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PROFESSION

Explaining residents' role in surgery may keep patients from consenting

A new ACGME rule requires disclosure, but too much information could backfire.

By KEVIN B. O'REILLY, amednews staff. *Posted Oct 3, 2011.*

Informing patients about the roles that residents will play in their surgical procedure reduces their willingness to consent and could adversely affect surgical training.

Ninety-five percent of patients want to be informed about residents' participation in a major surgical procedure. But the more patients know about the extent of that participation, the less likely they are to consent to it, according to a Sept. 19 *Archives of Surgery* study.

Nearly 60% of 316 elective surgery patients surveyed said they would consent to a procedure when told a junior resident would assist the staff surgeon, but only a third would consent to a scenario where the staff surgeon assisted the resident. A quarter of patients would consent to a surgery where the staff surgeon's role was limited to observing the resident, and 18% consented to the resident performing the procedure without the staff surgeon present.

"Patients want to be informed that a trainee is participating; they think that information is important," said Lt. Col. Matthew J. Martin, MD, senior author of the study and trauma medical director at the Madigan Army Medical Center in Tacoma, Wash. "The flip side of that is that if you go into excruciating detail about the resident who's involved and what they are doing, there tends to be less willingness to consent. That has implications for training programs. If you have huge proportions of patients refusing to have residents or interns involved, that affects how you train doctors. That needs to be balanced against the patient's right to know everything."

The findings come on the heels of Accreditation Council on Graduate Medical Education rules that took effect July 1 that say, "Residents and faculty members should inform patients of their respective roles in each patient's care." How that requirement will be implemented remains to be seen.

It is up to each program and institution to decide how patients will be informed, the ACGME said.

Addressing patient concerns

Even before the new ACGME rule was enacted, John R. Potts III, MD, usually informed patients when residents were taking part in their surgery. If Dr. Potts is observing a resident perform the surgery and a patient asks about his role, he says, "I will be doing the operation. I will do it with the resident's hands, but I will be doing the operation."

The statement is forthright, said Dr. Potts, director of the surgery residency program at the University of Texas Medical School at Houston.

"I am there the whole time and guide the entire operation, but it is the resident's hands performing the technical procedure," said Dr. Potts, who also stresses to patients the educational value of the residents' role. Very few patients back out of surgery or ask that residents not participate, he said.

The patients' survey responses show that a one-on-one talk is needed to explain residents' role, Dr. Martin said.

"This is the response when patients are handed a piece of paper and are asked to say yes or no to this situation. This is not where they are having a discussion with somebody," he said. "It's good to know these feelings are out there when counseling patients or they are being operated on in a teaching facility. The thing I always go back to when talking to patients is that studies have clearly shown that the results are the same or better at a teaching hospital."

ADDITIONAL INFORMATION:

WEBLINK

"Training Surgeons and the Informed Consent Process," *Archives of Surgery*, Sept. 19 (**archsurg.ama-assn.org/cgi/content/abstract/archsurg.2011.235**)

Accreditation Council on Graduate Medical Education Common Program Requirements, July 1 (**www.acgme.org/acwebsite/home/common_program_requirements_07012011.pdf**)

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