I am amazed and humbled to work with such skilled and technically savvy professionals dedicated to making people's lives better. It is ironic, but sometimes getting to the operating room is the most difficult aspect of our job. There are always a few steps that must be taken before we can put our hands to work. First, we consult with the patient to identify their individual problem. Then, we develop a diagnosis and a treatment plan unique to that patient. This is where it gets a little tricky. As surgeons, we want to operate, but before doing so, we need to effectively communicate our findings to the patient. Just as important as the conversation itself, is the documentation of this discussion. We call this the informed consent process.

If you have attended our live risk management seminar, or have read this newsletter before, you should be acutely aware that informed consent is more than just the patient signing a piece of paper. Do not, however, downplay the consent forms, as we do believe the form is an important part of the process. For that reason, OMSNIC offers policyholders a library of consent forms you can use in your practice.

Revised OMSNIC Informed Consent Forms

I am pleased to announce that the OMSNIC Risk Management Committee has reviewed and revised all of our informed consent forms. Our committee, and select legal counsel, vetted the changes for clinical and legal considerations. While it was a huge undertaking, a regular review of systems and best practices is just good risk management. Our goal was to make the forms more consistent, concise, and patient-friendly. The complete library is available to you at omsnic.com.

Here is a summary of the changes of which you should be aware:

- All consent forms follow a standard template consistent with most oral and maxillofacial surgical procedures to ensure uniformity in language and formatting.
- Procedure-specific risks have been reviewed for accuracy and relevance to each procedure to help you review the risks with your patient.
- Patients now initial the bottom of each page instead of each risk factor, making the forms more efficient and patient-friendly, while maintaining validation of review.
- Some forms were deleted and others consolidated with the intention of simplifying the process.

Overall, we believe the changes will make the process easier for you and your patients, especially if you have, or will be, transitioning to electronic informed consents.

Update Your Consent Forms Today!

Login to our website and download the new forms for your practice.
Informed Consent: More Than Just A Piece of Paper

The Informed Consent Process
It is difficult to talk about informed consent without putting it in its proper context. In addition to the patient signing the form, we stress in our risk management education that the discussion with the patient and subsequent documentation is just as important, if not more so. The OMSNIC Risk Management Committee recognizes that this process seems to take on a life of its own at times. With that in mind, let’s get down to some basic concepts about informed consent.

The surgeon’s responsibility is actually quite straight forward. The surgeon must develop and communicate a treatment plan specific to each individual patient. Each patient can have multiple treatment plans, each having its own merit. The informed consent discussion includes a review of the benefits and possible complications that can occur from each planned surgical procedure. This should be a blunt and truthful discussion. As surgeons, it is important to have excellent communication skills to effectively communicate with patients. Additionally, since patients have different levels of knowledge and understanding, you as a surgeon, must do your best to speak at the intellectual level of each patient. The best possible treatment plan, regardless of cost, should be the focus of the conversation, but alternative treatments need to be mentioned as well. The patient should be given the opportunity to discuss their treatment openly and ask questions as they see fit. At the end of the day, the patient (and/or their family) must choose to have the procedure done based on the information they received. This is the essence of the informed consent conversation.

Now that we have reviewed the first part of the process, how do we confirm the discussion occurred? Thoroughly document your discussion with the patient in their chart. Additionally, include the signed, dated, and fully completed procedure-specific consent form. While this may seem redundant, OMSNIC’s claim experience emphasizes the importance of complete documentation of the informed consent process. After a patient files suit, a plaintiff’s attorney reviews your chart. In our experience, if there is a notation in the chart confirming the informed consent discussion occurred, and an informed consent form is signed, dated, and filled out completely and accurately, it will be difficult for the plaintiff’s attorney to argue the patient was uninformed of the possibility of a “material risk” occurring. We are often asked whether the consent form should be signed and witnessed. That is a great question, and one that will continue to be debated. At OMSNIC, we believe it is important for the patient and the doctor to sign and date these forms, thereby indicating that you and the patient have gone through the process. It is also important for your staff to witness your informed consent discussions. Your staff should be able to support the fact that the discussion happens with every patient.

As I stated earlier, the OMSNIC Risk Management Committee recognizes mastering the informed consent process takes time and effort. We will continue to emphasize the necessity of completing the entire process for every patient, but we will also continue to research this process with the goal of making it easier for you, your staff, and your patients. Please take this to heart! It is important!
### Elements of the Informed Consent Process

Roger Spampata, DMD, OMSNIC Risk Management Committee Member

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<tr>
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<th>Description</th>
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<tbody>
<tr>
<td><strong>1</strong></td>
<td>Informed consent must be obtained by the doctor who will actually perform the procedure. Staff may not obtain informed consent.</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>A consent form alone is not adequate documentation of informed consent. The surgeon should have a discussion with the patient about their diagnosis, the proposed treatment, the treatment alternatives (including no treatment), the benefits, the material risks, the potential complications of the proposed treatment, and the risks of refusing the proposed treatment. Likewise, a discussion about anesthesia options should occur prior to the procedure. An entry in the record documenting that discussions on these topics occurred is essential. Additionally, the discussion of preoperative and postoperative instructions should be documented.</td>
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<tr>
<td><strong>3</strong></td>
<td>The consent form itself should be specific to the procedure, and should include informed consent for the type of anesthesia to be used (unless a separate anesthesia consent form is used).</td>
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<tr>
<td><strong>4</strong></td>
<td>The consent form should be signed by both the patient and the doctor, and preferably by a witness. Only natural parents, adoptive parents, and legal guardians can give consent to treatment for a minor.</td>
</tr>
<tr>
<td><strong>5</strong></td>
<td>The patient must sign the form after the informed consent discussion and before the procedure and any anesthetics or narcotics are administered. The chart note about the discussion of informed consent should have an entry that states that the consent form was signed after the discussion of informed consent.</td>
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