



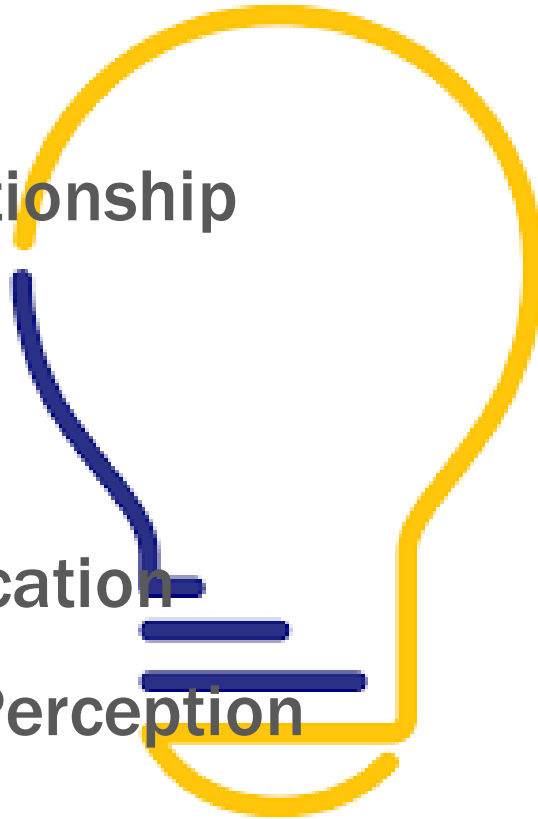
Patient Communication and Informed Consent

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Objectives

- The Patient- Doctor Relationship
- Oral Health Literacy
- Informed Consent
- Breakdown of Communication
- Patient Experience and Perception
- Case Examples



First Meeting- Beginning the Patient-Doctor Relationship

- Beyond a Clinical Exam
- Assessing Oral Health Literacy
- Past Dental Experiences
- Body Language
- Risk
- Patient Expectations
- Communication Style



Beyond a Clinical Exam

- Dental and Medical History
- Medications
- Mental Health
- Substance Use History
- Uncontrolled Systemic Diseases
- Family/ Social/Cultural



Oral Health Literacy

- “the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate oral health decisions.”
- How can you gauge oral health literacy in your patients?
- How can you communicate your treatment plans and reiterate patient expectations?
- Health Literacy for Public Health Professionals
<https://www.train.org/cdctrain/course/1078759/>

