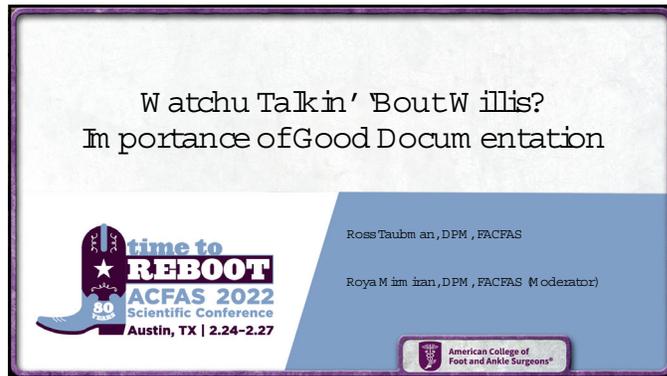




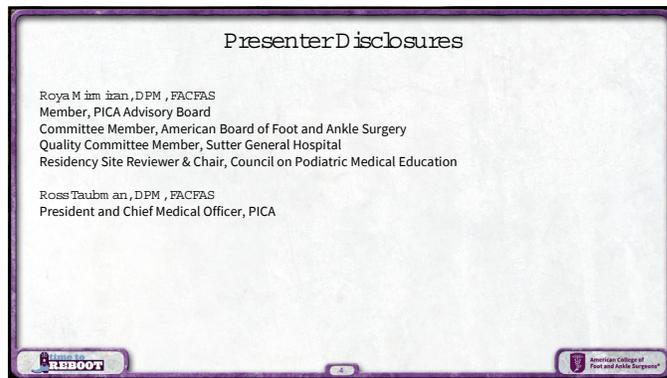
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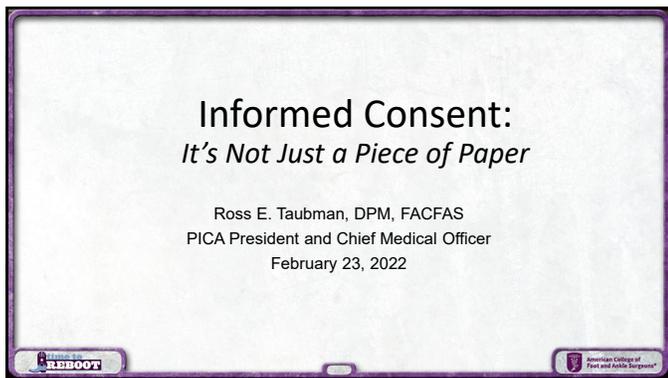
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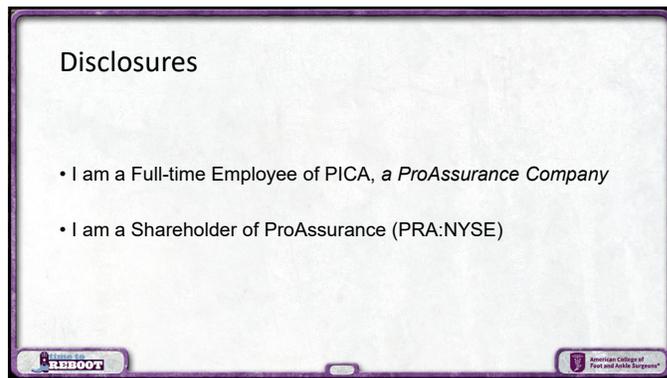
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### It's a Legal Contract



shutterstock.com - 290018660

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### The Document

<https://www.picagroup.com/site/risk-management/sample-forms/informed-consent-form>

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### The Parts

- The Procedure
- Who's the Surgeon? Addressing Resident's Participation
- Potential Benefits and Outcomes
- Potential Risks and Complications – Be Specific!
- Alternatives to Surgery
- Pictures – Yay or Nay????

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### The Procedure

• **Patient:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

• You have the right and responsibility to make decisions about your health care. Your doctor can give you information and advice, BUT IT IS YOUR DECISION WHETHER OR NOT TO HAVE SURGERY OR TREATMENT.

• I give my permission to Dr. \_\_\_\_\_ to perform the following operation/procedure/treatment on me:

\_\_\_\_\_

\_\_\_\_\_

• The purpose of the operation or procedure is to:

\_\_\_\_\_

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### Potential Benefits and Outcomes

• I understand that the **potential benefits and outcomes** of the operation/procedure/treatment include, but are not limited to:

• \_\_\_\_\_

• \_\_\_\_\_

• \_\_\_\_\_

• \_\_\_\_\_

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### Potential Risks and Complications

• I understand that the **potential benefits and outcomes** of the operation/procedure/treatment include, but are not limited to:

|  |  |
|--|--|
| Infection  | Allergic reaction to suture or other implanted materials |
| Redness and/or swelling of operated areas          | Damage to blood supply/circulation (such as blood clots) |
| Poor healing of incisions and/or bones             | Damage to nerves (burning, tingling, stinging, numbness) |
| Failure of the incisions and/or bones to heal      | Loss of implant through degeneration/breakdown           |
| Excessive bleeding                                 | Loss of toe, foot, limb or life                          |
| Operation/procedure/treatment may not work         | Permanent swelling/enlargement of toe, foot or leg       |
| Condition or pain may come back                    | Paralysis/paraplegia/quadruplegia                        |
| Condition/disability may get worse                 | Scar damage  |
| Bad or allergic reaction to anesthesia             | More treatment or surgery may be needed                  |
| Painful or large scars                             | Significant or permanent pain (such as CRPS)             |
| Culcers or sores may develop on the foot           | Stroke/heart attack/death                                |
| Fracture/break or dislocation of a bone            | Other: _____   |
| Swollen, too tight, too loose, too tight shoe      | Other: _____   |
| Difficulty in walking/wearing shoes/playing sports | Other: _____   |

