# Changing the perception of informed consent

## An interview with Dr Timothy O'Dowd FRANZCOG

In May 2000, colleagues Dr Timothy O'Dowd, Dr Andrew Cary, Dr Michael Flynn and Dr Gary Swift established Gold Coast Obstetrics and Gynaecologist Specialist Services (GCOGSS). The focus, in terms of the practice improvement activity that was submitted to the College, is for this service to provide pre-operative education sessions for patients to assist in obtaining informed consent of procedures.

GCOGSS has now established a routine that starts with a patient being offered options and general information about a surgical procedure by her consultant. The consultant then refers the patient to a registered nurse/midwife for pre-operative education to discuss the procedure and to answer the patient's questions. This session lasts approximately 30 minutes and enables the patient and the midwife to discuss the procedure along with complication rates and potential side-effects associated with the procedure, post-operative care and any of the literature that the patient has read on the procedure. After an interactive discussion with the nurse practitioner, the patient then returns to see her doctor who will answer any further questions or concerns about the procedure. At this meeting, the consultant will either seek the patient's informed consent for the procedure or a mutual decision will be made not to proceed with the operation.

*Doctors Gary Swift, left, Andrew Cary, Michael Flynn and Timothy O'Dowd.*

Dr O'Dowd explains that GCOGSS was established to address the difficulties associated with informed consent, particularly from a medical indemnity point of view, as highlighted in the case of *Rogers vs Whitaker (1992)*. Dr O'Dowd and his colleagues recognised that giving their patients detailed information and the opportunity to ask about their proposed surgical procedure would require both appropriate reading materials and interactive time with the patient. 'This was something that we considered essential, but we were conscious that it would be difficult to meet personally with every patient. If you had 30 or 40 patients to see, it would be an overwhelming task. Consequently, we decided to employ a registered nurse or midwife who could meet with and answer each patient's questions about the procedure.

'Although O and Gs have worked hard to explain the potential risks inherent in surgical procedures', Dr O'Dowd explains, 'you nevertheless are struggling with a community perception that doctors are not very forthcoming with information. So we strived to develop a transparent process with our patients that would answer all their questions.

'For about eight to 12 months, we had in-depth meetings to design and discuss implications and processes that would be needed for the establishment of the service. Once the fundamentals were established and we employed skilled nurse practitioners with excellent communication skills, our team was able to design a pro forma for the procedure.'

### A MULTIDISCIPLINARY SERVICE

The four Fellows are located at private consulting suites within the grounds of Pindara Private Hospital in Benowa on the Gold Coast. It was within the day surgery building that they rented out office space for GCOGSS. GCOGSS now consists of a receptionist and three registered nurses/midwives who run the half-hour sessions, including a nurse practitioner who has a coordinating role in the service.

However, as Dr O'Dowd points out, GCOGSS is only one part of an expanding practice. The practice also provides a room for visiting specialists to

utilise, including gynaecological oncologist Dr Lewis Perrin, urogynaecologist Dr Malcolm Frazer and visiting perinatal psychiatrist Dr Susan Roberts. An on-site IVF clinic is also available for patients. 'On the Gold Coast, there isn't an oncology or urogynaecology unit', Dr O'Dowd explains, 'so having an independent office enables an oncologist and a urogynaecologist to visit when required and work from that office.

'The practice improvement part was the main stimulus to set up the office, but we realised early on that it was not cost-effective to run an office purely for the preoperative education sessions. So we identified the other multidisclipinary functions which the office could provide our patients in addition to the pre-operative education sessions. Our nurse practitioners also organise antenatal CTGs when required and provide antenatal counselling for patients who are seeking advice on breastfeeding and the management of labour.'

Dr O'Dowd cites the convenience of the location as one of the important advantages of GCOGSS. Because the service is part of a larger practice, no travelling between the consultation with the doctor and the preoperative information session is required. The proximity of the service also enables internal communication between the nurse practitioner running the session and the doctor to occur in a timely and effective manner. 'If there is a problem at all between a sister and a patient, such as a misunderstanding about an issue, the sister can contact me or my other colleagues on an internal line to clarify that.'

