

For Immediate Release: March 6, 2008

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Communicating Orthopaedic Surgical Consent

Study finds age and education as key factors in patient comprehension of surgical consent forms

SAN FRANCISCO—Signing a [surgical consent](#) form is a common and required part of the health-care process. Before undergoing almost any medical procedure, patients must read and sign a form stating that they understand the treatment and agree to have it performed.

However, a study presented today at the 75th Annual Meeting of the [American Academy of Orthopaedic Surgeons](#) (AAOS), found that few patients really understand the consent form, even when a physician, physician's assistant or other health-care provider discusses the form with them in advance. This lack of comprehension should be a matter of great concern to patients and physicians who want to ensure good communication regarding medical treatment.

“There are a lot of factors preventing patients from fully comprehending their consent forms,” said Allison E. Crepeau, MD, primary author of the study and an orthopaedic resident at the State University of New York at Stony Brook. “Age and level of education had a significant effect on whether the patient understood the form and remembered the information later. In addition, the stress of upcoming surgery will certainly have an effect on a patient's comprehension.”

In this study, patients about to undergo elective orthopaedic surgery were given a consent form by a physician's assistant, who also spent 10 to 20 minutes reading the standardized form to the patient, explaining each aspect of the form in detail. Immediately following the discussion, the patients signed the forms. They were then given a 24-item questionnaire to test their recall of points specifically detailed on the consent form.

Below are just a few examples that appeared on the patient questionnaire:

- A trainee (resident) may be present in my surgery. True* or False
- A sales representative may participate in the procedure. True or False*

-more-

- In the event that a health-care provider sustains a needle stick/exposure to my blood or bodily fluid, they may draw my blood and test me for;
 - a. HIV
 - b. hepatitis*
 - c. both
 - d. neither

(Correct answers are marked with an *)

These patients answered an average of 71.5 percent of all the questions correctly.

Patient comprehension of the consent form dropped even further following surgery. At the first post-operative visit with the physician about one to two weeks after surgery, patients responded to the same questionnaire again; patients who had a second post-operative visit, one to two months after surgery, were given the questionnaire a third time. Both groups answered only 60 percent of questions correctly.

Age was found to be a huge factor in a patient's recall, as patients over the age of 50 answered fewer questions correctly than the under-50 group. Education level also appeared to have an effect. For example, patients with only an eighth-grade education got the lowest percentage of questions correct, and that percentage increased as the level of education increased, with patients who had graduate degrees answering the highest percentage correctly. This trend was most notable on the post-operative scores.

“Informed consent has been shown to be an important protection for both the patient and the physician, ensuring that patients undergoing surgery fully grasp the entire process,” said Dr. Crepeau. “Both physicians and patients need to take responsibility by asking questions and openly communicating to help ensure a good result.”

Disclosure: Dr. Crepeau and her co-authors received no compensation for this study.

[Abstract 211](#)

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