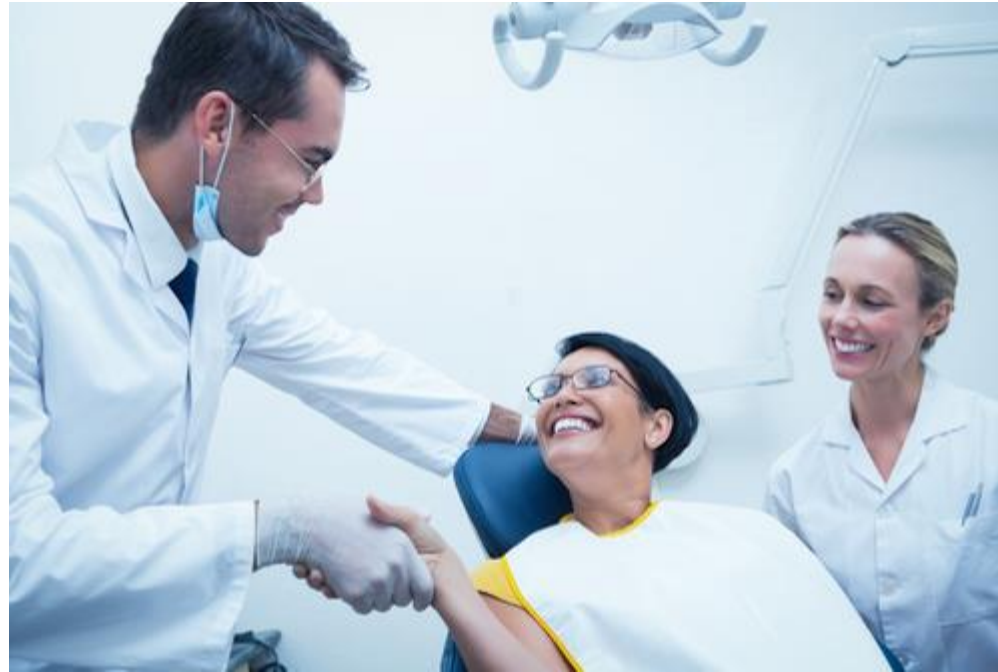
Past Dental Experiences

- Impact to the Present
- Dental Trauma
- Perception of Dental Procedures
- Pain
- Complications
- Poor Chairside Manner
- Stereotypes



The Patient- Doctor Relationship

- Trust
- Loyalty
- Confidentiality
- Boundaries
- Empowerment
- Information



Boundaries

- Physical
- Emotional
- Sexual
- Guiding Treatment
- Patient “friendships”
- Gifts and favors



Information is Power

- Give all available information
- Interactive educational materials
- Treatment planning appointments
- Go through consent forms/
process
- Answer questions ahead of time
- Reiterate at treatment
appointment



Informed Consent

- What is Informed Consent?
- Ways to Obtain
- Considerations
- Verbal or Paper?
- Risk Management
- Substandard Care

