Curricular Intervention: Knowledge, Attitudes, and Skills with Informed Consent in Fourth-Year Medical Students



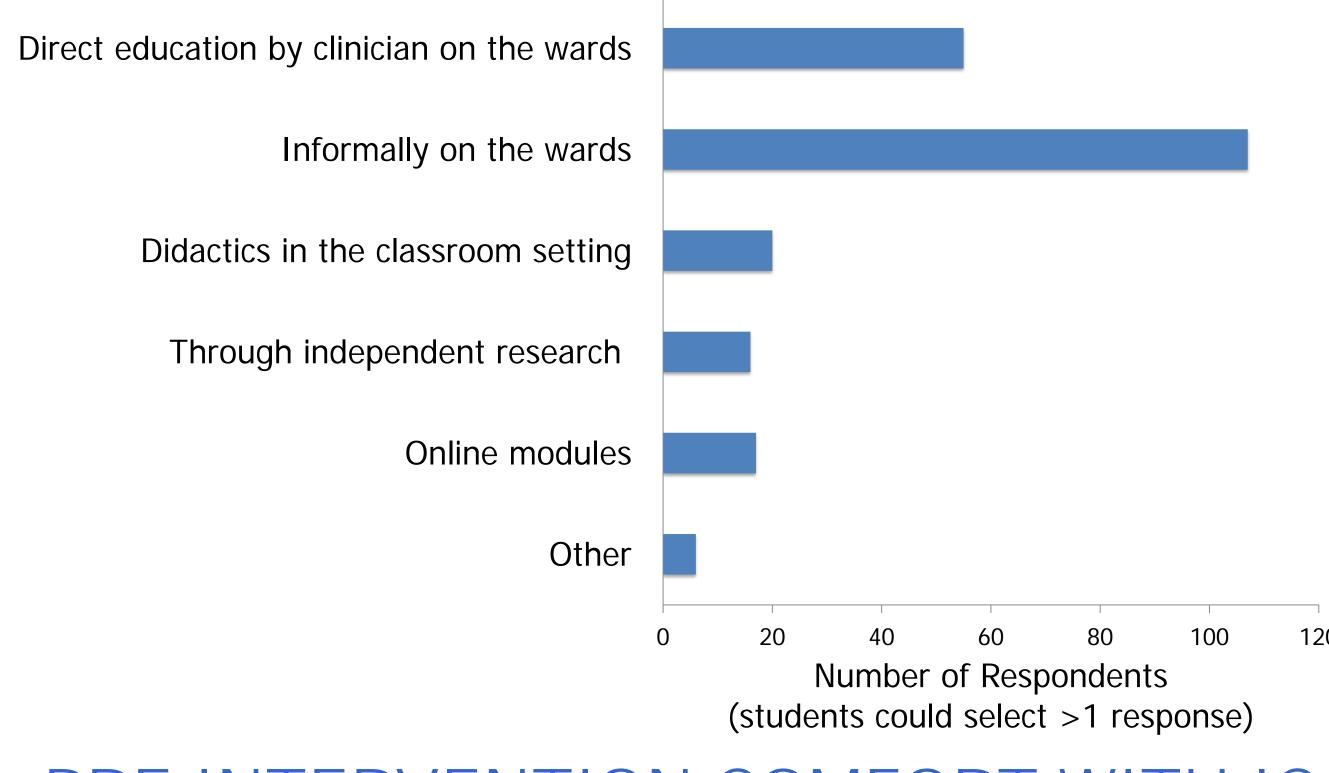
Madelyn N. Stevens BA, Lauren Groskaufmanis MPH, David Ming MD, Allison Clay MD

