

Using Video to Enhance Clinical Communication in Residential Respite Care for People Living with Dementia: Process and Evaluation

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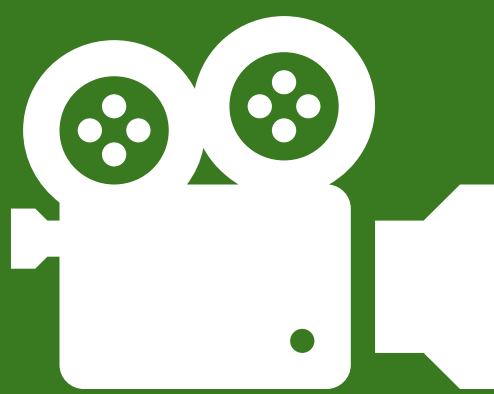


The Idea - The 3C Video Vignette

Residential respite care (RRC) is a form of short-term support in residential aged care homes (RACHs) for older people whose usual carers are temporarily unavailable or need a break from their caring duties and is commonly utilised by the carers of people living with dementia. Transitions into RRC are poorly supported; previous research and consumer engagement has identified the need for comprehensive assessment and improved clinical communication during the transition¹. Written care plans can be lengthy, inaccurate, and difficult for frontline staff to access or use in practice. The 3C Program was developed to address this gap by using short video vignettes to convey essential person-centred and clinical information about people living with dementia entering residential respite care.

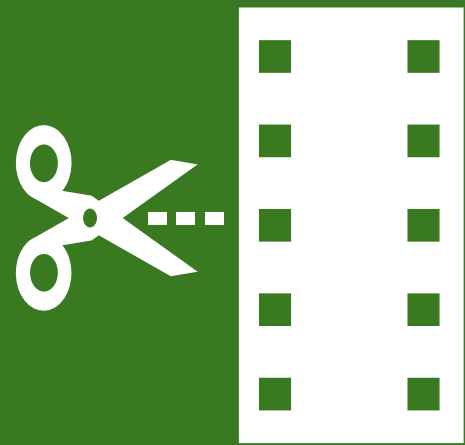
The Process – “Doing” a 3C Video Vignette

1. FILM



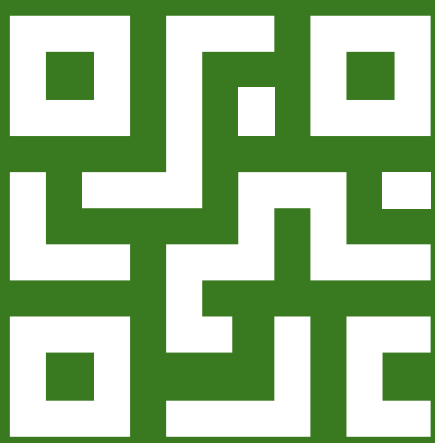
- Carers and respite recipients are visited at home, prior to RRC
- A brief interview is recorded with them where they answer, “What are the most important things for RACH staff to know about you in regard to your health, capabilities, and who you are as a person?”
- Clips of the respite recipient performing activities of daily living (ADLs) and physical tasks are also recorded, consulting with participants to determine which aspects should be highlighted on video

2. EDIT



- The interview is cut down to be 3-5 minutes long, capturing the most important talking points regarding the respite recipient’s health, function, personhood, and life history
- ADL, and mobility clips are cut and spliced with the interview
- On-screen captions are added that include information not captured during filming or extra details about key talking points

3. SHARE

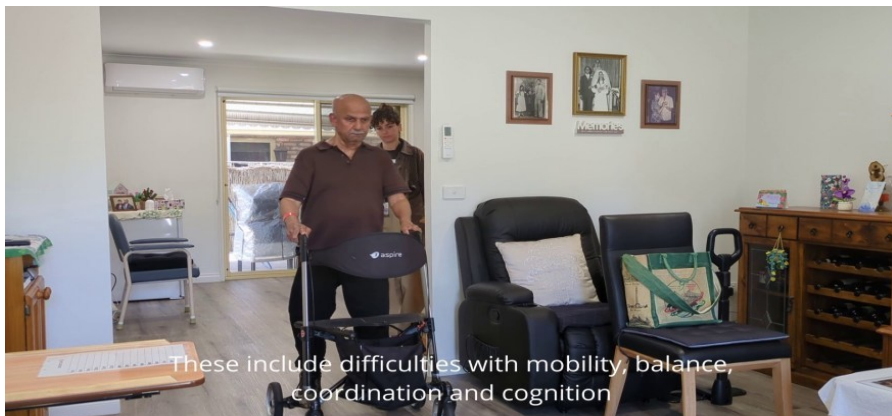


- A QR code is distributed to the RACH that links to a password-protected folder containing the video vignette. We instruct the manager to disseminate this amongst RRC staff to prepare them for the participant’s respite stay
- The staff utilise the video alongside a clinical summary and other notes to assist them when interacting with and providing care to the participating respite recipient

The Finished Product – A 3C Video Vignette

20 vignettes produced with 20 carer and respite recipient dyads

Vignettes distributed across 8 Australian RACHs



Evaluating the 3C Video Vignettes

We are evaluating the acceptability and feasibility of utilising video vignettes as a means of enhancing clinical communication during the transition to RRC, utilising the following mixed methods:

- An online evaluation survey shared amongst carers, RACH workers and geriatric healthcare professionals. Participants are shown a video vignette and respond to questions that correspond to the 7 domains of the Theoretical Framework of Acceptability (TFA)². Responses are on a 10-point scale reflecting negative (0), neutral (5) and positive (10) sentiment
- Semi-structured interviews with participating carers and respite recipients during participant follow-up after their respite stay, asking their thoughts on the production process and final product
- “Listening post” discussions with staff from participating RACHs asking about perceived utility of the video vignettes, whether they were used in practice or not (actual use depended on logistical implementation considerations)

Preliminary Evaluation Findings

Online Evaluation Survey

- 1 carer, 2 RACH staff and 7 healthcare professionals have successfully completed the survey, responses to questions across all domains have averaged on the positive end of the scale (>5)
- Level of participation is not high enough to provide any meaningful conclusions, and survey recruitment is ongoing

Semi-Structured Interviews

- Of the 18 carers and respite recipients we were able to follow-up, all that were able to watch their video reacted positively to the video’s content and the way they were depicted
- However, most participants felt that their time commitment to produce the videos was too great, they were also unsure as to if/how the videos were used by RACH staff, and what purpose they served for respite care

Listening Posts

- Across the 6 RACHs that participated in the 3C Program and a listening post sessions, staff feedback regarding the video content was mostly positive, but videos weren’t always used or accessed by staff
- Staff felt that the videos provided an accurate and transparent depiction of respite recipients and carers. Valuable in cases where accurate information isn’t available, or family carers (intentionally or inadvertently) obfuscate the true nature of their loved one’s health concerns, mental status and behaviour. Having this information available prior to or early in the RRC stay would be most valuable.
- However, staff felt that for the videos to be useful they needed to be easily accessible and fit into their existing work processes

References: 1. Huynh, A. L. H., Lee, K., Dang, C., Savvas, S., Batchelor, F., Yates, P., & Amadoru, S. (2025). Understanding the consumer, carer and stakeholder experiences of residential respite care. *Australasian journal on ageing*, 44(1), e13404. <https://doi.org/10.1111/ajag.13404>
2. Sekhon, M., Cartwright, M., & Francis, J. J. (2017). Acceptability of healthcare interventions: an overview of reviews and development of a theoretical framework. *BMC health services research*, 17(1), 88. <https://doi.org/10.1186/s12913-017-2031-8>

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