Informed Consent – Exploring Instruction and Assessment Methodologies
Jim Powers, DO, Andrea Mann, DO, Brian Mann, PA-C
Campbell University School of Osteopathic Medicine, Buies Creek, NC

Introduction
Informed consent (IC) is a vital component of the doctor-patient relationship and is critical in maintaining patient autonomy and shared decision making. The ability to properly obtain informed consent is an essential skill involving a number of interpersonal, legal, ethical and emotional principles.

The importance of this skill has been recognized by both the American Osteopathic Association and the Association of American Medical Colleges as one of the Core Entrustable Professional Activities for entering residency (Figure 1). In terms of undergraduate medical education, there are very few published articles which suggest methods of IC instruction and assessment.

Objective
The key objective of this project is to share ideas and generate discussion regarding the use of different methods by which to teach and assess a student’s ability to provide IC. Highlights of a literature search regarding IC education and assessment are presented.

Discussion
The majority of published studies evaluate and recommend the use of standardized patients (SPs) and OSCE formats to teach and assess IC. Some relevant findings in the literature include:

- OSCE format appears the most suitable to assess the multitude of SP feedback is an effective modality in teaching surgical residents
- Small group discussion and role playing exercises
- High fidelity simulation exercises and encounters
- Standardized multiple choice or short answer testing
- Direct observation of the provision of IC during clinical rotations
- The utilization of SPs improved residents’ self-assessment ratings of IC skills
- The video recorded OSCE is a feasible and reliable method of assessing student communication skills and application of clinical knowledge while obtaining IC
- SP feedback is an effective modality in teaching surgical residents IC protocol
- The utilization of SPs improved residents’ self-assessment ratings of IC skills
- To acquire the necessary psychosocial skills to work effectively with patients in the IC process, trainees should be involved in simulated interactions and small group discussions, and they should receive constructive feedback on practice interviews

Assessment
When utilizing the SP / OSCE format for informed consent, the evaluation should include both the specific components of the informed consent process (discussion of risks, benefits, alternatives, etc.) along with communication skills components. Well-designed checklists enhance the overall quality of the informed consent OSCE. An example of a simple checklist template that could be utilized is shown in Figure 2

As with all Core EPAs, the evaluation of student performance should not be based on single, but rather multiple assessment sessions, elements and methods. One possible method to assess student performance in obtaining IC is to incorporate the process into all clinical skills check-off or assessment activities. An example of including IC in an IV placement skills check-off is shown in Figure 3. This form of assessment may be especially effective because providing education in the professional, cognitive and ethical aspects of a procedure at the same time, and in the same format, as its technical skills training may be an effective means to improve awareness of and compliance with obtaining informed consent

Additional opportunities for assessing student performance in providing IC could include:
- High fidelity simulation exercises and encounters
- OSCE “plus” format with team rounding and evaluation of SPs
- Direct observation of the provision of IC during clinical rotations
- Small group discussion and role playing exercises
- Standardized multiple choice or short answer testing

Conclusion
Informed consent within the doctor-patient relationship has legal, ethical, social and emotional ramifications for both patients and physicians. As with all EPAs, the ideal system of instruction for obtaining IC would provide students repeated opportunities to practice this skill with multiple, spaced formative assessments. While teaching and assessing IC through the use of SPs / OSCE experiences is supported in the literature, educators should explore additional instruction and evaluation tools to ensure student competency and entrustability.

References