

Recording of Teaching Activity in Small Group Learning Clinical Tutorials
Information for Patients

As part of my professional development as a clinical teacher, I would like to request that a colleague observe my teaching and provide me with feedback. In order to do this most effectively, my teaching needs to be filmed.

By filming my tutorial, my colleague and I will be able to watch the footage and identify what I do that is effective in helping medical students learn, as well as what I can do to improve my teaching.

I would like to film during a teaching session which involves you on [day, date and time]. Most of the filming will focus on me but you may be seen and heard on the recording.

If you do not wish to take part, please let me know. You are under no obligation and can refuse if you wish to. Also, you can request that the recording cease at any time during the tutorial.

If you are comfortable and happy to take part in the filming, please be assured that film footage will:

- only be viewed by 2 people; me and my teaching colleague [name] who will provide me with feedback
- not be used for any other purpose than that described above
- be stored securely and not distributed in any other way during this feedback process
- be destroyed once the feedback process has been completed

If you have any questions about the filming process or any content in this document, please do not hesitate to discuss these with me.

If you consent to this tutorial being filmed could you please sign this form below?

Many thanks for your assistance, it is greatly appreciated

Name: _____ Signature _____

[Person undertaking observation of teaching]

I consent to the filming of the teaching session on [date] of which I am a participant for the purpose of assisting [name of person undertaking observation of teaching] with his/her professional development as a medical teacher.

Patient Name: _____ Signature _____ Date ____/____/____