Dr O'Dowd describes the value of the interaction that the patient has with the midwife as more important than any reading material on its own. Although literature is important for the patient to read, the value of having a 'one on one session outside the doctor's surgery is an important opportunity to make a patient feel more at ease'.

One of the first questions that a midwife will ask a patient is how much information she would like to know about the procedure. 'We are obligated to provide the patient with the maximum amount of information about a procedure that is available to us. However, by allowing the patient to ask their initial questions first, we can ensure that we don't make the patient feel as if they are being overloaded or overwhelmed with too much information. The nurse practitioner can focus on the factors that are important to the patient first and then talk with her about the other issues second.

'We have to ensure that all of our patients are completely aware of all the facts about a procedure so that they confident about making informed consent.'

*GCOGSS offers its patients a 30-minute preoperative education session.*

## A SUCCESSFUL FORMAT

Since the inception of GCOGSS, over 1100 patients have received pre-operative education, including 230 of Dr O'Dowd's patients. GCOGSS has also come to the attention of O and G specialists and general practitioners, who have in turn referred their own patients. However, Dr O'Dowd says the service is not designed to actively recruit patient numbers.

'We have told all of our GPs that we offer this service and other O and Gs which aren't based in our day surgery building can also use this service. However, there hasn't been a widespread promotion of the service through general practices or other O and G practices. The program is not offered openly because our nursing staff is already extremely busy. We have an enormous number of our own patients who come through our centre and it would be very difficult for us to accommodate outside cases as well. We aim to enhance our patients' visits and provide the best level, from the medical indemnity point of view, of informed consent.

'Our patients are certainly recom-

mending our service to other patients, but we would never envisage using the project as a marketing tool to boost our numbers. I think it's important that you don't over-promote or market a service like this. You have to be very sensitive to the patients. In the initial stages of developing the service, we investigated the merits of a computer-based preoperative information model, which are available in clinics in the United States. This model has been marketed as saving consultation time between the doctor and the patient, but that doesn't provide the interaction that is required for this process.'

Although a patient may be reluctant to attend the information session, she is encouraged by the individual doctor to do so as an important step in her decision to opt for a particular procedure. Dr O'Dowd says he personally has not encountered a patient who has turned down an opportunity to attend the session, but some of his colleagues' patients occasionally decide not to participate. 'I generally advise patients who are electing to give birth by caesarean section to attend a session. Some women who have given birth by caesarean before have elected not to participate, possibly because they are reasonably confident in their knowledge of the procedure. However, all women who do not elect to go through the program are still briefed as per the conventional informed consent process.'

Even if a patient attends the preoperative education session, there is still a 'back-up' capacity in place. Before the patient gives written consent, she returns to the doctor one last time after the information session has been held. 'It's rare', Dr O'Dowd points out, 'but there have been cases where the patients did not seem to entirely absorb the information that they had been given initially or in the information session. Consequently, this last visit is equally important. I can ensure that the patient fully understands the process and is certain of her position.'

There is an additional fee for patients to utilise GCOGSS, but the service itself does not make a profit. This fee covers costs and overheads incurred by the service.

## EVALUATION – FOLLOWING THE QUALITY CYCLE

The series of pro formas that originally developed by GCOGSS were reviewed in November 2001. This was done in consultation with the nurse practitioners, incorporating their suggestions from patients' comments and feedback.

| PI PROCESS | EXAMPLE |
|---|---|
| Identifying an area for improvement | Due to pressure from medical indemnity, it was felt that there needed to be greater detail in preoperative education for patients. |
| Establish goals | Meetings were established with co-directors to ascertain consensus on the level of preoperative education that needs to be provided. |
| Implement change | Establishment of GCOGSS to incorporate 30-minute preoperative sessions. |
| Audit outcomes | Patient satisfaction survey done to assess feedback on preoperative education sessions. Results reflecting success of service. |
| Monitor and evaluate | Regular meetings with registered nurses/midwives who run the sessions for continual feedback. Pro formas for information have undergone changes as a result of this continual feedback. |

Dr O'Dowd also performed a patient satisfaction survey on a sample of his patients. They were asked to evaluate the information that they were given prior to granting consent, to assess the accuracy of the information they were given about the operation (compared with the actual operation) and to compare the preoperative education sessions with their other experiences where preoperative education was not available in the same format. They were also asked whether they would consider using the service again for further surgery. The survey results showed that:

- up to 80 per cent of patients were very pleased with the preoperative education sessions;
- 70 per cent of the patients declared that their recovery was easier to cope with as a result of the information that they learned before the procedure; and
- 100 per cent of patients indicated that they would use the service again if they required further surgery.

