Form Approved OMB No. 0935-XXXX Exp. Date XX/XX/20XX

#### ATTACHMENT G - HEALTH CARE PROFESSIONAL SURVEY

The following survey is for hospital health care professionals involved in the informed consent process. [insert introductory text and consent language for online survey]

### **SURVEY (PRE-TRAINING)**

#### **Role in Informed Consent**

1.	Which best describes your typical role in informed consent for tests/treatments/procedures (check all that apply):
	☐ I am not involved in informed consent and I am unaware when or whether it is done
	☐ I am not involved in informed consent, but I am aware when or whether it is done
	☐ I provide information on the test/treatment/procedure, risk/benefits, and alternatives to patients for informed consent
	$\square$ I conduct the informed consent discussion with patients
	$\square$ I show decision aids to patients
	☐ I obtain signatures on the consent form (paper or electronic)
	☐ I confirm that patients have provided consent
	$\square$ I am focused on informed consent for the hospital because of my safety or quality role
	□ Other (please describe):

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#### **Current Informed Consent Process**

2. For tests/treatments/procedures that require informed consent, how frequently do clinicians in your unit do the following when obtaining informed consent?

Check "DK" (Don't Know) if you don't know what clinicians do in your unit.

		Never	Sometimes	Usually	Always	DK
a)	Assess patients' decision-making capacity					
b)	Allocate ample time in private space					
c)	Use health literacy universal precautions					
d)	Call for qualified interpreters when conducting a consent discussion with a patient who speaks a different language					
e)	Use teach-back					
f)	Offer choices, including the option of doing nothing					
g)	Engage patients, family, and friends in the consent discussion					
h)	Elicit goals and values					
i)	Encourage questions					
j)	Use high-quality structured patient decision aids (e.g., tool to help a patient understand the benefits, harms, and risks of a procedure and make a decision )					
k)	Neutrally explain the benefits, harms, and risks of all options					
I)	Use teach-back techniques to check patient understanding					
m)	Better document the informed consent discussion					
n)	Ask patients to confirm consent immediately before test, treatment, or procedure when consent has been given in advance					

3. For tests/treatments/procedures that require informed consent, how frequently do **you** do the following when obtaining informed consent?

Check "NA" (not applicable) if the statement does not apply to your responsibilities or you don't know what the statement is referring to.

		Never	Sometimes	Usually	Always	DK
a)	Assess patients' decision-making capacity					
b)	Allocate ample time in private space					
c)	Use health literacy universal precautions					
d)	Call for qualified interpreters when conducting a consent discussion with a patient who speaks a different language					
e)	Use teach-back					
f)	Offer choices, including the option of doing nothing					
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k)	Neutrally explain the benefits, harms, and risks of all options					
l)	Use teach-back techniques to check patient understanding					
m)	Better document the informed consent discussion					
n)	Ask patients to confirm consent immediately before test, treatment, or procedure when consent has been given in advance					

# **Informed Consent Process Overall Effectiveness**

4.	On a scale from 1 to 10 where 1 is the worst and 10 is the best, how well does <i>your unit</i> ensure patients are making an informed choice?
	□ 1 - Worst
	□ 2
	□ 3
	□ 4
	□ 5
	□ 6
	□ 7
	□ 8
	□ 9
	□ 10 - Best
	□ DK – Don't know
5.	On a scale from 1 to 10 where 1 is the worst and 10 is the best, please rate how well do you ensure
	patients are making an informed choice?
	□ 1 - Worst
	□ 2
	□ 3
	□ 4
	□ 5
	□ 6
	□ 8
	□ 9
	□ 10 - Best
	□ N/A - I'm not involved in the consent process
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# **Teach-Back Self-Efficacy**

Teach-back is a way to check that you have explained to patients what they need to know in a manner that they understand. Patient understanding is confirmed when they are able to explain it back to you in their own words.

