IMPROVING JUNIOR DOCTORS CONFIDENCE AND COMPETENCE IN CONSENTING PATIENTS FOR ERCP – AN EDUCATIONAL INTERVENTION

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Background
Obtaining high quality informed consent for endoscopic procedures is frequently devolved to Junior Doctors. The GMC has produced guidance around this issue.

Within NHS Tayside there was previously no standardised induction or education for Junior Doctors regarding consent for endoscopic procedures.

Aims
We aimed to assess Junior Doctor confidence with regard to the consent process for endoscopy and then develop an educational tool to improve this process as part of a quality improvement project.

Methods
An online questionnaire was distributed to Junior Doctors (FY1-CMT/GPST2) working within Medical Specialities in Ninewells Hospital, Dundee in August 2017.

Information was gathered regarding frequency and the nature of procedures consented for. Alongside this self-assessment of confidence and competency in gaining consent for individual procedures as well as any barriers to gaining patient consent and ideas to improve the process was sought.

This data was analysed and a simulated consent video (focusing on ERCP) was produced and delivered as a short educational intervention to Junior Doctors. Further questionnaires were used pre and post educational intervention to assess Junior Doctors confidence and competency.

Results
• 24 Junior Doctors completed the initial questionnaire; 8 CT1s/GPSTs, 7 FY2s, 6 FY1s, 2 CT2s and 1 PA (physician associate).
• 54.17% of respondents were asked to gain patient consent for procedures at least weekly and 8.33% daily.
• The most common procedures Junior Doctors were asked to consent for were OGD (95.83%), colonoscopy (70.83%) and ERCP (50%).
• 75% felt comfortable and competent to gain consent for OGD, 79.17% for colonoscopy, but only 54.17% for ERCP.

Common themes from questionnaire: Barriers to gaining patient consent for ERCP


A short educational intervention has been shown to be successful in improving Junior Doctors confidence and competence consenting patients for ERCP, with self-rated confidence and competence improving from 30% to 100% following the intervention.

Future work
To complement the above work, Junior Doctors rotating through the Gastroenterology Department will be given the opportunity to observe a patient undergoing ERCP.

Opportunity for completion of Supervised Learning Event (SLE) assessments for Junior Doctors undertaking consent for endoscopic procedures will also be utilised to continue to ensure high quality consent and continuing quality improvement.

Work within NHS Tayside is also being undertaken to produce a patient information booklet and self consent form for ERCP.

Conclusion
A short educational intervention has been shown to be successful in improving Junior Doctors confidence and competence consenting patients for ERCP, with self-rated confidence and competence improving from 30% to 100% following the intervention.

A wider number of junior doctors will be shown the video and there are plans to expand this to all endoscopic procedures and embed this process as part of the Junior Doctor induction in the Gastroenterology Department.

Future work aims to continue to ensure high quality informed consent for endoscopic procedures.

Simulated consent video
10 Junior Doctors received a short educational session focused around the simulated ERCP consent recording. Prior to the education 70% did not feel confident and competent to gain consent for ERCP. Following the intervention 100% felt confident and competent to gain consent for ERCP.

After viewing the simulated consent video all Junior Doctors also agreed or strongly agreed with the statement that they now had “sufficient knowledge to gain patient consent for ERCP”.

Common themes from questionnaire: Barriers to gaining patient consent for ERCP

References

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Presenter declarations
None