Following the survey, Dr O'Dowd and his colleagues decided a similar, but redesigned satisfaction questionnaire would be given to all postoperative patients while waiting for their postoperative check-up. Postoperative complication rates are also being carefully recorded to accurately inform preoperative patients of the surgery's complication rates, as opposed to rates quoted in the literature.

'We're monitoring our patients at postoperative visits', explains Dr O'Dowd, 'because it's a bit misleading to give preoperative patients the general literature and statistics for incidences of complications. This is unfair because the complication rates for any one procedure, whether it be hysterec-

tomy or caesarean section for instance, vary from year to year. We prefer to provide information about the incidence of our own complication rates for each procedure, as well as the general figures that can be found in the literature, so that our patients are aware of the reality of the surgery.'

United Medical Protection (UMP) has followed GCOGSS's progress and been extremely supportive of the sessions. Materials used in the session are being reviewed by UMP for assessment and acceptability. If changes are recommended, these will be incorporated to further enhance the sessions, hence contributing to the ongoing evaluation and monitoring process of a practice improvement activity.

## FOR QUESTIONS

Dr O'Dowd is happy to discuss the GCOGSS with Fellows who are considering the establishment of a similar service.

Overall, Dr O'Dowd is pleased with the outcome of the GCOGSS. 'We identified a problem with consent and we set goals to clearly improve the consent process. We've improved patient information, educated our midwives in all of the procedures and created relaxed appointments between our patients and our nurses to discuss each operation, including the values and the risks. I have subsequently monitored and evaluated the outcome of this practice improvement project and I am satisfied that there has been a marked improvement in the process of informed consent.'

*Sharyn Toohey*
*Practice Improvement Coordinator*
*Damian Christie*
*Publications Officer RANZCOG*

## Mastering your risk: a new PI project for Fellows

**RANZCOG** has been working with the Cognitive Institute to develop a new practice improvement project for Fellows. The project complements the Institute's very successful workshop *Mastering your risk: better interactions, better quality, better communications*.

Prior to the workshop, participating Fellows will be required to identify the issues that they believe lead to litigation. They will also be required to assess their communication skills and compare their perceptions with the experience of their patients (as determined via a patient questionnaire).

The workshop is designed to give doctors a thorough grounding in the issues of risk management and introduces practical preventative skills and techniques that can be implemented immediately to reduce exposure to litigation. Discussions will focus on the causes of complaints and litigation; managing patient expectations; the link between communication and litigation; and the importance of documentation. Participants will develop an action plan based on their individual needs during the workshop.

On returning to their practice, Fellows will implement their action plan and, approximately six months later, a repeat audit will be undertaken. The Fellows will then evaluate their results and identify outcomes.

There are three stages in this practice improvement project:

1 Pre-workshop doctor survey and survey of 30 consecutive patients (three PI cognate points).
2 Reflection on the results followed by the *Mastering your risk* workshop and development of an action plan (five PI cognate points).
3 Three to six months following the workshop repeat surveys (refer stage one). On receiving the results, partipants will be required to reflect on these and evaluate the outcomes (eight PI cognate points).

A total of16 PI cognate points will be accrued by Fellows who complete the project.

The workshops are being offered by all the major Australian medical defence organisations to their members. Fellows should contact their medical defence organisation for details of workshop dates.

Fellows who do not wish to participate in the PI project may attend the workshop only. By attending the workshop, they are eligible to claim continuing education points, but not PI points.

Contact Sharyn Toohey, practice improvement coordinator, tel +61 3 9251 9025, fax +61 3 9415 9306 or email stoohey@ranzcog.edu.au if you have any general questions about the course.