Duke University School of Medicine

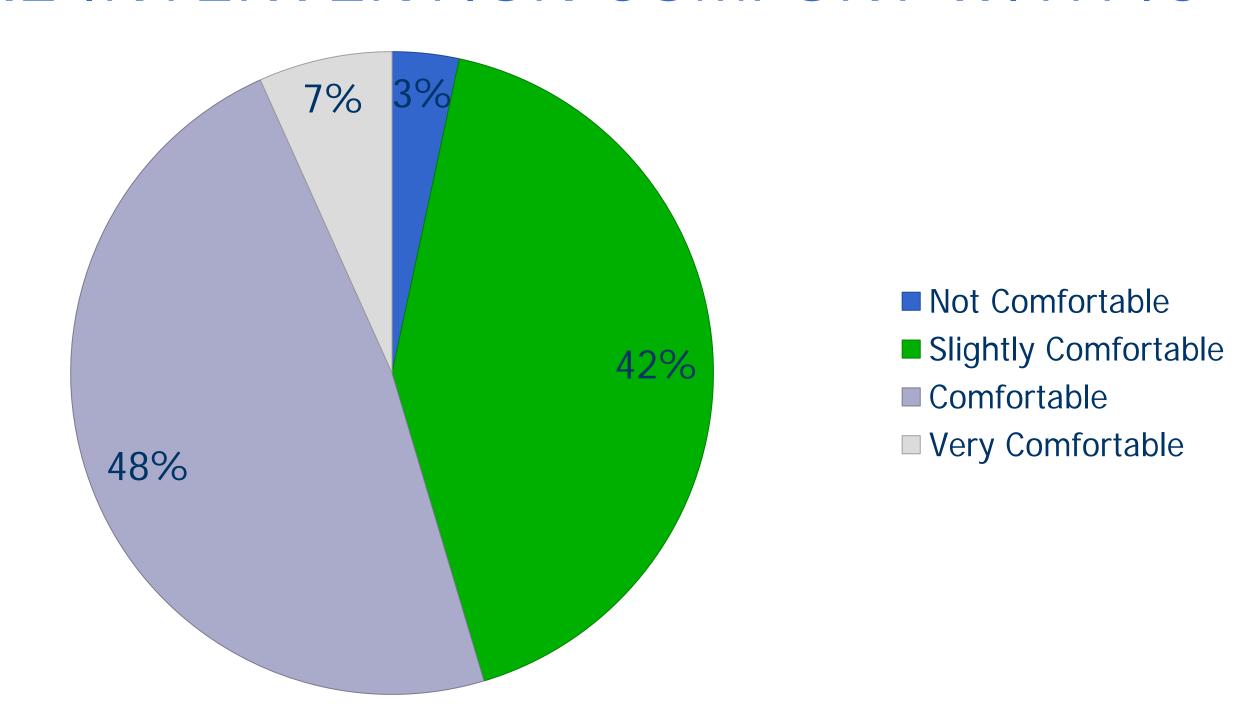
BACKGROUND

- Informed consent is a critical component of the patient-provider relationship, yet current education practices may leave gaps in student knowledge
- The ACGME has identified obtaining informed consent (IC) as one of the Core Entrustable Professional Activities for Entering Residency (CEPAER).¹
- Provider discomfort with obtaining IC is often reported in the literature, and associated with a poorly executed informed consent process³⁻⁵
- A flipped-classroom model and Standardized Patients (SPs) provide a unique, realistic, and lowrisk environment for students to practice responding to difficult and complex situations²

