



Patient Education

Partners in Your Surgical Care[®]

Informed Consent Overview and Survey

A number of powerful national trends and imperatives have affected surgical care and have brought into sharp focus the need for major reform of patient education in surgery, including the area of informed consent (IC). The American College of Surgeons (ACS) guidelines recommend a discussion of the: nature of illness and course of no treatment, operation description, estimated risks or mortality and morbidity, complications, benefits, expectation during and after hospitalization, and alternative treatments, including nonoperative treatments. The Centers for Medicare & Medicaid Services (CMS) and The Joint Commission also require detailed documentation of these guidelines.

More than 97 percent of ACS members surveyed are requesting assistance with the development of IC templates. The ACS will now offer ACS-reviewed IC templates. The ACS templates will be available in print and electronic formats, can be saved as a progress note, and can be individualized by each surgeon/practice. The Patient

Education Committee, in an agreement with Dialog Medical, will offer more than 1,500 procedure-specific templates for use by ACS members. The templates will be ready for order and distribution in February 2010.

The purpose of this survey is to:

- Determine a user friendly template for surgical informed consents

By completing this survey, you agree to allow the American College of Surgeons to use the compiled data as part of its needs assessment process, with possible publication as a report. The identity of all individuals will be protected, and only aggregate data will be reported.

- At the end of the survey, we will ask your interest in reviewing informed consent templates in your specialty area

All surgeons willing to review five informed consent templates will receive six months of free access to all consent templates in their specialty area.

TAKE THE SURVEY NOW



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ACS/iMed Consent Survey

Demographic (check one):

- Physician Resident Student Other _____

Respondent Initials: _____ Date: _____

Area of Specialty (check one):

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> General Surgery | <input type="checkbox"/> Thoracic Surgery | <input type="checkbox"/> Colon and Rectal Surgery | <input type="checkbox"/> Plastic Surgery |
| <input type="checkbox"/> Vascular Surgery | <input type="checkbox"/> Pediatric Surgery | <input type="checkbox"/> Neurosurgery | <input type="checkbox"/> Otolaryngology |
| <input type="checkbox"/> Orthopedics Surgery | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Oral Maxillofacial |
| <input type="checkbox"/> Urology | <input type="checkbox"/> Other _____ | | |

Your Practice

Type of Practice (check one):

- University-based hospital Community hospital Freestanding ambulatory surgery center
 Single-specialty practice Multispecialty practice

Percentage of surgical procedures that are outpatient or same-day surgery: _____ %

Your Current Informed Consent Process

What is the main resource that you use when obtaining informed consent?

- | | |
|--|---|
| <input type="checkbox"/> Hospital-based, procedure-specific informed consent tools | <input type="checkbox"/> Surgical practice-developed tools |
| <input type="checkbox"/> Hospital-based legal document with fill-in-the blank for the surgical procedure | <input type="checkbox"/> Professional, purchased instruction sheets |
| | <input type="checkbox"/> None (write a progress note) |
| | <input type="checkbox"/> Other _____ |

If you currently use printed or electronic material, does it include the following (check all that apply)?

- | | |
|---|--|
| <input type="checkbox"/> Nature of illness and course of no treatment | <input type="checkbox"/> Benefits |
| <input type="checkbox"/> Description of the operation | <input type="checkbox"/> Expectation during and after hospitalization |
| <input type="checkbox"/> Estimated risks or mortality and morbidity | <input type="checkbox"/> Alternative treatments, including nonoperative treatments |
| <input type="checkbox"/> Complications | |

PLEASE REVIEW THE IMEDCONSENT™ WEB-BASED SOFTWARE APPLICATION.

Navigation

Did you find the iMedConsent™ application easy to use?

- Very easy Somewhat easy Neither easy nor difficult Somewhat difficult Very difficult

Pre- and Postprocedure Instructions

Is it helpful to include the preoperative preparation as part of the informed consent template document?

- Very helpful Somewhat helpful Neither helpful nor unhelpful Somewhat unhelpful Very unhelpful

Is it helpful to include the postoperative preparation as part of the informed consent template document?

- Very helpful Somewhat helpful Neither helpful nor unhelpful Somewhat unhelpful Very unhelpful



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Partners in Your Surgical Care[®]**Informed Consent Form Template**

Please rate the overall informed consent form template:

Very good Somewhat good Neither good nor poor Somewhat poor Very poor

Suggestions for improving the informed consent form template (if any): _____

Progress Note

Is the availability of an automatic progress note useful?

Very useful Somewhat useful Neither useful nor not useful Somewhat not useful Very not useful

Suggestions for improving the progress note (if any): _____

Optional Features

If available, would you use the following features?

Feature	Would you use it?	Suggestions/Comments (if any)
A digital signature capture pad to allow for electronic storage of signed consent forms.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe	
The ability for patients to access a draft procedure-specific consent form in advance of the informed consent discussion.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe	
Separate preprocedure instruction sheets.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe	
Separate postprocedure (discharge) instruction sheets.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe	
A consent form template that generates a preprocedure verification form or checklist.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe	
A consent form template that generates a time-out checklist.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe	

Value

How helpful would it be to have the American College of Surgeons develop material that met all required informed consent guidelines?

Very helpful Somewhat helpful Neither helpful or unhelpful Unhelpful Very unhelpful

INTEREST IN REVIEWING PROCEDURE-SPECIFIC CONSENT FORMS FOR THE AMERICAN COLLEGE OF SURGEONS.

Reviewer

Would you be interested in serving as a reviewer and reviewing three to five documents in your specialty area? Yes No

If yes, please list and identify the procedures that you perform most frequently: _____

Please provide the best e-mail address for us to use to send you the materials: _____

THANK YOU FOR YOUR TIME AND ASSISTANCE.