

## SCENARIO

Consent

## LEARNING OBJECTIVES

To demonstrate ability to obtain informed consent by the provision of information on risks, benefits and alternatives to treatment

## EQUIPMENT LIST

Blank consent forms  
Departmental Blood Transfusion Leaflets/consent documents

## PERSONNEL

MINIMUM: 1  
Candidate

## FACULTY

MINIMUM: 1  
Facilitator

## TIME REQUIRMENTS

15mins

**INFORMATION TO CANDIDATE****SCENARIO BACKGROUND****Task One:**

Mrs Belinda Shaw is on the antenatal ward. She is being induced at T+12 in her first pregnancy. She has had two cycles of propress. Her cervix remains closed and the plan is to perform a Category 3 caesarean section. Please obtain her consent.

**Task Two:**

Mrs Jacinta Clow is on the postnatal ward. She is day 1 after and emergency caesarean section for fetal distress. Today her Hb is 72g/L. She feels light headed and fatigued. Please consent her for a blood transfusion.

**RCOG CURRICULUM MAPPING**

Module 4: Ethics and Legal Issues  
Understanding Legal and Ethical Issue of Consent

INFORMATION FOR ROLEPLAYERS

BACKGROUND

NA

RESPONSES TO QUESTIONS

INFORMATION TO FACILITATOR

SCENARIO DIRECTION

**Caesarean Section**

Introduction

Explains procedure

Explains intended benefit

Identifies alternatives

Systematic approach to describing risk (maternal/fetal/future/serious/frequent)

Identifies extra procedures that may be required

Identifies any procedure patient does not give consent to

Offers written information

Proposed anaesthetic

**Blood Transfusion**

Indication for transfusion

Risks (transfusion reaction/infection/unable to donate blood)

Benefits

Alternatives

Confirms no religious/moral objections

## SCENARIO DEBRIEF

## TOPICS TO DISCUSS

RCOG Obtaining valid consent and presenting information on risk  
GMC Consent: Patients and Doctors making decisions together 2008

[www.rcog.org.uk/womens-health/clinical-guidance/presenting-information-risk](http://www.rcog.org.uk/womens-health/clinical-guidance/presenting-information-risk)

Division of risk – present/future, frequent/rare, serious  
Use of numbers to describe risk vs descriptive terms  
Implications of Montgomery Case- patient centred consent  
Importance of alternatives to treatment  
Documentation

## REFERENCES

- Royal College of Obstetricians and Gynaecologists. *Obtaining Valid Consent*. Clinical Governance Advice No 6. London: RCOG; 2008
- Royal College of Obstetricians and Gynaecologists. *Presenting Information on Risk*. Clinical Governance Advice No. 7. London: RCOG; 2008
- Royal College of Obstetricians and Gynaecologists. *Caesarean Section*. Consent Advice No 7. London: RCOG; 2009