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### Alternatives to Surgery

My doctor has discussed other options to this surgery/procedure/treatment for my condition with me. These include but are not limited to [check only those that apply]:

|                                   |                       |                     |
|-----------------------------------|-----------------------|---------------------|
| Wide shoes or change in shoe gear | Orthotic shoe inserts | No treatment at all |
| Periodic care                     | Change in job         | Other: _____        |
| Antibiotics                       | Injections            | Other: _____        |
| Padding and strapping             | Physical therapy      | Other: _____        |

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### A Picture is Worth a Thousand Words

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### Whose Job is it Anyway?

15

### Informed Consent in Action

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### Electronic Medical Records – Friend or Foe?

- The Good news...You Can Read it!
- The Bad News...They (the plaintiff) Can Read it Too!
- Audit Trails are not Your Friend
- Leave Emotion Out of It!
- Proper Way to Alter Your Note

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### Documentation

- This is The Single Greatest Asset in Winning a Lawsuit
- Document Every Note as if You Expect to be Sued
  - Include What You Did and Why
  - Document When You Deviate from Common Practice – (e.g. DVT Prophylaxis)
- If You Didn't Write it Down, You Didn't Do it!
- READ YOUR Note before you Finish it!

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## Residency Director Opportunities

- Teach Informed Consent
  - Proper Components
  - What Happens when you must Deviate at Surgery?
    - More
    - Less
    - Unplanned Outcomes or Complications
- Quarterly Chart Reviews
  - Role Play

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## WHY IS TEACHING APPROPRIATE DOCUMENTATION IMPORTANT FOR RESIDENTS?

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## PART II: Board Certification

- Any resident Board Qualified as of 9/2020
  - Foot Surgery Case Review
  - RRA Surgery Case Review

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## ABFAS- MISSION

The American Board of Foot and Ankle Surgery (ABFAS) strives to **protect and improve** the health and **welfare of the public** by advancing the art and science of foot and ankle surgery. To accomplish this goal, ABFAS grants certification status to candidates who successfully meet the guidelines for **demonstrating competency and proficiency** in the art and science of foot and ankle surgery.

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## WHY CASE REVIEW?

- Case review allows us to review the candidate's practice
  - Do they adhere to accepted standards?
  - What are their patient outcomes?
  - If complications arise, are they recognized and managed appropriately?

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## What do we look for in a case review?

- 1) Submitted list of cases by the candidate matches the hospital surgical list for the candidate 
- 2) Verifying surgeon of the record 
- 3) Is the procedure logged correctly? May be a stop point! 

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## CASE REVIEW

- Cases are submitted with supportive documentation
- A panel of >70 DPMs review the cases
- Foot cases reviewed by Foot Surgery and/or Foot and RRA Surgery ABFAS Diplomates
- RRA cases reviewed only by RRA Surgery Diplomates
- Special cases i.e.: TAR are reviewed by TAR experienced Diplomates

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## What do we look for in a case review?

- 1) Are all required documentations available for review?
  - Radiographs (WB, if indicated)
  - H&P
  - Progress notes
  - Consultation notes
  - Pathology/lab reports, if indicated

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## What we look for?

There is adequate documentation **to support:**

- 1) Clinical findings and any pertinent diagnostic modalities/ ancillary testing/consultations.
- 2) Chosen procedure is indicated based on synthesis of patient information and the candidate formulates an accurate diagnosis and treatment plan.
- 3) Procedure(s) are consistently or generally performed with excellent or adequate patient outcomes.
- 4) The candidate has identified and managed any complications in a timely manner.
- 5) The candidate has provided safe, effective and compassionate patient care.

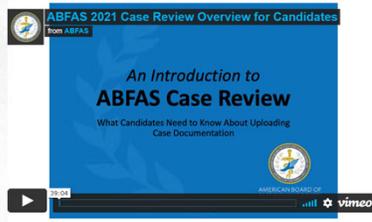
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## Case Review Documentation Challenges

- Absence of pre-operative work-up
- Lack of indication for surgery/selected procedure
- Poor patient selection
- Inadequate imaging studies: Failing to show pathology
- Below standard of care treatment: premature WB, etc
- Failure to identify poor outcome: lack of documentation or improper reading of images
- Improper technique or fixation

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## LINK TO CASE REVIEW WEBINAR



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## What Can You Do to Help?

Teach the residents on

- 1) appropriate documentation
  - Indication
  - Selected procedure
  - Documenting lab/imaging results
- 2) how to document when there is a complication

Read their progress notes and critique

Have them do a chart review of a co-resident and discuss weakness of the documentation (workshop on charting)

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**Good documentation a key to a successful practice  
ABFAS wishes all to succeed**



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**Discussion**

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