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

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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 process.2-5
- A flipped-classroom model and Standardized Patients (SPs) provide a unique, realistic, and low-risk environment for students to practice responding to difficult and complex situations.6

PRE-INTERVENTION EXPOSURE TO IC

<table>
<thead>
<tr>
<th>Direct education by clinician on the wards</th>
<th>Informally on the wards</th>
<th>Didactics in the classroom setting</th>
<th>Through independent research</th>
<th>Online modules</th>
<th>Other</th>
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<tbody>
<tr>
<td>42%</td>
<td>26%</td>
<td>7%</td>
<td>4%</td>
<td>0%</td>
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PRE-INTERVENTION COMFORT WITH IC

- 48% Not Comfortable
- 42% Slightly Comfortable
- 7% Comfortable
- 3% Very Comfortable

EDUCATIONAL INTERVENTION

PREWORK
- Students evaluate their comfort with obtaining IC
- Students 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

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).

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