6.	On a scale from 1 to 10, now confident are you in your ability to use teach-back in an informed
	consent discussion? (1 = "not at all confident", 10 = "very confident")
	☐ 1 - not at all confident
	□ 2
	□ 3
	□ 4
	□ 5
	□ 6
	□ 7
	□ 8
	□ 9
	☐ 10 - very confident
	□ N/A - I'm not involved in the consent process

## **Attitudes about Informed Consent**

7. To what extent do you agree or disagree with the following statements:

		Strongly Disagree	Disagree	Neither Agree Nor	Agree	Strongly Agree
				Disagree		
a)	Clinicians should encourage patients to talk about their values when deciding whether to consent to a test, treatment, or procedure					
b)	Clinicians are in a better position than patients to decide which tests, treatments, or procedures patients need					
c)	Clinicians should not present alternatives that are demonstrably less effective					
d)	Refusing a life-saving treatment or procedure demonstrates that the patient is not capable of making a sound decision					
e)	Clinicians are responsible for ensuring that patients understand all their options before making a decision					
f)	Getting the patient's signature on a consent form is the most critical part of the informed consent process					
g)	Lack of patient understanding of benefits, harms, and risks of treatments is a serious patient safety problem					
h)	The informed consent process is worth the time it takes					
i)	The chief purpose of informed consent processes is to comply with regulations and be protected from lawsuits					

### Background Information<sup>1</sup>

sack Broaria information		
his information will help in the analy	sis of the survey re	esults.
8. How long have you worked in t	his <u>hospital</u> ?	
☐ a. Less than 1 year	☐ d. 11 to 15 y	years
☐ b. 1 to 5 years	☐ e. 16 to 20 y	years
☐ c. 6 to 10 years	☐ f. 21 years	or more
9. How long have you worked in y	our current hospita	al <u>work area/unit</u> ?
☐ a. Less than 1 year	☐ d. 11 to 15 y	years
☐ b. 1 to 5 years	☐ e. 16 to 20 y	years
☐ c. 6 to 10 years	☐ f. 21 years	or more
10. What is your staff position in the position.	is hospital? Select	ONE answer that best describes your staff
☐ a. Registered Nurse		☐ h. Dietician
☐ b. Physician Assistant/Nurse	e Practitioner	☐ i. Unit Assistant/Clerk/Secretary
☐ c. LVN/LPN		☐ j. Respiratory Therapist
☐ d. Patient Care Asst/Hospita	al Aide/Care Partne	r 🛘 k. Physical, Occupational, or Speech Therapis
☐ e. Attending/Staff Physician		☐ I. Technician (e.g., EKG, Lab, Radiology)
☐ f. Resident Physician/Physic	cian in Training	☐ m. Administration/Management
☐ g. Pharmacist		☐ n. Other, please specify:
11. How long have you worked in y	our current special	ty or profession?
☐ a. Less than 1 year	☐ d. 11 to 15 y	years
☐ b. 1 to 5 years	☐ e. 16 to 20 y	years
☐ c. 6 to 10 years	☐ f. 21 years	or more
12. In your staff position, do you ty	pically have direct i	interaction or contact with patients?
$\square$ a. YES, I typically have direc	t interaction or con	tact with patients.
☐ b. NO, I typically do NOT ha	ve direct interaction	n or contact with patients.
13. In which hospital unit do you p	rimarily work?	
☐ Surgery		
$\square$ [insert other participating un	its]	

 $\square$  [insert other participating units ]  $\square$  [insert other participating units ]

<sup>&</sup>lt;sup>1</sup> Questions taken from the AHRQ Hospital Survey on Patient Safety

#### **SURVEY (POST-TRAINING & IMPLEMENTATION)**

#### **Role in Informed Consent**

1.	which best describes your typical role in informed consent for tests/treatments/procedures (check all that apply):
	☐ I am not involved in informed consent and I am unaware when or whether it is done
	☐ I am not involved in informed consent, but I am aware when or whether it is done
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	Other (please describe):

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## **Current Informed Consent Process**

2. For tests/treatments/procedures that require informed consent, how frequently do clinicians in your unit do the following when obtaining informed consent?

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		Never	Sometimes	Usually	Always	DK
a)	Assess patients' decision-making capacity					
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I)	Use teach-back techniques to check patient understanding					
m)	Better document the informed consent discussion					
n)	Ask patients to confirm consent immediately before test, treatment, or procedure when consent has been given in advance					

3. For tests/treatments/procedures that require informed consent, how frequently do **you** do the following when obtaining informed consent?

