

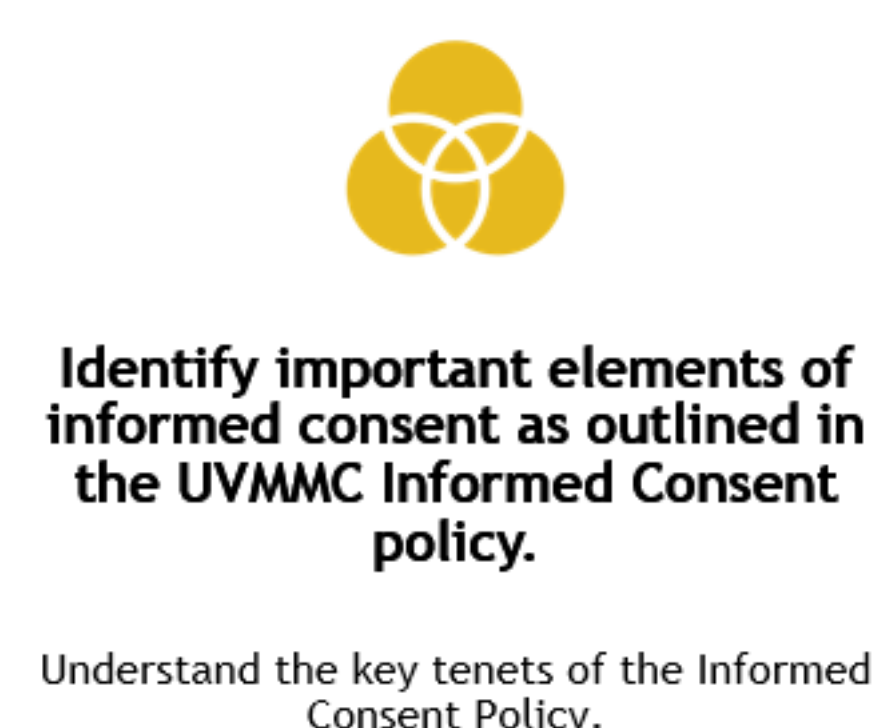
# DEVELOPMENT OF LEARNING MODULES TO IMPROVE THE INFORMED CONSENT PROCESS

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## Background

- Informed consent is defined as the “process of communication between a patient and physician that results in the patient’s authorization or agreement to undergo a specific medical intervention.”
- Informed consent is required for all major therapeutic treatments and diagnostic procedures where the disclosure of significant medical information, including the major risks involved, would assist the patient in making an intelligent decision whether to undergo the proposed treatment or procedure.
- Process is frequently insufficient leaving patients and physicians at odds
- Prior research has demonstrated that patient comprehension of the key elements of informed consent is often poor and physicians receive little training on how to carry out informed consent discussions.
- To seek to improve the informed consent process at UVMHC the current project was developed.



## Goals

1. Evaluate current UVMHC policies and practices
2. Develop simulation based cases of the most common procedures performed and the informed consent process for these procedures.
3. Create simulated patient informed consent interactions and generate learning modules from these interactions.
4. Disseminate learning modules to physicians partaking in the informed consent process and evaluate outcomes following the intervention.
5. Improve patient satisfaction with informed consent process

## Current Progress

- General surgery case, laparoscopic cholecystectomy, has been created along with corresponding standardized patient checklist.
- Checklist includes discussion points and practitioner interaction goals that must be met during the interaction

### Case Background

- ▶ 35 y.o. male with several years of episodic RUQ pain associated with eating, recently increasing in frequency and severity
- ▶ H&P, labs, and RUQ ultrasound are consistent with biliary colic
- ▶ PMH: no significant PMH, but is DeafBlind
- ▶ PSH: laparoscopic appendectomy, wisdom teeth removal, cochlear implant and subsequent removal
- ▶ Social hx: occasional EtOH, never smoker, no drug use
- ▶ Family hx: no known cardiac, pulmonary, or renal problems
- ▶ Medications: none
- ▶ Allergies: NKDA

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- Learning module PowerPoint with embedded interaction with Deafblind patient informed consent process has been created.
- Learning module has been reviewed by UVMHC committee working to improve informed consent process.

### 3. Watch the informed consent process



- Nature of the procedure
- Potential benefits
- Risks or side effects
- Potential problems associated with recuperation
- Goals of the procedure and likelihood of achieving those goals
- Reasonable alternatives, including their risks and benefits
- Possible results of not receiving the procedure
- The practitioner(s) that will be performing important parts of the procedure

### 4. Discuss patient-centered communication

- ▶ Give an example of when the provider performed each of these effective communication strategies (based on the AHRQ “Making Informed Consent and Informed Choice: Training for Health Care Professionals”).
- ▶ Uses teach-back (asks patient to teach back information in their own words)
- ▶ Elicits patient goals & values
- ▶ Uses a decision aid (e.g. a pamphlet or image that improves patient understanding)
- ▶ Encourages questions
- ▶ Offers to engage family members and friends in the decision process

- Additional filming has taken place to provide “gold standard” practitioner with example of informed consent process

## Next Steps

- Recruit physicians to partake in filming of proper informed consent process videos
- Create learning modules for Department of Surgery most common procedures and Department of Anesthesia most common procedures
- Disseminate learning modules to providers throughout UVMHC who partake in the informed consent process
- Evaluate effectiveness of learning modules as a tool to improve the informed consent process at UVMHC

## References

- Porter, A. L., Ebot, J., Lane, K., Mooney, L. H., Lannen, A. M., Richie, E. M., Dlugash, R., Mayo, S., Brott, T. G., Ziai, W., Freeman, W. D., & Hanley, D. F. (2019). Enhancing the Informed Consent Process Using Shared Decision Making and Consent Refusal Data from the CLEAR III Trial. *Neurocritical Care*, 32(1), 340–347. <https://doi.org/10.1007/s12028-019-00860-y>
- Schenker, Y., Fernandez, A., Sudore, R., & Schillinger, D. (2010). Interventions to Improve Patient Comprehension in Informed Consent for Medical and Surgical Procedures. *Medical Decision Making*, 31(1), 151–173. <https://doi.org/10.1177/0272989x10364247>