ASSESSING PHYSICIAN PERFORMANCE OF INFORMED CONSENT USING A WEB-BASED SIMULATION TOOL

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STUDY AIMS
Informed consent requires discussion of five key elements prior to prescribing a medication (Benson, 1984; Braddock, 1997; Feifer, 2003).

- Discuss relevant and significant risks of the medication,
- Discuss expected benefits of taking the medication,
- Discuss the probable consequences of not taking the medication,
- Discuss treatment alternatives,
- Check for understanding of the above elements given the patient’s level of health literacy.

In this proof-of-concept study, we sought to develop a web-based computer simulation tool to assess physician competence in obtaining informed consent prior to prescribing an antipsychotic medication to a simulated patient, a 22-year-old female college student with psychosis.

STUDY DESIGN
Eighteen residents were recruited from the combined MGH/McLean Adult and Child Residency Training programs. Each resident completed a 4-item Likert scale questionnaire assessing confidence in obtaining informed consent for psychotropic medication use in patients (Table 1; adapted from Smucker, 1998).

To simulate the time constraints of an actual appointment, a virtual timer counted down twelve minutes. Feedback was given to physicians regarding the appropriateness of their actions. For subjects that did not complete key elements, remediation was provided in the form of PDF articles.

RESULTS
16 participants participated in the pilot (response rate 89%): five PGY3s, four PGY4s, and seven child psychiatry fellows.

Individual Participant Performance
Participants selected a mean of 4.4 of the 5 required elements.

Scores ranged from 1 (“strongly disagree”) to 5 (“strongly agree”). Significant differences were noted for all four pre- and post-exercise measures.

CONCLUSIONS
We introduced a novel tool which allows for the assessment of a physician’s ability to obtain informed consent from a virtual standardized patient, and provided feedback to improve this ability.

This pilot study:
- Was effective in affirming residents’ understanding of their own ability to complete the informed consent process with this simulated patient,
- Showed high levels of utility

Potential uses:
- Teaching tool used to augment didactic curriculum and e-Learning modules
- Clinical Skills Verification and assessment

Forthcoming Scenarios:
- Antipsychotic Informed Consent Simulation for psychiatrists and primary care physicians
- TPA Informed Consent Simulation for neurologists and emergency room physicians
- Low health literacy versions of previously created scenarios

ACKNOWLEDGEMENTS
We graciously acknowledge the generous participation of all the MGH/McLean residents who participated in the development of this project. We also acknowledge the support of our collaborators at Reel Medical Education and the MGH Academy.

FOR MORE INFORMATION VISIT:
http://www.PSYCHSIMULATION.com/CSAT

LITERATURE CITED

Fig. 1. The Computer Simulation Assessment Tool (CSAT) is a web-based simulation software program hosted at www.psychsimulation.com/CSAT

Fig. 2. Screenshots of introductory pages for CSAT. Panel A shows introductory text for pilot simulation. Panel B shows a video clip during with participants hear the background to the case.

Fig. 3. Interactive interface for CSAT

Fig. 4. Sample CSAT Feedback

Fig. 5. Number of required elements correctly selected in the four pre-exercise measures.

Fig. 6. Changing confidence scores pre- and post-exercise (n=16). All comparison represent student t-tests.

Fig. 7. Mean SUS scores by item and total SUS score (n=16). High usability is thought to be any SUS score > 80. * indicates item was reworded from original SUS for clarity in data presentation.