Check "NA" (not applicable) if the statement does not apply to your responsibilities or you don't know what the statement is referring to.

		Never	Sometimes	Usually	Always	DK
a)	Assess patients' decision-making capacity					
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m)	Better document the informed consent discussion					
n)	Ask patients to confirm consent immediately before test, treatment, or procedure when consent has been given in advance					

# **Informed Consent Process Overall Effectiveness**

4.	On a scale from 1 to 10 where 1 is the worst and 10 is the best, how well does <i>your unit</i> ensure patients are making an informed choice?
	□ 1 - Worst
	□ 2
	□ 3
	$\Box$ 4
	□ 5
	□ 6
	□ 7
	□ 8
	□ 9
	□ 10 - Best
	☐ DK – Don't know
5.	On a scale from 1 to 10 where 1 is the worst and 10 is the best, please rate how well do you ensure
	patients are making an informed choice?
	□ 1 - Worst
	□ 2
	□ 3
	□ 4
	□ 5
	□ 6
	□ 7
	□ 8
	□ 9
	☐ 10 - Best
	□ N/A - I'm not involved in the consent process

# **Teach-Back Self-Efficacy**

Teach-back is a way to check that you have explained to patients what they need to know in a manner that they understand. Patient understanding is confirmed when they are able to explain it back to you in their own words.

6.	On a scale from 1 to 10, how confident are you in your ability to use teach-back in an informed consent discussion? (1 = "not at all confident", 10 = "very confident")
	☐ 1 - not at all confident
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	□ 3
	□ 4
	□ 5
	□ 6
	□ 7
	□ 8
	□ 9
	☐ 10 - very confident
	□ N/A - I'm not involved in the consent process

## **Attitudes about Informed Consent**

7. To what extent do you agree or disagree with the following statements:

		Strongly Disagree	Disagree	Neither Agree Nor	Agree	Strongly Agree
				Disagree		
a)	Clinicians should encourage patients to talk about their values when deciding whether to consent to a test, treatment, or procedure					
b)	Clinicians are in a better position than patients to decide which tests, treatments, or procedures patients need					
c)	Clinicians should not present alternatives that are demonstrably less effective					
d)	Refusing a life-saving treatment or procedure demonstrates that the patient is not capable of making a sound decision					
e)	Clinicians are responsible for ensuring that patients understand all their options before making a decision					
f)	Getting the patient's signature on a consent form is the most critical part of the informed consent process					
g)	Lack of patient understanding of benefits, harms, and risks of treatments is a serious patient safety problem					
h)	The informed consent process is worth the time it takes					
i)	The chief purpose of informed consent processes is to comply with regulations and be protected from lawsuits					

# **Training and Implementing Improvements**

7. What was your role in improving informed con [Check all that apply]	sent in you	ır hospital <sup>ı</sup>	with respe	ect to the	training?
<ul> <li>□ None</li> <li>□ Completed the online training</li> <li>□ Made changes to my informed consent appro</li> <li>□ Participated on a team to make changes</li> <li>□ Championed changes in my unit</li> <li>□ Championed changes across the hospital</li> <li>□ Other (please describe):</li> </ul>	oach				
8. How useful did you find each section of the tra	ining?				
	Not at all usefu I	Slightly Useful	Some- what Useful	Very Useful	Extremely Useful
Section 1: Principles of Informed Consent					
Section 2: Strategies for Clear Communication					
Strategy 1: Prepare for the Informed Consent Discussion					
Strategy 2: Use Health Literacy Universal Precautions					
Strategy 3: Remove Language Barriers					
Strategy 4: Use Teach-Back					
Section 3: Strategies for Presenting Choices					
Strategy 5: Offer Choices					
Strategy 6: Engage the Patient and Their Family and Friends					
Strategy 7: Elicit Goals and Values					
Strategy 8: Encourage Questions					
Strategy 9: Show High Quality Decision Aids					
Strategy 10: Explain Benefits, Harms, and Risks of All Options					
Section 4: Documenting and Confirming Informed Consent as Part of a Team					
9a. Can you explain the reason for your ratings	?				

