

Informed Consent for Physiotherapists

Reflection Journal

This module on informed consent helps support your understanding of informed consent requirements, including some of the more challenging consent scenarios you may encounter in your physiotherapy practice.

The module also includes several reflection questions designed to get you thinking about your own practice and how you address consent issues that may arise.

You will find those reflection questions below along with space to write your thoughts and observations. Remember that this document is for you alone; no-one else will see it. This document can be saved, and you can return to it later to see if your responses to these questions changed.

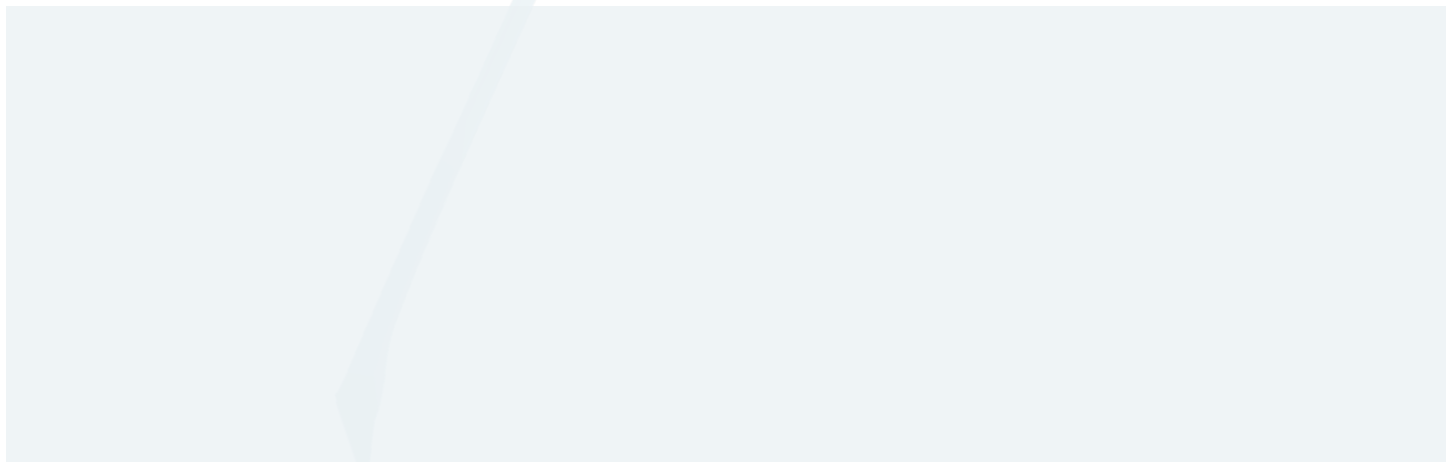
Section 3|Puttingthe"Informed"in Consent

If a client is not properly informed of the assessment or treatment proposed, what it involves, its risks and anticipated benefits, and other options available to them, then the client has not provided valid consent. In this section we described a consent process for physiotherapy services.

How closely does your current consent practice match the informed consent process described?



What is one thing you could change tomorrow to better match the process?



Section 5 | Discussing Risks with Clients

As part of the informed consent discussion, risks related to proposed physiotherapy services must be discussed. Risks in practice are divided into material risks and special risks.

Consider some of the treatment techniques you regularly use. What are the material risks related to those techniques?



Now consider one of those treatment techniques and one of the patients you use that technique with. What are the special risks you need to consider in relation to that technique and that patient?



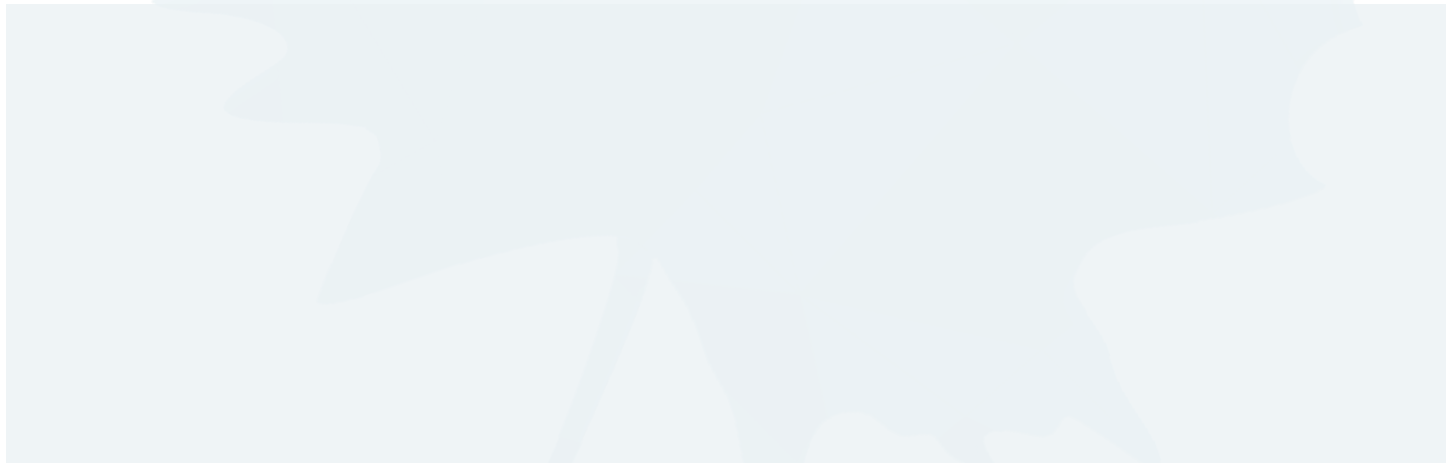
Section 6 | Conversations about Risk

Think back over the section on discussing risks. Then consider your own practice and try answering the reflection questions.