PRE-INTERVENTION EXPOSURE TO IC



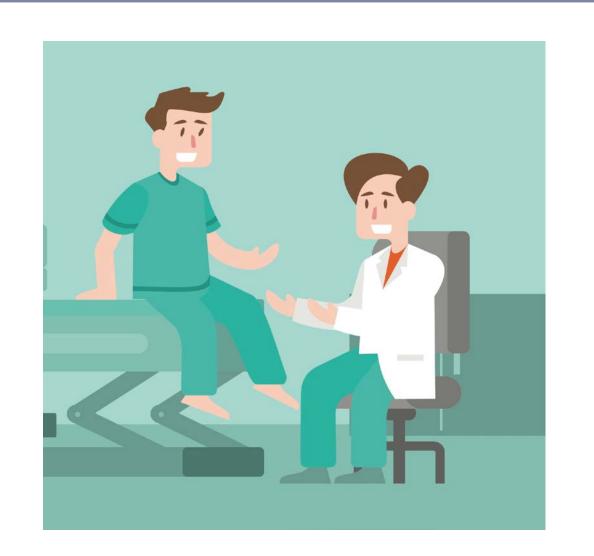
PRE-INTERVENTION COMFORT WITH IC

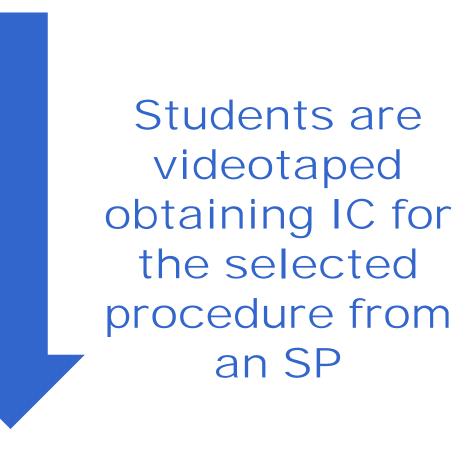


EDUCATIONAL INTERVENTION

PREWORK

- Students evaluate their comfort with obtaining IC
- Student evaluate their knowledge of ethico-legal facets of IC
- Students select a procedure they anticipate performing in intern year, research the risks and benefits, and create a profile of a typical patient who needs the procedure
- Students view two videos demonstrating examples of 'good' and 'bad' informed consent

