

# 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

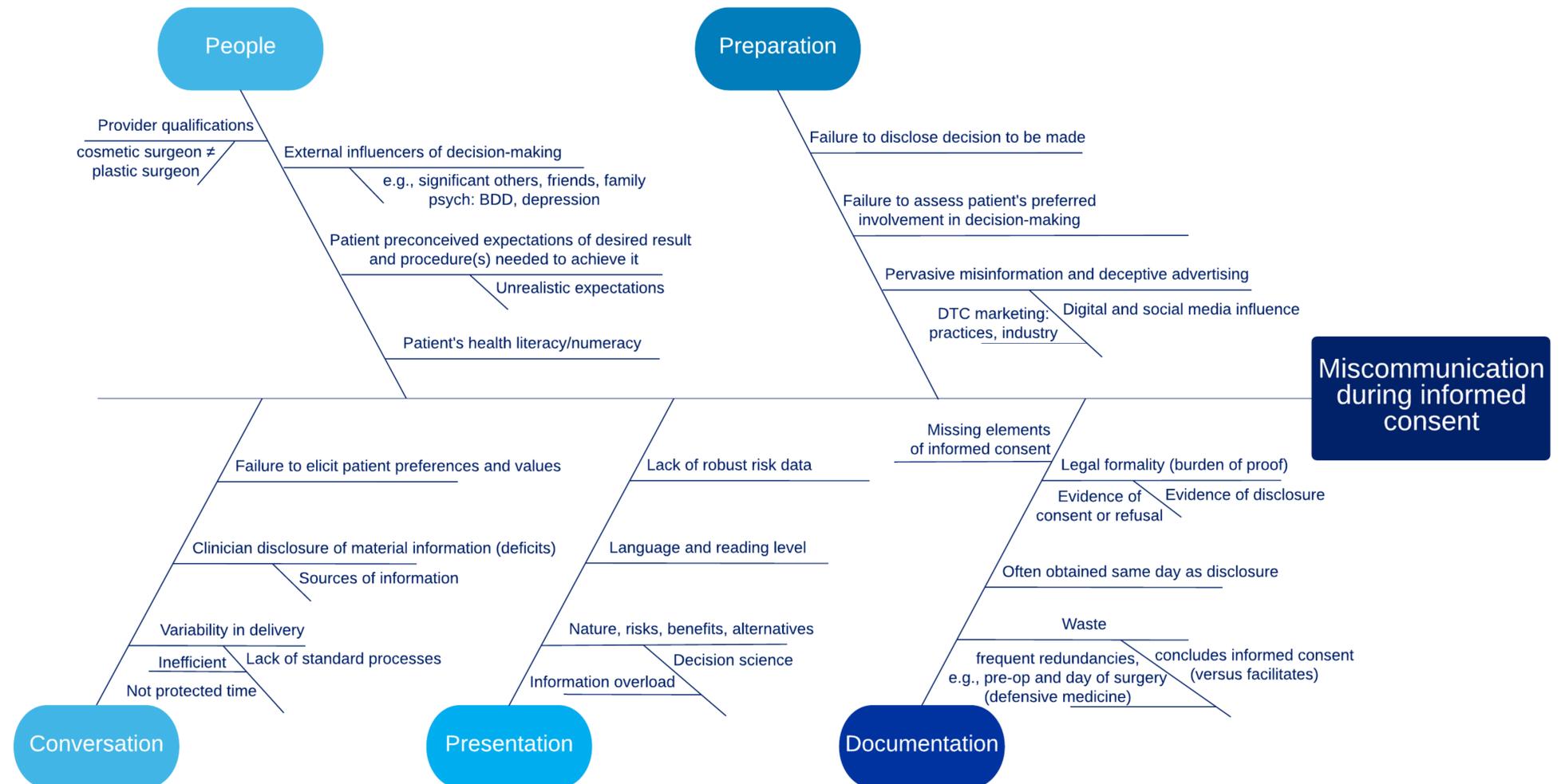
In patients presenting for elective aesthetic procedures, **miscommunication** during the informed consent process leads to:

- uninformed treatment decisions
- outcomes discordant with patient values and preferences
- decreased patient satisfaction
- increased litigation

## Methods

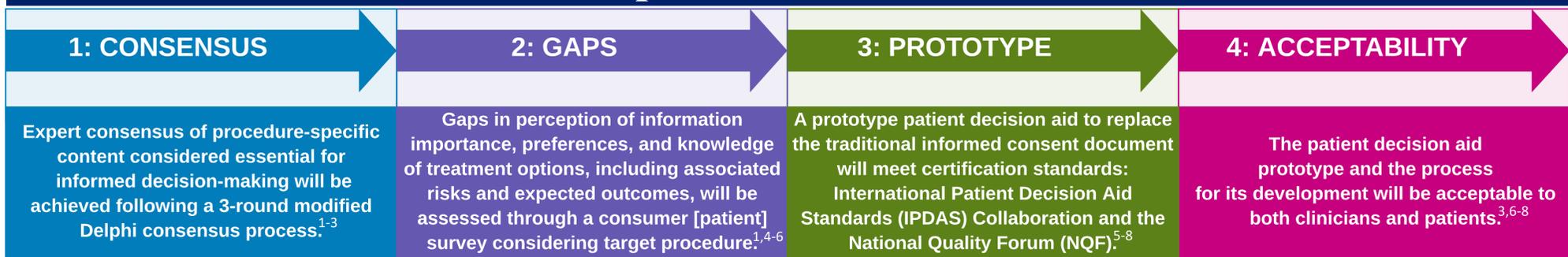
A critical review of the literature was conducted for evidence of best practice of informed consent in the setting of elective aesthetic procedures: Professional codes of ethics were also reviewed. A gap analysis was conducted and included a review of informed consent materials and informal key stakeholder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

## Analysis



**Figure 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 formality of a signature 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



**Figure 2.** Development process model. Evidence and ethics support a process of shared decision-making as being the gold standard for informed consent. Use of certified patient decision aids (PDAs) may be an effective method to ensure process reliability of informed consent execution and documentation. No PDAs that meet certification standards were found for use in elective aesthetic procedures. We present the above multiphase development process model for creating certifiable PDAs to replace traditional informed consent documents in elective aesthetic procedures per the IPDAS and NQF criteria.

## Conclusion

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

## References

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Thoughts, questions, or suggestions?  
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