7.	What motivated you to improve your informed consent practices? [Check all that apply]
	☐ It was apparent informed consent practices could be improved
	☐ Data supported the need for improvements to our informed consent practices
	☐ Patients seemed to respond well to the changes in our approach to informed consent
	☐ I came to recognize how the changes were an improvement over our previous approach
	☐ Hospital/unit leaders made it clear that improving our informed consent practices was a priority
	☐ Improving my informed consent practices was a priority for me
	☐ My colleagues were going through similar improvements in their informed consent practices
	☐ Other (please specify):
10	. What made it easier to improve your informed consent practices? [Check all that apply]
	☐ There was support from hospital leadership (e.g., policies were clarified, expectations for
	informed consent were made clear, libraries of high-quality decision aids were provided, adequate interpreter services were made available)
	☐ There was support from unit leadership (e.g., workflow changes, team responsibilities clarified)
	☐ I had sufficient time to improve my informed consent practices
	☐ The changes to improve our informed consent processes were simple enough to make and
	integrate into our routines
	☐ There was additional training or other reinforcement of material after I completed the online module
	☐ I was incentivized to improve my informed consent practices  If so, how:
	□ I was recognized for improving my informed consent practices
	If so, how:
	☐ I was held accountable for changes in my informed consent practices (e.g., observation of informed consent discussions, audit of documentation)
	☐ Other (please specify):
11	. To what do you attribute difficulties with changing informed consent in your unit? Check all that
	apply.
	☐ Electronic health record issues
	☐ Staff turnover, shortages or limited availability
	☐ Competing priorities
	☐ Lack of accountability
	☐ Lack of resources
	☐ Lack of time for informed consent discussions
	$\square$ Lack of non-patient care time for training and making improvements
	☐ Lack of leadership support
	$\square$ Issues related to teamwork and communication among team members
	$\square$ Resistance from certain team members on the unit for improving the process
	☐ Implementing proposed changes took too much time

☐ Lack of champion/lead☐ Other (please specify):					
Background Information <sup>2</sup>					
This information will help in the analysis of the survey results.					
12. How long have you worked in this ha	ospital?				
☐ a. Less than 1 year	☐ d. 11 to 2	15 years			
☐ b. 1 to 5 years	☐ e. 16 to 2	20 years			
☐ c. 6 to 10 years	☐ f. 21 yea	rs or more			
13. How long have you worked in your c	urrent hospita	al <u>work area/unit</u> ?			
☐ a. Less than 1 year	☐ d. 11 to 2	15 years			
☐ b. 1 to 5 years	☐ e. 16 to 2	20 years			
☐ c. 6 to 10 years	☐ f. 21 yea	rs or more			
14. What is your staff position in this hospital? Select ONE answer that best describes your staff position.					
☐ a. Registered Nurse		☐ h. Dietician			
☐ b. Physician Assistant/Nurse Practi	tioner	☐ i. Unit Assistant/Clerk/Secretary			
□ c. LVN/LPN		☐ j. Respiratory Therapist			
☐ d. Patient Care Asst/Hospital Aide/Care Partner ☐ k. Physical, Occupational, or Speech Therapi					
☐ e. Attending/Staff Physician	☐ e. Attending/Staff Physician ☐ I. Technician (e.g., EKG, Lab, Radiology)				
☐ f. Resident Physician/Physician in Training ☐ m. Administration/Management					
☐ g. Pharmacist		□ n. Other, please specify:			
-					
15. How long have you worked in your o	urrent special	ty or profession?			
□a. Less than 1 year	☐ d. 11 to 2	15 years			
☐ b. 1 to 5 years	□ e. 16 to 2	20 years			
☐ c. 6 to 10 years	☐ f. 21 yea	rs or more			
16. In your staff position, do you typically have direct interaction or contact with patients?					
$\square$ a. YES, I typically have direct interaction or contact with patients.					
$\square$ b. NO, I typically do NOT have	direct interac	tion or contact with patients.			
17. In which hospital unit do you primar	ilv work?				
□ Surgery					
☐ [insert other units potentially participating]					
☐ [insert other units potentially participating]					

 $\square$  [insert other units potentially participating]