Key aspects of informed consent

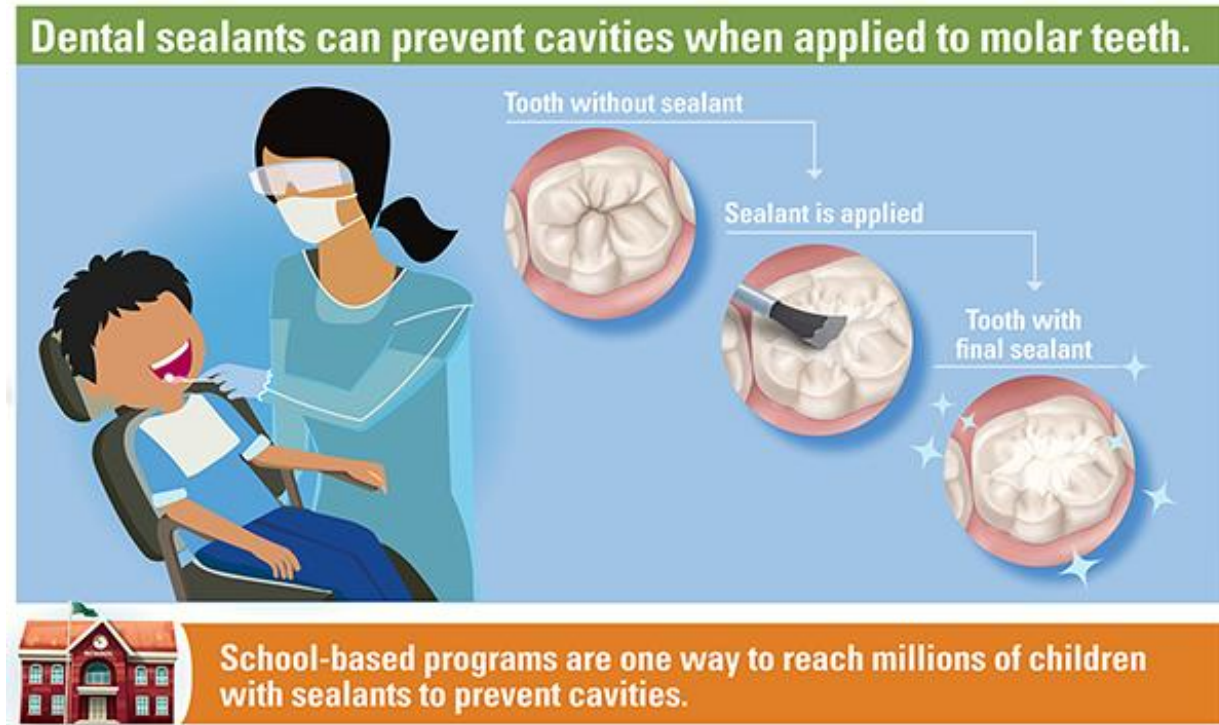


Communicating to Limited English Proficiency/ Deaf or Hard of Hearing

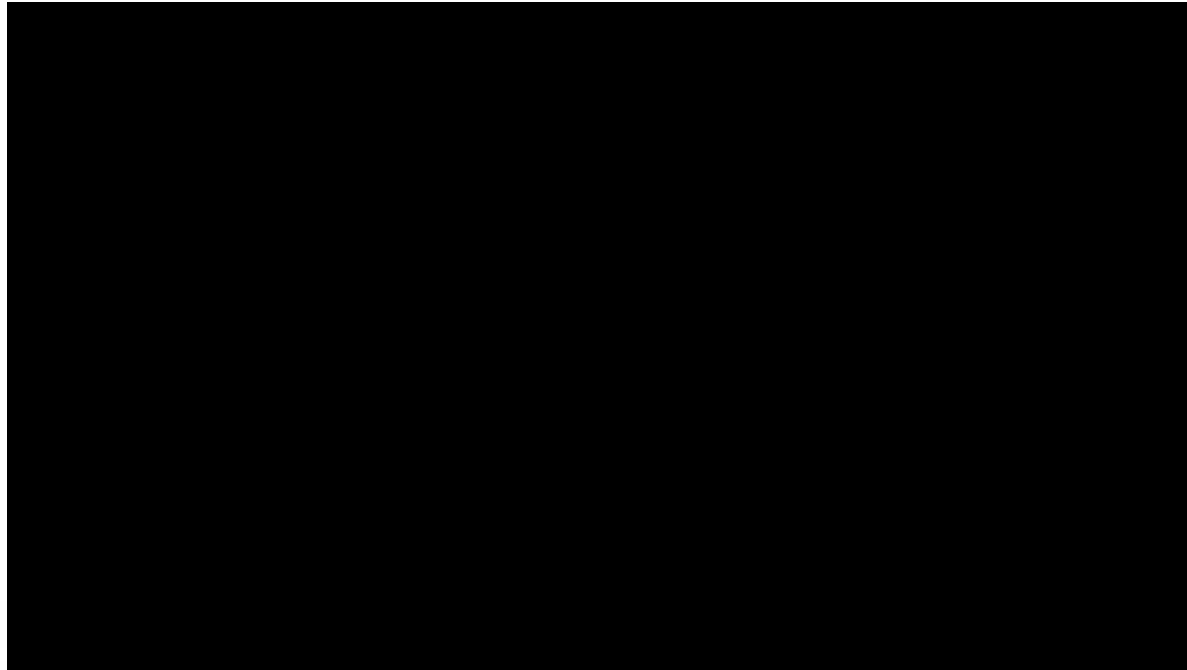
- Translation
- Family Members/Drivers
- Special Considerations
- HHS Civil Rights- Example of a Policy and Procedure for Providing Meaningful Communication with Persons with Limited English Proficiency

Informed Consent and Minors

- Parent/Guardian
- Where? When?
- Passive Consent
- School and Community Based Programs



Improving Patient-Provider Communication: Joint Commission Standards and Federal Laws



Steps to Informed Consent

- Provide patient with all information on procedure, impact to oral health, potential impact to overall health and any systemic conditions
- Example: perio disease
- Determine capacity
- Teach- back methods
- Patient feels empowered to consent to treatment
- Communicate ANY changes to original plan

Informed Refusal

- Can Patients Consent to Negligence?
- Educate
- Provide Options
- Determine the “why”?
- Consider Patient- Provider Alignment
- Autonomy



