Preparing for the Standard of Practice: Informed Consent – Record Audit

The attached audit sheets provide a framework for denturists to complete an audit of their existing medical records and practices against the requirements outlined in the Standard of Practice: Informed Consent. The information obtained from your audit will identify those areas where your informed consent practices currently meet the Standard as well as highlight those areas where current practices can be modified to meet the Standard.

Conducting the Record Audit:

1. **Randomly select 10 patient records.**
2. **For each selected record, identify the presence or absence of items that are listed in the audit sheet.**
3. **Develop an action plan for modifying your informed consent processes that will provide for changes that bring your practices in line with the Standard.**
4. **To qualify for the 8 Continuing Professional Development credits associated with this exercise, submit a copy of this Audit Record along with your answers to the Self-Directed Learning questions that have been provided to you.**
5. **Submissions can be made to the College in any format: scanned electronic copy (email to Jennifer Slabodkin at jslabodkin@denturists-cdo.com), fax (416-925-6332), or mail (Attn: Jennifer Slabodkin, College of Denturists of Ontario, 1606-365 Bloor St. E. Toronto, ON M4W 3L4).**

Preparing for Standard of Practice: Informed Consent – Effective September 1, 2017

Denturist Name:	**Please indicate if the requirement has been met for each record.**									
	Patient Record									
Date of Review:	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
Patient capacity was considered before entering the informed consent conversation. Substitute Decision Maker is identified when concerns about capacity to provide informed consent are identified and noted in the record.										
The following were discussed with the patient:										
a. Immediate, short and long-term outcomes associated with the treatment(s) – specifically fit and function										
b. Nature, benefits, common side effects and serious risks of the proposed treatment(s)										
c. Reasonable alternative courses of action										
d. Likely consequences of not engaging in the proposed treatment(s)										
e. The fee structure and any financial arrangements regarding payment										
f. Roles and responsibilities of all involved in the provision of care										
Questions regarding the proposed treatment were answered and the answers were understood.										
Written consent is obtained when the level of risk associated with the proposed treatment(s) warrants it.										

Denturist Name:	**Please indicate if the requirement has been met for each record.**									
	Patient Record									
Date of Review:	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
When written consent was obtained, the notation or form confirms the patient was engaged in the informed consent process, the denturist explained all the necessary information and allowed time to respond to questions before obtaining any signature indicating consent to treatment.										
Right to refuse and give consent or withdraw consent was explained to the patient.										
Notation is made in the medical record that consent was obtained, refused or withdrawn.										

Notes/Comments/Additional Information:

Action Plan: