

An Informed Consent Program Enhances Surgery Resident Education

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OBJECTIVE: First-year residents often obtain informed consent from patients. However, they typically receive no formal training in this area before residency. We wished to determine whether an educational program would improve residents' comfort with this process.

DESIGN: Our institution created an informed consent educational program, which included a didactic component, a role-play about informed consent, and a simulation exercise using standardized patients. Residents completed surveys before and after the intervention, and responses to survey questions were compared using the signed-rank test.

SETTING: This study took place at Temple University Hospital, a tertiary care institution in Philadelphia, PA.

PARTICIPANTS: First-year surgery and emergency medicine residents at Temple University Hospital in 2014 participated in this study. Thirty-two residents completed the preintervention survey and 27 residents completed the educational program and postintervention survey.

RESULTS: Only 37.5% had ever received formal training in informed consent before residency. After participating in the educational program, residents were significantly more confident that they could correctly describe the process of informed consent, properly fill out a procedure consent form, and properly obtain informed consent from a patient. Their comfort level in obtaining informed consent significantly increased. They found the educational program to be very effective in improving their knowledge and comfort

level in obtaining informed consent. In all, 100% ($N = 27$) of residents said they would recommend the use of the program with other first-year residents.

CONCLUSIONS: Residents became more confident in their ability to obtain informed consent after participating in an educational program that included didactic, role-play, and patient simulation elements. (J Surg Ed ■■■■-■■■. © 2017 Published by Elsevier Inc. on behalf of the Association of Program Directors in Surgery)

KEY WORDS: informed consent, resident, surgery, education

COMPETENCIES: Patient Care, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism

INTRODUCTION

When a patient requires an invasive procedure, a member of the medical team must explain to the patient what the procedure entails, what risks and benefits are inherent to the procedure, and what the possible alternatives are. This process, known as "informed consent," is primarily aimed at educating the patient, allowing him or her to make an informed decision about whether or not to undergo the procedure.

At teaching institutions, informed consent is often obtained by first-year residents.¹ However, trainees commonly do not receive formal instruction in this area before residency, relying on observation of other residents to learn about the informed consent process.^{2,3} This method is far from optimal. Studies have shown that information delivered to patients by medical professionals, particularly

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Please circle yes or no

- | | | |
|---|-----|----|
| 1. Have you heard the term “informed consent” before? | Yes | No |
| 2. Have you ever received a formal lecture or training regarding how to obtain informed consent from patients? | Yes | No |
| 3. As a medical student, did you ever witness a physician or other medical professional obtain informed consent from a patient? | Yes | No |
| 4. Have you ever seen a procedure consent form used by a hospital? | Yes | No |
| 5. Have you ever filled out a procedure consent form? | Yes | No |
| 6. Have you ever signed a procedure consent form as a patient? | Yes | No |

Please circle True or False

7. True or false: Medical students can obtain informed consent from patients.
8. True or false: Residents can obtain informed consent from patients.

Please circle a number

9. How confident are you that you could correctly describe the process of informed consent? (1= Not confident at all, 5= Very confident)
1 2 3 4 5
10. How important is it that medical professionals are skilled in performing informed consent? (1= Not important at all, 5= Very important)
1 2 3 4 5
11. Rate how strongly you agree or disagree with the following statement: The consequences of improperly obtaining informed consent can be serious. (1= Strongly disagree, 5= Strongly agree)
1 2 3 4 5
12. How beneficial do you think it would be to receive training in the process of informed consent as a first year resident? (1= Not beneficial at all, 5= Very beneficial)
1 2 3 4 5
13. How confident are you that you could properly fill out a procedure consent form as a physician? (1= Not confident at all, 5= Very confident)
1 2 3 4 5
14. How confident are you that you could properly obtain informed consent from a patient? (1= Not confident at all, 5= Very confident)
1 2 3 4 5
15. How often do you think you will obtain informed consent from a patient for a procedure as a surgery/emergency medicine resident?
Never A few times per year A few times per month
 A few times time per week Daily
16. Please rate your level of comfort in obtaining informed consent at this moment. (1= Not comfortable at all, 5= Very comfortable)
1 2 3 4 5

FIGURE 1. Preintervention survey.

residents, is often insufficient or ambiguous.⁴⁻⁷ The consequences of failing to adequately perform this process can be severe, including a poor physician-patient relationship, a suboptimal response to treatment, and even litigation.⁸ We believe the key to improving the informed consent process lies in educating residents. If residents are knowledgeable about the process and have some experience with it, they will be more comfortable obtaining informed consent and patients will ultimately benefit.

We created a comprehensive educational program designed to improve residents' familiarity with informed consent. The program incorporates didactic, role-play, and simulated patient encounter elements. The goals of this study were to assess first-year residents' knowledge, experience, and comfort level with obtaining informed consent

and to determine whether the implementation of our educational program improved these aspects.

MATERIALS AND METHODS

Approval for this study was granted by the Institutional Review Board of Temple University Hospital. All surgery and emergency medicine residents who began residency at the institution in 2014 were eligible for inclusion. During the first month of the academic year, residents were given a brief overview of the program and asked to consent for inclusion of their data in the study. All residents ($N = 32$) agreed to participate and completed a “Preintervention Survey” at that time (Fig. 1).

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