action and will review what occurred. The following questions guide his reflection regarding his emotions, behaviour and that of others, his expectations, etc.:
 - How did you feel when doing this?
 - What were your intentions?
 - How did you proceed to come to that reasoning?
 - Did you have any concerns, hesitations?
 - What did you like/dislike?
 - Is there something you would have liked to say? What prevented you from doing so?
 - How do you think the patient felt?
 - What would you have liked to see happening?
 - What would you do differently next time?

Feedback

- 6. Have a conversation:** The supervisor and trainee share their impressions of what they observed. Behaviours involve both verbal and non-verbal language. They propose measures to improve the intervention (De Golia, 2019).

(De Golia, 2019; De Golia, Williams & Safer, 2019; Ohio Developmental Disabilities Council, 2016; Scaife, 2019)