Role of Learners in the Informed Consent Process
PGME Guidelines

Patient Rights

The adequacy of consent explanations is to be judged by the "reasonable patient" standard — what a reasonable patient in the particular patient's position would have expected to hear before consenting. Reibl v Hughes (1980) SCR

Patients are entitled to accept or refuse health care. Patients must be informed about:

- the nature and expected benefits of proposed treatment
- the risks of the treatment
- the side effects of the treatment
- alternative courses of action
- likely consequences of not having the treatment

Physician Responsibilities

Physicians must obtain Informed consent from patients prior to "an examination, assessment, treatment, or procedure". As articulated by CPSA, there is a duty to ensure that the decision-maker:

a. is aware of his/her right to withdraw consent at any time

b. is free of undue influence, duress or coercion in making the consent decision

c. receives a proper explanation that includes, but is not limited to:

- diagnosis reached
- advised interventions and treatments
- exact nature and anticipated benefits of the proposed
- examination, assessment, treatment or procedure
- common risks and significant risks
- reasonable alternative treatments available, and the associated
- common risks and significant risks
- natural history of the condition and the consequences of forgoing
- treatment; and

d. demonstrates a reasonable understanding of the information provided and the reasonably foreseeable consequences of both a decision and a failure to make a decision.[1]

Residents and fellows are integral members of the health care team that delivers clinical service to patients. Preceptors are responsible for providing appropriate and safe levels of supervision to trainees. PGME policies outline specific requirements for learner supervision during regular duty hours, on-call experiences and during emergency situations. [2] Assessment and supervision of learners should be tailored to the individual learner's knowledge, skills, and PGY level or CBME Stage of Training.

Informed Consent

Learners are frequently involved in planning and carrying out procedures.

I. All learners are strongly encouraged to complete the CMPA eLearning module on Informed Consent

https://www.cmpa-acpm.ca/websurvey/userprofile.html?profileType=ela&lang=en&elaRedirect=elearning/informed-consent/en/index.html&referredBy=web[4]

II. Residents and fellows must be clearly identified as learners to the patient or alternate decision-maker
III. Patients must be made aware of those who will be involved in delivery of care
IV. The Most Responsible Health Practitioner (MRHP) is responsible for obtaining informed consent
V. The MRHP may delegate the task of obtaining informed consent to a resident or fellow. Such delegation is determined by the MRP's thoughtful assessment of the learner's competence and skills as follows:
    - The MRHP is confident that the learner has sufficient knowledge and experience of the proposed test or treatment to provide an adequate explanation to the patient
    - Understands and can clearly communicate any risks that are specific to an individual patient and/or to the proposed procedure **and**
    - Makes the patient or alternate decision-maker aware of their role as a trainee both in the act of obtaining consent and that trainees may be involved in the procedure itself[5]
VI. Learners must decline the opportunity to obtain informed consent when the necessary knowledge and skills to carry out this task have not yet been achieved. The MRHP would be expected to provide additional teaching and mentoring around this task to properly prepare the medical learner for this delegated activity.
VII. Performance of the medical learner in obtaining informed consent may be formally assessed by training programs, similar to the process for any other skill or competency.
VIII. Documentation of the Informed Consent discussion is mandatory. Best practices should include:
    - A signed consent form as required by policy of the relevant health care authority
    - A chart note that refers to your consent discussion
    - Note refers to any special risks discussed
    - Questions asked by the patient and answers given
    - Record of any print or online material used to support the informed consent[5]

References and Footnotes

[1]CPSA Informed Consent
https://cpsa.ca/wp-content/uploads/2020/05/Informed-Consent.pdf
[2]PGME Policy on Resident Supervision
https://cumming.ucalgary.ca/sites/default/files/teams/6/policies/supervision-of-residents-pgme-final-jul2018-v1.pdf
[3]AHS Clinical Policy –Role of Trainees in Obtaining Informed Consent
https://extranet.ahsnet.ca/teams/policydocuments/1/clp-consent-qa.pdf
[4]CMPA eLearning Link on Informed Consent
https://www.cmpa-acpm.ca/websurvey/userprofile.html?profileType=ela&lang=en&elaRedirect=elearning/informed-consent/en/index.html&referredBy=web
CMPA Statement on Informed Consent
[5]https://www.cmpa-acpm.ca/en/education-events/good-practices/physician-patient/informed-consent
CMAJ Informed Consent For Clinical Treatment
Daniel E. Hall, Allan V. Prochazka, Aaron S. Fink CMAJ. 2012 Mar 20; 184(5): 533–540. doi: 10.1503/cmaj.112120
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3307558/

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