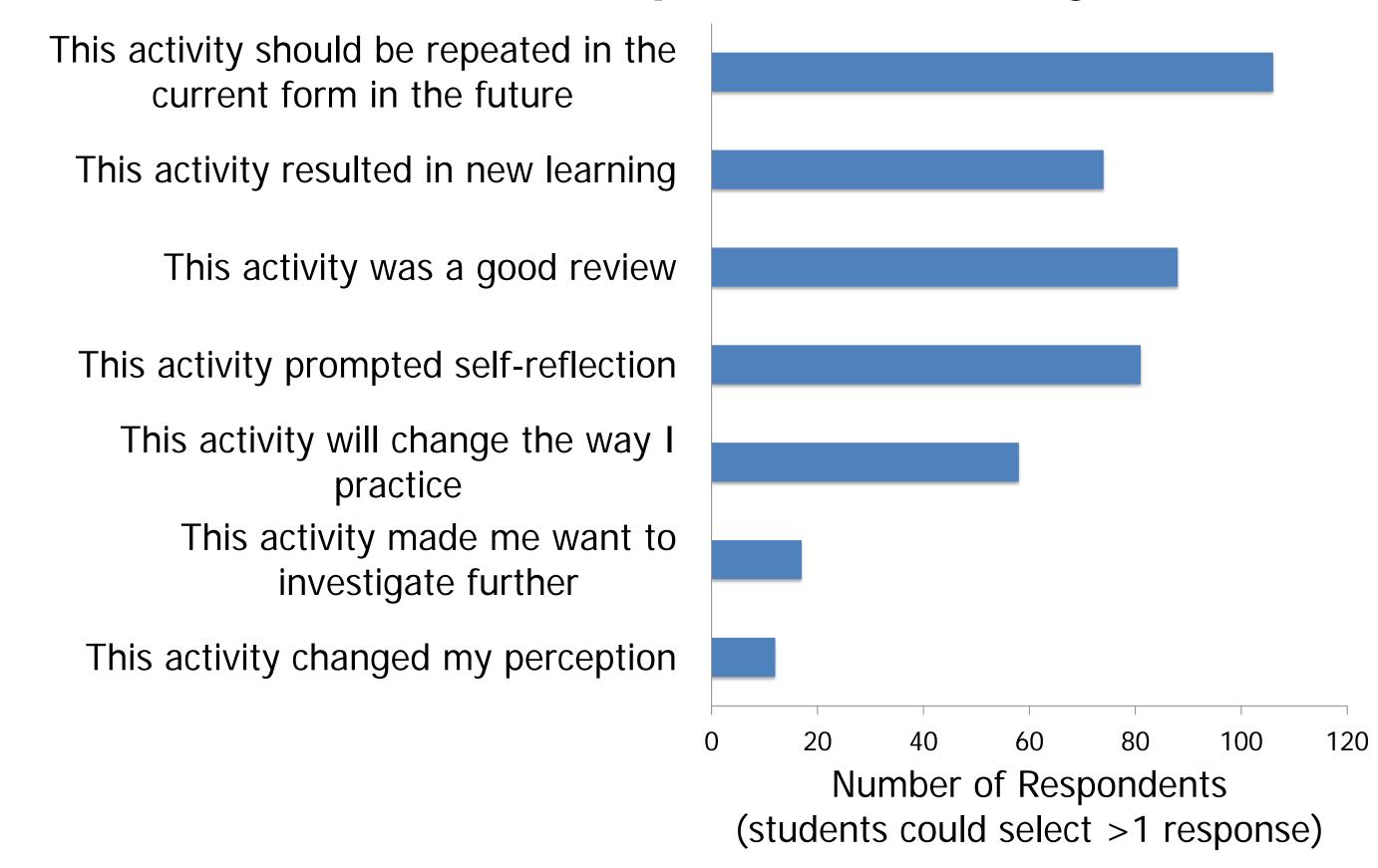




FEEDBACK

- The student and a faculty coach review the videotaped encounter and evaluate the encounter using a standardized Likert-Scale checklist
- Faculty and SPs provide narrative feedback
- The student and the faculty coach give a final evaluation on whether or not the student is entrustable with obtaining informed consent

Student Response to Activity



POST-INTERVENTION

- Data and feedback are available for students who participated in this activity as part of the 2017 Capstone Course, a mandatory transition to residency course.
- Students demonstrated gaps in ethical and legal aspects of IC; most missed question incorrectly identified IC as a safeguard for the physician (81%)
- In reviewing students' encounters with the standardized patients, faculty members deemed 96% of students 'entrustable' with the skill of obtaining informed consent, which did not significantly differ from student self-evaluations (p=0.4785).

| | Pre- | Post- |
|---------------------|--------------|-------------------------------------|
| | Intervention | Intervention |
| Pre- Entrustable | 68 | 7 |
| Entrustable | 52 | 103 |
| | Entrustable | Pre- Entrustable Intervention 68 |

Missing (n=10)

CONCLUSIONS

We believe this flipped-classroom model represents an effective model for teaching informed consent to medical students. The curriculum is flexible, perceived as useful by students, and results in students achieving competency. Student attitudes towards the curriculum are overwhelmingly positive.

NEXT STEPS

We hope to expand the education that students receive regarding the ethical, historical, and legal context for informed consent. We are currently developing a video that addresses these topics to be incorporated into the independent prework.

REFERENCES

- ¹Englander, R., C. A. Aschenbrener, and S. A. Call. "Core entrustable professional activities for entering residency." Association of American Medical Colleges (2014).
- ²Johnson, Shirley M., et al. "Teaching the process of obtaining informed consent to medical students." Academic Medicine 67.9 (1992): 598-600.
- ³McManus, P. L., and K. E. Wheatley. "Consent and complications: risk disclosure varies widely between individual surgeons." Annals of the Royal College of Surgeons of England 85.2 (2003): 79.
- ⁴Falagas, Matthew E., et al. "Informed consent: how much and what do patients understand?." The American Journal of Surgery 198.3 (2009): 420-435.
- ⁵Eftekhari, Kian, et al. "Confidence of ophthalmology residents in obtaining informed consent." Journal of Cataract & Refractive Surgery 41.1 (2015): 217-221.
- ⁶Nothnagle, Melissa, et al. "Required procedural training in family medicine residency: a consensus statement." FAMILY MEDICINE-KANSAS CITY- 40.4 (2008): 248.