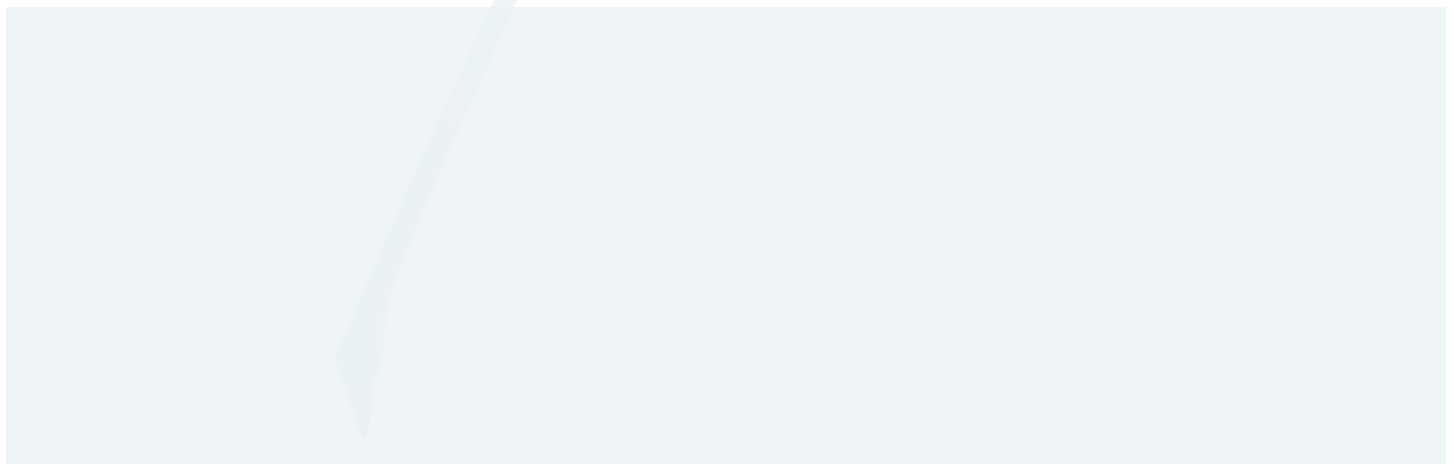
What is one consent practice that you will START using after completing these parts of the module?



What is one consent practice that you will KEEP using?



What is one consent practice that you will STOP using?



Section 7 | Autonomy: The Right to Choose, the Right to Refuse

People have the right to decide what happens to their body. Express consent means that a client clearly and directly indicates either verbally or in writing that they agree to a proposed physiotherapy assessment or treatment plan. Implied consent means that the client did not explicitly say the words “I agree” or “I consent” but through their actions they indicated their agreement.

What are your current practices related to obtaining express versus implied consent?



What's one thing you could change tomorrow to reduce the risk of a misunderstanding or challenging situation?



Section 9 | Sensitive Practice and Consent

Think about Teri and their response when Simon, the physiotherapist, begins gentle spinal manipulations. Then consider your own practice and try answering the reflection question.

What would you do if you had a patient respond to a treatment in the same way that Teri did?



Section 11 | Making “Bad” Decisions

Physiotherapists must recognize that clients have the right to make informed decisions about their own care, even when the decision may put the client’s health at risk or is a “bad decision” in the opinion of the physiotherapist.

Take a few minutes to think about a client who has made a decision that you feel is “bad,” as it puts their health at risk. What feelings come up for you? If this is a specific situation from your practice, what did you do?



Section 13 | Key Concepts about Capacity

Capacity means “the ability to understand information relevant to a decision and to appreciate the consequence of making a decision or the failure to make a decision.” In other words, it is the person’s ability to understand information available about a decision and the likely result of the choices they make.

When have capacity issues occurred in your practice setting?

What have you done in the past when faced with these issues?

What’s one thing you could change tomorrow to reduce the risk of a misunderstanding or challenging situation? How will you handle these situations differently in the future?

