

Informed Consent Practices

Thank you for agreeing to participate in this survey. In this research study, we are studying the practice of informed consent for nonemergent procedures in the pediatric Emergency Department (ED). We hope to describe the variability in clinical practice between pediatric emergency departments, which will allow us to work toward improving best practice in informed consent for our patients.

Please note that this survey asks only about NONEMERGENT procedures and does not pertain to procedures which are considered emergent and for which consent may be deferred for life-saving purposes.

The survey should take less than 10 minutes to complete. Completion of the survey will indicate your consent to participate in this study. Participation is strictly voluntary, and you may refuse to answer any question or refuse to participate at any time. There is no compensation for participating in this study, and there is no known risk. All responses are anonymous and cannot be traced to individual respondents.

This research study has been approved by the IRB of Boston Medical Center. For any questions or concerns, please contact B. Lorrie Edwards at barbara.edwards@bmc.org. For questions regarding your rights as a research subject, please contact the Boston Medical Center IRB at 617-638-7207 or medirb@bu.edu.

Thank you for your participation!

In your ED, which personnel are responsible for obtaining informed consent? Please check all that apply.

- ☐ Attendings
- ☐ Fellows
- ☐ Residents
- ☐ Subspecialty Consultants
- ☐ Medical Students
- ☐ Nursing Staff
- ☐ Other

(Please check all that apply)

If Other, please describe _____

In your ED, is there a "blanket" consent form given at the start of the ED visit which covers all treatment in the ED, including consent for nonemergent procedures?

☐ Yes ☐ No ☐ I don't know

In your ED, is there a written policy listing which procedures require separate written informed consent?

- ☐ Yes
- ☐ No
- ☐ I don't know

For which of the following nonemergent procedures is obtaining separate written informed consent standard of care in your ED? Please only consider those occasions in which the procedure is performed nonemergently.

	Separate written informed consent IS NOT standard of care in my ED	Separate written informed consent IS standard of care in my ED
Peripheral IV Placement	<input type="radio"/>	<input type="radio"/>
Lumbar Puncture	<input type="radio"/>	<input type="radio"/>
Incision and Drainage of Abscess	<input type="radio"/>	<input type="radio"/>
Reduction of Joint Dislocation	<input type="radio"/>	<input type="radio"/>
Reduction of Displaced Fracture	<input type="radio"/>	<input type="radio"/>
Thoracostomy Tube Placement	<input type="radio"/>	<input type="radio"/>
Laceration Repair	<input type="radio"/>	<input type="radio"/>
Joint aspiration	<input type="radio"/>	<input type="radio"/>
Regional Nerve Block	<input type="radio"/>	<input type="radio"/>
Transfusion of Blood Products	<input type="radio"/>	<input type="radio"/>
CT Scan (noncontrast)	<input type="radio"/>	<input type="radio"/>
MRI Scan	<input type="radio"/>	<input type="radio"/>
Procedural Sedation	<input type="radio"/>	<input type="radio"/>
Arterial Blood Draw	<input type="radio"/>	<input type="radio"/>
Central Venous Line Placement	<input type="radio"/>	<input type="radio"/>
Participation in a Research Study	<input type="radio"/>	<input type="radio"/>
Suprapubic Bladder Aspiration	<input type="radio"/>	<input type="radio"/>
Urinary Catheterization	<input type="radio"/>	<input type="radio"/>
Nasogastric Tube Placement	<input type="radio"/>	<input type="radio"/>

Are there other procedures which were not listed above for which your ED regularly obtains separate written informed consent? If so, please list them.

Informed Consent Forms

For those procedures for which separate written informed consent is standard of care in your ED, what is the format of the separate written informed consent form?

- ☐ For all procedures there is a generic form, which is filled out at the time of the procedure, which requires the person obtaining informed consent to write in information regarding risks, benefits, and alternatives.
- ☐ For each procedure there is a pre-written form, which is pre-populated with information regarding risks, benefits, and alternatives.
- ☐ For some procedures there is a pre-written form which is pre-populated with risks, benefits, and alternatives; for some procedures a generic form is used.
- ☐ In my ED there are no procedures for which we use separate written informed consent forms.
- ☐ The options above do not describe our informed consent forms.

If the options above did not describe your informed consent forms, please describe them here.

In your ED, are your separate written informed consent forms available in languages other than English?

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- ☐ All forms are available only in English
 - ☐ Some forms are available only in English, others in more than one language.
 - ☐ All forms are available in more than one language.

Informed Consent Training

In your ED, is there formal training in informed consent for fellowship trainees?

- ☐ Yes
☐ No

What is the format of informed consent training for fellows in your ED? Please check all that apply.

- ☐ Didactic-based (e.g. lectures, discussion groups)
☐ Practice-based (e.g. bedside teaching, simulation)
☐ Other

If you selected Other for the previous question, please describe your program's informed consent training below.

How much time in your fellowship curriculum is dedicated to the formal practice of informed consent?

- ☐ 0 to 1 hour annually
☐ >1 hour to 4 hours annually
☐ >4 hours annually

Do you feel that formal training in informed consent should be included as part of a pediatric ED curriculum for fellows?

- ☐ This type of training should be part of fellowship training.
☐ This type of training should be done, but should be outside of the pediatric ED curriculum.
☐ This type of training is not necessary.

In your opinion, what level of training is the most appropriate for formal training in informed consent? Please check all that apply.

- ☐ Medical School
☐ Internship
☐ Residency (after internship)
☐ Fellowship
☐ Formal training in informed consent is not required

Demographics

What is your gender?

- ☐ Male
- ☐ Female
- ☐ Prefer not to answer

What race do you consider yourself to be? Select one or more of the following:

- ☐ African American
- ☐ White
- ☐ Hispanic
- ☐ Asian
- ☐ Native American
- ☐ Other

What is your current age?

In what year did you begin practicing pediatric emergency medicine as an attending?

For how many years have you worked at your current institution?

How many clinical hours in the pediatric ED do you work each week?

Please describe the Emergency Department in which you practice:

Type of Hospital

- ☐ A pediatric ED in a free-standing children's hospital.
- ☐ A separate pediatric ED in a hospital which treats both children and adults.
- ☐ A general ED which treats both children and adults.

Annual Patient Volume

- ☐ < 10,000 patients per year
- ☐ 10,000-20,000 patients per year
- ☐ 20,000-40,000 patients per year
- ☐ 40,000-60,000 patients per year
- ☐ 60,000-80,000 patients per year
- ☐ >80,000 patients per year

Pediatric ED environment

- ☐ Urban
- ☐ Suburban
- ☐ Rural
- ☐ Other

Percentage of your patient population on Medicaid (approximately)

- ☐ 0-25%
- ☐ 26-50%
- ☐ 51-75%
- ☐ >75%