Improving the effectiveness of the informed consent process in elective aesthetic procedures

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Aim Statement

To reliably facilitate the practice of informed shared decision-making, where patients are meaningfully engaged, understand the nature, risks, benefits and alternatives of proposed procedure(s), and which results in treatment decisions that align best available evidence with patient goals, values and preferences.

Background

In patients presenting for elective aesthetic procedures, miscommunication during the informed consent process leads to:
- uninformed treatment decisions
- outcomes discordant with patient values and preferences
- decreased patient satisfaction
- increased litigation

A critical review of the literature was conducted for evidence of best practice of informed consent in the setting of elective aesthetic procedures: Professional codes of ethics were also reviewed. A gap analysis was conducted and included a review of informed consent materials and informal key stakeholder interviews. Process modeling was performed to identify leverage points for improvement.

Methods

Improvement efforts should focus on replacing traditional informed consent documents with certified patient decision aids (PDAs).

Analysis

1. Ishikawa Diagram: Deficits in the informed consent process that contribute to patient/provider miscommunication are categorized as a failure in preparation, conversation, presentation or documentation. Informed consent is commonly reduced to a legal formalism on a form rather than upholding its ethical ideal of being a process of shared decision making. Some form of informed consent documentation to fulfill minimum legal requirements is universal (leverage point for improvement).

Development Process Model

1. Consensus: Expert consensus of procedure-specific content considered essential for informed decision-making will be achieved following a 3-round modified Delphi consensus process.
2. Gaps: Gaps in perception of information importance, preferences, and knowledge of treatment options, including associated risks and expected outcomes, will be assessed through a consumer/patient survey considering target procedure.
4. Acceptability: The patient decision aid prototype and the process for its development will be acceptable to both clinicians and patients.

Figure 1.

Figure 2.

Conclusion

Improvement efforts should focus on replacing traditional informed consent documents with certified patient decision aids (PDAs).

References


Contact

Thoughts, questions, or suggestions? I would love to hear from you!  
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