Common Causes of Dental Malpractice

- Negligent dental work (including using wrong/defective equipment)
- Failure to diagnose or treat a harmful condition (including misdiagnosis of tooth decay or gum disease)
- **Delay in diagnosis or treatment of oral disease (including infection)**
- Intentional misconduct by the dentist

Patient Experience and Perception

- Provider Self- Awareness
- Communication Styles
- Treatment of Staff
- Staff Communication to Patient
- Admin staff- finances, billing errors, attitudes toward patient
- Stigma and Stereotypes
- Medicaid Patients

Breakdown of Communication

- Patient Dissatisfaction
- Care, Billing, Personality Conflict
- Patient/ Provider Passive- Aggressive Behavior's
- Treatment Errors/ Changes
- Staff Involvement
- Threatening Behavior
- NO Internal Complaint Resolution Process

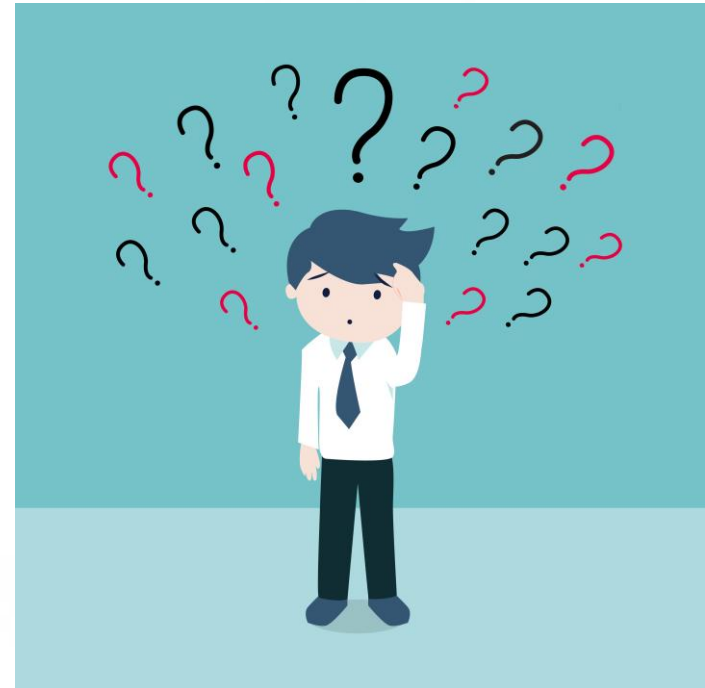
Complaints by Allegation

- Almost all complaints related to unprofessional conduct have ONE thing in common
- Breakdown of Communication

Substandard Care	48.0%
Licensure	8.3%
Drugs	5.4%
Sexual Misconduct	0.5%
Auxiliary Misuse	4.9%
Unsanitary / Safety	2.9%
Advertising	0.0%
Unprofessional Conduct	19.6%
Fraud	8.8%
Failing to Cooperate with Board	1.5%
Unconscionable Fee	0.0%
Physical/Mental/Emotional Problem	0.0%
Mandatory Reporting	0.0%
Total:	100.0%

Case Example 1

- Patient Population
- Many Patients Per Day/ Disorganized
- Incomplete Informed Consent
- Interpreters/ Non- Guardian Involvement
- Other Care Concerns
- Disciplinary Action



Case Example 2

- Ineffective communication
- Inappropriate email communications
- Lack of boundaries
- Patient misunderstood the treatment
- Unprofessional conduct toward patient regarding treatment costs
- Failed to adequately document informed consent prior to providing treatment
- Corrective Action- **ETHICS and BOUNDARIES**

Case Example 3

- Patient went for second opinion regarding subsequent dentist's diagnosis
- Licensee examined patient and reviewed the radiographs taken by subsequent dentist
- Failed to properly diagnose decay and provide treatment plan
- Licensee failed to properly diagnose and treatment plan periodontal conditions
- Corrective Action- Monitoring, Treatment Planning and Recordkeeping, Digital Radiology

Questions?

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