Objective
To evaluate patient satisfaction and anxiety towards informed consent delivered through informational video as compared to traditional physician interview.

Methods
This is a prospective, randomized controlled trial evaluating satisfaction and anxiety in patients being consented for tonsillectomy and adenoidectomy with the traditional verbal physician discussion compared to an informational video. A total of 66 patients were randomized into both groups. For the traditional physician group, patients were verbally consented with the senior author, patients were asked to participate in this study. Patients undergoing tonsillectomy and adenoidectomy who were under the age of 18 years were eligible. The study henceforth also refers to the parent or guardian. After the recruitment period, patients were then randomized to the intervention or control arm. Randomization was performed by the research assistant and utilized computer-generated randomization sequence. For patients randomized to the intervention arm, an informational video was shown. The study was approved by the University of Missouri—Columbia Institutional Review Board.

Results
The study population included 32 patients: 17 in the control group and 15 in the intervention group. After data analysis of the two groups, no statistically significant differences were identified between the groups with regards to state anxiety and state of anxiety during and immediately after practice of informed consent. The internet was administered in the form of a standardized questionnaire and utilized computer-based questionnaires. Some studies resulted in no change in anxiety levels after the informed consent process in the field of otolaryngology addressing these issues have suggested that patients may be more capable of retaining orally presented information. During times of emotional stress patients have been found to be less capable of retaining orally presented information. Further, in our study, we did not discover a statistically significant difference in satisfaction between the two groups.

Conclusion
Patient satisfaction and anxiety levels were similar whether informing consent was delivered with traditional verbal physician interaction (control) or through the use of an informational video (intervention). The amount of time spent by the physician in the exam room for the intervention group was 88.4 ± 15.2 seconds and 95% CI (80.8–96.0) compared to 388.6 seconds and 95% CI (331.8–445.4) for the control group (p < 0.0001) on the informed consent process. The study showed that the use of an informational video can more uniformly deliver this educational content to all patients. The second part of the study is the interview portion of the process which determined patient anxiety.

Discussion
In an effort to improve the ability to deliver informed consent in a meaningful and effective way, studies in anesthesia and other specialties have utilized various forms of media including: group video discussions, written informational aids, group video slide shows (PowerPoint; Microsoft, Redmond, WA), complete with diagrams, text, and vocal narration was shown. For patients randomized to the control arm, the senior author, patients were asked to participate in this study. Patients undergoing tonsillectomy and adenoidectomy are frequently performed procedures and optimizing the informed consent process is of great importance.

Materials and Methods
Patients were recruited from the University of Missouri—Columbia pediatric otolaryngology clinics from December 2013 to September 2014 by two of the senior authors (EG). As all patients in this study are minors and too young to provide their own consent, the consent process is performed in the presence of the senior author, patients were asked to participate in this study. Patients undergoing tonsillectomy and adenoidectomy who were under the age of 18 years were eligible. The study was approved by the University of Missouri—Columbia Institutional Review Board. Patients agreeing to participate in the study were randomly selected to either the control or intervention groups. For patients randomized to the control arm, the senior author verbally discussed the medical condition as well as the surgical intervention with the patient and obtained informed consent. Patients questions were entertained and answered. For patients randomized to the intervention arm, the video was shown side view (PowerPoint, PowerPoint, Microsoft, Redmond, WA), complete with diagrams, text, and social narration was shown. The video was approximately 2 minutes and 22 seconds, designed to be entertaining, designed to entertain questions, but not review information presented in the video. The video was shown to entertain questions, but not review information presented in the video. The video was shown again, but not reviewed. The patient was then asked to participate in the study by answering the following questions:

Anxiety is another commonly evaluated parameter and multiple questionnaires have been used to evaluate patient anxiety. The State-Trait Anxiety Inventory (STAI) and the Client Satisfaction Questionnaire—8 (CSQ-8). Patients time required for informed consent was recorded.