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Original article

Bariatric surgery patient perceptions and willingness to consent to resident participation

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Abstract

Background: Many bariatric surgery programs are located at teaching hospitals, where they are integral to the training of surgical residents.

Objectives: The purpose of this study was to examine preexisting bariatric patient perceptions and willingness to allow resident participation in their surgery.

Setting: Madigan Army Medical Center, Tacoma, Washington, USA.

Methods: Anonymous questionnaire was given to bariatric patients at their preoperative appointment at an academic teaching hospital. The survey captured demographic characteristics, overall opinions of teaching programs, and willingness to consent to various scenarios of trainee participation. Univariate and multivariate analyses were performed.

Results: One hundred eight patients (93% female) completed the questionnaire. Most patients (92.4%) expressed overall support for their procedure being performed at a teaching hospital. When presented with several realistic scenarios, most patients would consent to having a staff surgeon operate and residents/students observe (86%). However, only 56% of patients would consent to a resident assisting staff during a procedure and barely 14% of patients would consent to staff surgeon observing. An independent factor associated with increased willingness to consent to resident participation included patients whose first choice would be to undergo surgery at a teaching hospital ($P < .05$).

Conclusion: Overall, patients expressed support for the teaching hospital model and resident education and participation. However, their willingness to consent to specific realistic scenarios involving various levels of resident participation in their surgery ranged widely. Although patients prefer detailed informed consent, it has the potential to negatively affect resident participation and training. (Surg Obes Relat Dis 2016;■:00–00.) Published by Elsevier Inc. on behalf of American Society for Metabolic and Bariatric Surgery.

Keywords:

Informed consent; Bariatric patient; Willingness to consent; Teaching hospital; Patient perceptions; Anonymous survey; Attitudes toward teaching hospital; Private versus teaching hospital; Resident participation; Resident training

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Informed consent is defined by the *American Heritage Medical Dictionary* as “consent by a patient to a surgical or medical procedure or participation in a clinical study after achieving an understanding of relevant medical facts and

the risks involved” [1]. Other dictionaries and texts describe informed consent in different terms, but the modern practice of informed consent highlights the core principles of patient autonomy and privacy. Although this process uniformly dictates disclosure of the relevant risks and alternatives as well as the identification of the responsible surgeon who will be performing the procedure, there are no well-described or accepted guidelines related to the disclosure and discussion of surgical trainee involvement. This often becomes a controversial topic in teaching hospitals where medical student and resident participation are integrated into almost all aspects of patient care. Patients may often be given vague information on this topic or be completely unaware of trainee participation in their procedure, which could arguably violate the basic principles of full informed consent.

Although at first glance the provision of more detailed information would seem to be beneficial, several valid counterarguments have raised concerns about potential deleterious effects of routine detailed disclosure. Multiple studies [2–4] have surveyed patient populations on their knowledge of trainee participation in their procedures and surgeries. Most have found that patients are often not aware of student and resident involvement and are less likely to consent to procedures when their roles are described in more detail. Porta et al. [5] surveyed a sample of general surgery patients at an academic facility and found that they overwhelmingly preferred to be informed about trainee participation and that the majority supported the involvement of trainees. However, they also found that the willingness to consent to trainee involvement declined drastically when more specific and detailed information about trainee participation was provided. These data are particularly important because there have been recent efforts to mandate this type of detailed disclosure whenever surgical trainees are involved. Certainly the utility (if any) of providing this additional information, as well as the potential negative impact on trainee participation, deserves further close study before acceptance as a “best practice.”

This question is of particular relevance to the field of bariatric surgery because high-volume bariatric centers often coincide with academic teaching programs. In fact, with the rapid rise in the volumes of bariatric surgical procedures in the United States, many residency programs rely on them to support the required case volumes and complexity for achieving resident proficiency and meeting graduation requirements [6–8]. Most literature on informed consent has focused on the general surgery patient population, and no published data have described the attitudes, willingness, and consent rates of the bariatric surgery patient cohort. The purpose of this study was to examine the pre-existing bariatric patient perceptions, preferences, and willingness to consent to surgical trainee involvement in their procedures. We specifically aimed to assess these opinions before the confounding effect of preoperative

surgeon counseling and to identify any potentially modifiable factors associated with both willingness and unwillingness to consent.

Materials and methods

This study was conducted at a tertiary-level U.S. Army hospital with a robust bariatric practice that is 1 of 6 Army graduate medical education teaching facilities. Similar to most programs, the facility follows the traditional process of resident training with graduated levels of responsibility and independence over time and as training milestones are achieved. The bariatric surgical service at our center is completely integrated into the general surgery residency training program and includes residents at all levels of training and both third- and fourth-year medical students. An attending surgeon and at least 1 resident staff all bariatric procedures, and the trainees are involved with all aspects of care from the preoperative evaluation to the postoperative follow-up.

Our study population consisted of patients who were planning to undergo a bariatric procedure and presented to the bariatric clinic for their preoperative evaluation and counseling appointment. The majority of our patients are family members and other dependents of active-duty service members, military retirees, and Veterans Affairs beneficiaries. All patients were given a voluntary, anonymous questionnaire during their check-in process and were asked to complete the survey before their discussion with the attending surgeon. We specifically designed this study to examine the patient’s pre-existing feelings and opinions, with the recognition that their willingness to consent may certainly change after discussion with their attending surgeon. Study enrollment was limited to adult patients (18 and older) with adequate English-language skills to fully interpret and complete the questionnaire. Patients who were physically or mentally unable to consent were excluded from this study. The clinic’s physician and nursing staff were not aware of the survey questions or responses and did not have access to the questionnaire results at any time. The hospital’s Institutional Review Board approved this study.

The survey questions assessed the patients’ baseline demographic characteristics, understanding of a teaching facility, comfort level with resident/intern involvement, and general willingness to participate in the training of medical students, interns, and residents. Their general willingness was assessed using nonspecific questions such as, “Are you willing to have surgical trainees involved in your procedure?” The terms *teaching hospital*, *medical student*, *intern*, *junior resident*, *senior resident*, and *staff surgeon* were all defined in the survey instrument. The questionnaire then presented a series of specific and realistic procedure scenarios that ranged from the trainee observing only to senior and junior residents operating without staff directly

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