

APGO Basic Clinical Skills Curriculum



Informed Consent



Association of Professors of Gynecology and Obstetrics (APGO)
Undergraduate Medical Education Committee ©2017

Informed Consent

Table of Contents

Description	3
Intended Learning Outcomes	3
Best Practices	4
Checklist	5
Performance Assessment	6
Practical Tips	6
Resources	6

DESCRIPTION

Informed consent is an ethical concept that is integral to patient care. Seeking informed consent expresses respect for the patient, ensures protection for the patient against unwanted medical treatment and allows patients to have active involvement in their medical care. Obtaining informed consent requires a fund of knowledge regarding a disease process and options for treatment, as well as outstanding interpersonal and communication skills. Informed consent is a process of information sharing that allows patients to make informed choices, not simply a signature on a form. The process of obtaining informed consent is an important skill to teach and assess during medical education.

Teaching the components of informed consent and the interpersonal and communication skills necessary for informed consent can occur in years one and two or during clinical preparatory courses. Once in the third and fourth years of medical school, learners will have the fund of knowledge regarding a disease process and options for treatment to begin practicing informed consent in the simulated setting. Additionally, students should have the opportunity to watch excellent informed consent technique occurring during clinical rotations.

INTENDED LEARNING OUTCOMES

This clinical skills module provides a framework for obtaining informed consent in a respectful and complete manner.

Following participation in this module, learners should be able to:

1. Describe the components of informed consent
2. Demonstrate effective communication strategies for obtaining informed consent

BEST PRACTICES

Information Sharing

In order to share the information necessary for a patient to make an informed decision regarding their health care, the consent process should contain the following elements:

1. **The procedure for which the patient is being consented:** The procedure should be explained in detail, including positioning, incisions and the basic steps of the procedure.
2. **The indication for procedure:** Why the procedure is being done?
3. **Benefits of the procedure:** What are expected success rates? Why is this beneficial to the patient over other options?
4. **Potential risks of the procedure:** Care should be taken not to over- or understate risks.
5. **Alternatives to the procedure:** including no intervention.
6. **What to expect post-procedure:** including recovery, bleeding and wound healing.

Communication

It is essential for learners to understand elements of communication that facilitate informed consent. Delivery of informed consent should have the following:

1. **A clear introduction:** The learner should introduce themselves clearly with their name and the role they will play on the health care team.
2. **Development of patient rapport:** The learner should be able to build rapport with the patient. This can be facilitated by maintaining eye contact, addressing the patient by name and expressing empathy and understanding, as well as respecting patient's questions and choices.
3. **Accessible language:** The learner should adjust the pace of speech, use accessible language, avoid medical jargon and explain any medical terminology as required.
4. **Invitation for the patient's questions:** The learner should ask if the patient has any questions regarding the consent form or the procedure.
5. **Avoidance of responses implying judgment:** The learner should respect patient choices and avoid judgment related to them.
6. **Avoidance of false reassurances:** The learner should not understate possible risks or give false reassurance of benefits or success of a procedure.
7. **Listening without interruptions:** The learner should display outstanding listening skills.

8. **Verification of patient understanding:** The learner should ask the patient to “teach-back” the information shared to verify patient understanding.

Case Scenario

Ms. Smith is a 50-year-old female with a complex right adnexal mass measuring 5x4x3cm. She has been experiencing right lower abdominal discomfort and on bimanual exam a fullness was appreciated on the right side. Ultrasound was performed, revealing the mass. Today, she will be consented for a laparoscopic right salpingo-oophorectomy. She has never had surgery before and states she is nervous about the procedure. She has questions regarding the possibility of no intervention.

CHECKLIST

The following checklist may be used as a component of the training session and/or as a component of a performance assessment as part of an objective structured clinical examination.

	Done	Not Done
Clearly states the procedure for which consent is requested		
Correctly discusses the indication for the procedure		
Correctly states the benefits of the procedure		
Reviews the potential risks of the procedure		
Offers alternatives for the procedure, including no intervention		
Discusses post-procedure expectations		
Clearly introduces self, including role on team		
Establishes rapport with patient		
Uses accessible language and explains medical terminology where appropriate		
Invites patient’s questions		
Avoids responses implying judgment		
Avoids false reassurances		
Listens without interrupting		
Verifies patient understanding		

PERFORMANCE ASSESSMENT

Informed consent skills are best assessed via standardized patient exercise. Given the nature of the consent process and medico-legal considerations, standardized patients are preferred for simulation of informed consent. The provided checklist can be used for performance assessment.

PRACTICAL TIPS

We suggest the concept of informed consent be introduced to learners early in medical training. Clinical exposure to physicians modeling outstanding informed consent practices is essential to learning. Videos of the informed consent process can also be used as a supplemental teaching tool if clinical exposure to the process is limited. Videos of learners performing informed consent with a standardized patient can also be reviewed individually or as a group and have a role for both teaching and assessment. Self-reflection is often an excellent tool to use in this setting. If you use the case above and do not intend on evaluating their knowledge base, learners can be given fact sheets regarding adnexal mass and laparoscopic salpingo-oophorectomy prior to the exercise. The exercise can be used to evaluate their communication skills as they pertain to informed consent. The performance assessment may occur as part of an objective structured clinical examination at the end of the obstetrics and gynecology clerkship.

RESOURCES

1. Informed consent. ACOG Committee Opinion No. 439. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2009; 114:401-8
2. Canadian OSCE [NEED URL]
3. Bootcamp OSCE [NEED URL]
4. Kempner S, Morgan H, Stern D, et al. Providing informed consent: a standardized case. *MedEdPORTAL Publications*. 2016;12:10427. http://dx.doi.org/10.15766/mep_2374-8265.10427