Introduction: Prior to performing epidural labour analgesia in an obstetric patient, informed consent must be obtained. There is no formal teaching at our centre for residents to learn the components of informed consent, but rather this is informally done at the bedside during patient assessment.

This study aims to assess the ability of anesthesia residents to acquire and retain knowledge regarding informed consent documentation for epidural labour analgesia, in the setting of didactic teaching versus simulation. It also assesses how well this knowledge is translated to practical clinical ability by assessing the verbal informed consent process during an interaction with a standardized patient.

Methods: Following approval by the institutional Research Ethics Board, twenty anesthesia residents were consented for study participation and randomized to a ‘didactic group’ or ‘simulation group’. Each resident was first presented with a written scenario and asked to document the informed consent process as they normally would in clinical practice (pre-test). The didactic group then had a presentation about informed consent, while the residents in the simulation group each interviewed a simulated patient (high fidelity simulation mannequin) where scenarios focused on different aspects of informed consent. All residents were then again asked to read a scenario and document the informed consent process (post-test). Six weeks later all residents interviewed a standardized patient in labour and documented the informed consent from this interaction (6 week test).

The documentation as well as the verbal interaction with the standardized patient was scored independently by 2 investigators using a points system that was developed based on the Canadian Medical Protective Association guidelines (1) as well as current literature and expert opinion from several experienced obstetrical anaesthesiologists (2,3).

Results: There was no significant difference in the baseline performance between the two groups. The didactic group performed better than the simulation group at both the immediate time point and six week time point. Both groups had a significant improvement in their written consent documentation at the immediate time point compared to baseline, but the improvement in the didactic group was greater. The didactic group retained their acquired knowledge at the six week time point better than the simulation group. Clinical test scores (acquisition of oral informed consent from a standardized patient) did not differ statistically between groups.

Discussion: A didactic teaching method was better than simulation for residents to acquire and retain knowledge regarding informed consent documentation. The difference between the two groups at the immediate time point could be either due to a real effect, to the method of teaching between the two groups or to unrecognized differences in the content delivered. However the absence of a difference in the clinical test scores indicates that didactic teaching is not superior to simulation training during a conversation observed between a resident and a standardized patient to obtain informed consent.

2. Anaesthesia 2009 64: 161-164
3. Anaesthesia and Intensive Care 2006 34: 254-260