Does your practice need a procedure for how to deal with these situations? What would the procedure include? *(If you have not encountered these issues in the past, take time to consider the most likely situations you may encounter and make a plan for how to address them.)*

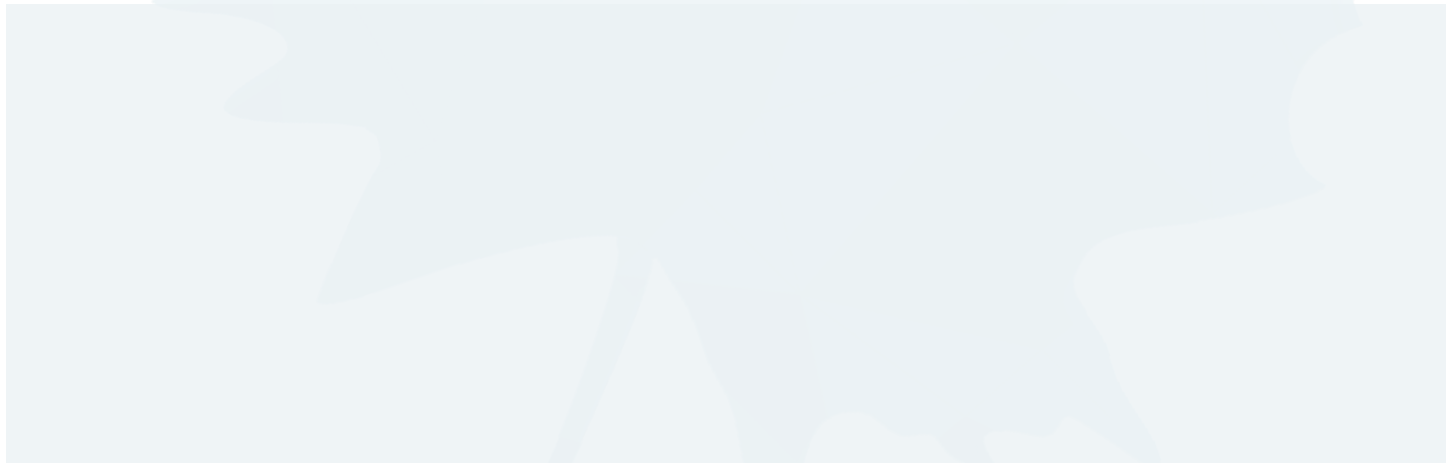
Section 15 | Consent and Capacity: Adults/Minors

Think back over the sections on consent and capacity. Whether you work with minors or with adults who may lack capacity, consider these reflection questions.

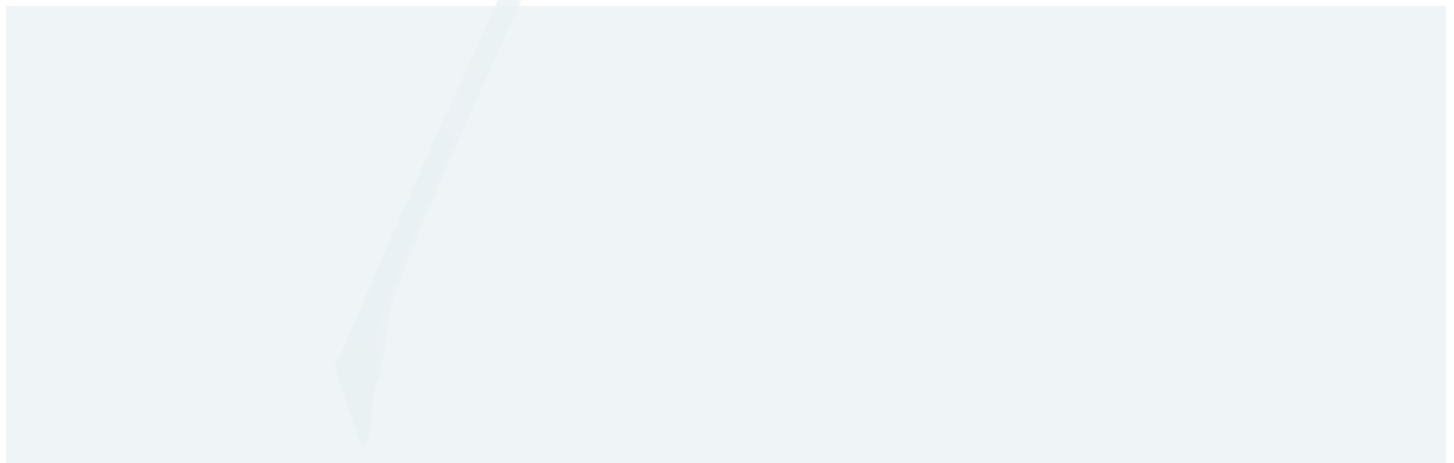
What is one consent practice that you will START using after completing these parts of the module?



What is one consent practice that you will KEEP using?



What is one consent practice that you will STOP using?



Section 16 | Documenting Consent

Sheyi scenario

Sheyi is in hospital following a total knee replacement for which they provided consent.

Jann explains the purpose of their visit and then informs Sheyi that they may experience pain or light-headedness when getting out of bed.

Jann also reviews the risks related to prolonged bed rest, including respiratory complications and blood clots.

Following the conversation, Jann documents “consent received” in the patient record.

What other information should Jann include?



Section 16 | Documenting Consent

Think about your current approach to documenting consent.

Are there times when you accept verbal consent and document that in the client record? If so, is there anything you would change about how you document that consent?

Do you obtain consent in writing? Is there anything you would change about how and when you obtain written consent?

Thank you for taking the time to reflect on these questions.