Using Design-Thinking to Inform Preoperative Informed Consent: Balancing Surgeon and Patient Preferences

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Background

- Preoperative informed consent represents a key ethical and legal component of the surgeon-patient relationship
- The literature indicates it is complicated by the lack of a uniform, consensus standard for surgeons and discordant patient expectations
- Shared-decision making, risk calculators, tenet of patient-centered care have emerged in recent decades to address these limitations
- Exactly how these solutions synchronize patient and surgeon needs in practice has yet to be determined

Hypothesis

How might we improve the informed consent process for surgeons and their patients?

- Our Visual Consent Tool
  1. Visualization of Risk
  2. Patient Preference
  3. User Interface Designed for both Patient and Providers

Surgents’ Perspectives

Our Study

Methods

- Multi-center, Qualitative Study
  - Semi-structured interviews with prototype demonstration and feedback
  - Thematic analysis
  - 13 User Interviews w/ academic surgeons at BIDMC and DHMC

Does our consent and visualization tool address challenges experienced by surgeons during pre-operative informed consent?

Results

Demographics

- n=13
- Median age of surgeon was 46y (min. 36y, max. 61y)
- Average years practicing as an attending 11.6 (min. 2y, max. 27y)
- Most represented specialties: colorectal (n=3) and surgical oncology (n=3)

Thematic saturation at 7 interviews

- Our VCT appropriately centers patient concerns to guide surgeon’s discussion
- Multiple visualizations align with spectrum of patient health literacy
- Virtual offering aligns with widespread implementation of telehealth infrastructure for pre- and post-op care
- Adaptable across multiple encounter-types
- Short-term perioperative data leveraged by risk calculators well-suited for high-risk cases but is misaligned with surgeons’ preoperative focus for low-risk procedures: long-term quality of life complications

Conclusion

- Our tool meets goal of facilitating preoperative informed consent
- Future iterations should leverage quality-of-life data to more closely mirror content of archetypal preop consent