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Original article

# Assessment of the effectiveness of SFCR patient information sheets before scheduled spinal surgery



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#### ABSTRACT

Introduction: Patient information is an essential component of any surgical procedure as it allows the surgeon to collect informed consent. This is a legal obligation in the civil code and a professional obligation in the code of medical ethics. As a result, the French spinal surgery society (SFCR) decided to make a model information sheet available on the Internet. The goal of this prospective study was to evaluate the impact of this information sheet when given to patients before scheduled spinal surgery.

Methods: This was a single-centre prospective study performed between November 2014 and February 2015. Seventy patients filled out two questionnaires. The first was about the quality of the medical information given orally by the surgeon; it was administered to patients after the preoperative consultation. The second was about the quality of the medical information contained in the information sheet; it was administered after patients had read this sheet. For each of the questions, patients could either select "yes" if they found the information to be correct/useful (1 point) or "no" if not (0 point).

Results: The mean patient age was 56.7 years (range: 28–86). The average number of "yes" answers was 7.07 (out of 12) in the first questionnaire. The average number of "yes" answers was 10.3 (out of 12) after reading the information sheet. This indicates that patients were significantly better informed after reading the SFCR sheet. The written document was deemed to be understandable (mean: 8/10). It answered the patients' questions (mean: 6.7/10) and helped them understand how the surgical procedure would be carried out (mean: 7.3/10). The patients' level of education did not significantly alter these findings. Conclusion: Adding a written SFCR information sheet to the preoperative consultation improved patients' understanding before scheduled spine surgery.

Level of evidence: Low-powered prospective study.

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#### 1. Introduction

Patient information is an essential component of any surgical procedure as it allows the surgeon to collect informed consent. This is a legal obligation in the civil code and a professional obligation in the code of medical ethics. The French Code of Public Health states: "Doctors should give patients information about their condition that is understandable to them; when possible, information must also be provided about the treatment and care offered to them" [1]. The code of medical ethics states: "A physician shall provide the patient he is examining, treating or advising with complete, loyal and appropriate information" [2]. However, the laws do not set out

the means for providing this information to the patient. The information can either be provided verbally or in written form, with the written document complementing the verbal information.

The French National Authority for Health (HAS) has produced a methodological guide to help validate information sheets: "...when written documents are available, they should be given to the patient to allow him to refer to it and/or discuss it with any person that he wishes, in particular the physicians treating him..." [3]. This prompted the French Spinal Surgery Society (SFCR) to produce a model information sheet that is available on the Internet. The goal of this prospective study was to evaluate the impact of these SFCR patient information sheets before scheduled spinal surgery.

This was a single-centre prospective study performed between November 2014 and February 2015.

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<sup>2.</sup> Material and methods

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**Table 1**Demographic data.

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rears (min. 28; 86)

#### 2.1. Patients and information sheets

Seventy-eight patients were asked to fill out two questionnaires in succession. The first questionnaire evaluated how well patients understood the medical information given verbally by the surgeon (Appendix A); it was administered to patients at the end of the preoperative consultation. The patient was also given the SFCR information sheet during this visit. The second questionnaire evaluated how well the patient understood the medical information contained in this information sheet and the relevance of the document for the patient (Appendix B); it was administered on the day before the procedure, while the patient was in the hospital. A mean of 35 days elapsed between the time the patients read the information sheet and the time the second questionnaire was administered (Table 1). The goal was to compare the patients' knowledge before and after reading the information sheet and to have patients evaluate the quality of this sheet.

All the patients had a preoperative consultation with the surgeon and received the document prepared by the SFCR. Patients received an information sheet that was appropriate for the specific procedure they were undergoing. The study population consisted of patients undergoing scheduled spinal surgery in the neurosurgery unit at the Dijon University Hospital. Patients were excluded if no SFCR information sheet was available for their condition, e.g. surgery on the cervical spine. The study was carried out by 3 surgeons in our unit. The French version of these sheets is available on the SFCR website: http://www.sfcr.fr/espace-patients.

# 2.2. Materials

The first and second questionnaires were identical in that they assess the patients' knowledge about the indication, surgical technique, benefits and potential complications of the surgery (Appendices A and B). For each question, the patient could selected either "yes", "no" or "I don't know". Patients always had the option of answering "I don't know", so as to not force them to answer a question. For each of the questions, patients could either select "yes" if they found the information to be useful or "no" if not. Each "yes" answer was given a score of 1 and each "no" or "I don't know" answer was given a score of 0. The second questionnaire also included an evaluation of the information sheet (Appendix B). The answers to these items were scored using a 10-point Likert scale (1 = strongly disagree, 10 = strongly agree). Patients had to indicate whether they had read the document or not, and if they answered yes, how often they referred to it.

**Table 2**Number of "yes" answers (in percentages) before and after reading the information sheet; this evaluates the patient's overall understanding.

	Before (%)	After (%)
Have you been informed about your medical condition?	97	98
Have you been informed about the progression of your condition?	53	74
Have you been informed about alternative treatment options?	61	94
Do you know the surgical procedures? Do you know the risks associated with	56	94
surgery?		
Infection?	77	96
Haematoma?	60	91
Dural breach?	33	73
Neurological complications?	87	96
Have you been informed of the expected benefits of the surgery?	67	97
Have you been informed about the length of hospitalisation?	56	93
Have you been provided with postoperative instructions?	37	70
Have you been informed about your return to work or resumption of daily activities?	23	59

#### 2.3. Statistics

The results are presented as average values (standard deviation) and/or percentages. An independent Student's *t*-test or the Mann–Whitney test was used to compare the average values. The statistical analysis was carried out by the Biostatistics Department at the Dijon University Hospital.

## 3. Results

Of the 78 questionnaires administered, 70 could be analysed; 4 patients had not read the information sheet (and did not fill out the second questionnaire), 3 questionnaires were incomplete and one was not returned. The patients were 53% female and were between 28 and 86 years of age (average: 56.7 years). Each patient was given one of the 5 information sheets that corresponded to the procedure they were undergoing (Table 1).

# 3.1. Overall understanding

For both questionnaires, the overall comprehension of the medical information was evaluated based on the number of positive responses given by each patient. The average score was 7.07 (out of a possible 12) for the first questionnaire. The average score after reading the information sheet was 10.3 (out of a possible 12), which was significantly higher than the first questionnaire. This meant that patients had a significantly better understanding of the procedure after reading the SFCR sheet. Information about surgical complications was well retained by the patients, such as the possibility of neurological complications (96%) and the risk of infection (96%). In contrast, items related to return to work (or activities) and the postoperative instructions were more likely to have negative answers (70 and 59%, respectively) (Table 2). This improvement in the understanding of medical information after reading the sheet was independent of the patients' age and education level (Mann-Whitney test).

#### 3.2. Assessment of written document

Of the 70 patients who said that they had read the written document at least once: 33% said they referred to it often or very often,

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