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## VISUAL RESOURCES IN INFORMED CONSENT TEMPLATES FOR DENTAL TREATMENT

### ГРАФІЧНІ ЗАСОБИ У ФОРМАХ ІНФОРМОВАНОЇ ЗГОДИ НА СТОМАТОЛОГІЧНЕ ЛІКУВАННЯ

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Given the fact that professional communication is becoming more critical in social interaction worldwide than ever before, professional discourse has been recently put in the focus of richly interdisciplinary study attracting researchers in applied linguistics, discourse studies as well as sociology, psychology, marketing and information systems. Medical and healthcare discourse encompasses a ramified system of genres for different purposes within the areas of intra-professional, doctor-lay person, and inter-professional communication; these genres reflect discourse community standards and conventions in a particular socio-cultural context.

Despite the plethora of studies dedicated to various aspects of medical texts, genres and discourse, the genre of informed consent for treatment playing a critical clinical, ethical, and legal role in healthcare settings, has not been sufficiently explored yet. There have been several papers of Ukrainian and international scholars on generic peculiarities, rhetoric and linguistic characteristics, and readability issues of the informed consents [2; 3]. Informed consent form is formal written medical-legal

documentation of the doctor–patient communication that matches a clinical relationship based on the ethics of autonomy [1, p. 291]. The consent document typically includes the patient’s name, healthcare provider’s name, diagnosis, proposed treatment plan, alternatives, potential risks, complications, and benefits. As doctor–patient communication is rather asymmetrical, the same goes for the relationship between the collective author of an informed consent text and the target audience. Medical texts are often difficult to comprehend for lay people due to a high density of technical and special words, sentence complexity, and lack of health-related background knowledge. Legal requirements (e.g. Council Directive 92/27/EEC in 1992, full implementation in 1999) to ensure that patients understand important information about their medication has been a growing trend. Nevertheless, some investigations demonstrated that recommended language in templates from have poor readability [7; 8].

Therefore, writers (healthcare professionals, legislators, healthcare managers) must organize health-related information into a meaningful structure for the readers and guide them toward the right voluntary and educated decision making. Metadiscourse, language tools and visuals embedded in the text, is crucial to the creation of informed consent forms because it helps to establish relationships between the speaker and the writer, the socio-cultural context, and the specific communicative situation, as well as assists how a message should be interpreted. To our knowledge, no study has yielded the contribution that visual elements and strategies make to the metadiscourse in IC texts. The purpose of this paper is to explore investigate common visual reader-oriented strategies employed in the informed consent forms for dental treatment.

We investigated a corpus of 20 original informed consent templates for dental treatment used in the USA healthcare settings authorized to render oral and dental services and those given by medical insurance companies for five past years. The identification and analysis of the visuals employed in the informed consent (IC) templates is grounded on the Kress / van Leeuwen framework [4].

The role of visual (graphic) elements in constructing the meaning of different texts is being extensively discussed now. In this study we share the view of E. Kumpf [5], C. Mancini [6], G. Kress [4] on non-verbal elements as framing metadiscourse because they represent an important way by which authors structure their discourse for particular readers and guiding their thinking in the direction the author wishes to flow. E. Kumpf points out that visual metadiscourse “complements textual metadiscourse in emphasizing the necessity of rhetoric in technical communication and

writers need to consider these visual features as they also constitute the text” [5, p. 401–404].

The layout of IC forms is designed to ensure the smooth flow of information and contains visual categories to support readability and macrostructural consistency. First of them is framing, i.e. all of the texts are segmented into short sections structuring and indicating the various stages of informed consent process, and paragraphs, which are separated by indentations, spacing, or lines. Most of the sections are accompanied by headings, indicating the topic of a section (Photo 1).

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1. **ANESTHETIC RISKS** include: discomfort, swelling, bruising, infection, and allergic reactions. There might be swelling where an injection was given (phlebitis) that might cause discomfort and/or disability for a long time, and might need special care. You might have nausea and vomiting from the IV anesthesia, but this doesn't happen often. IV sedation and general anesthesia are serious medical procedures. They are safe, but the rare risks of heart problems, heart attack, stroke, brain damage or death are present.
2. **YOUR OBLIGATIONS IF IV ANESTHESIA IS USED:**
  - A. Because you will be very sleepy for some time after having an IV anesthetic medication, a responsible adult **MUST** come with you to drive you home and stay with you until you are recovered enough to take care of yourself. This recovery time may take up to 24 hours.
  - B. During this time you should not drive, operate complicated machinery or devices, or make important decisions such as signing documents, etc.
  - C. You **MUST** have a completely empty stomach. **IT IS VERY IMPORTANT THAT YOU HAVE NOTHING TO EAT OR DRINK FOR SIX (6) HOURS BEFORE HAVING YOUR ANESTHETIC. IF YOU DO NOT FOLLOW THIS RULE, IT MAY BE LIFE-THREATENING!**
  - D. However, it is important that you take any of your regular medicines (high blood pressure, antibiotics, etc.) or medicines given to you by us, **using only a small sip of water.**

### Photo 1.

The text segmentation is often supported with numbering pointing out the order in which the text should be read, or bullet pointing. Typographical resources, including alignment, font, and print size vary throughout the IC templates. Bold print, italics, capitalization and underlining as well as enlarged print size are used not only for headings but also to draw attention to certain information, which is considered as especially important for patients. The text segmentation and visual elements guide the patient's reading, provide rapid access to a particular structural component of the text for the revision, and develop connections between the segments.

Visual presentations and consistent formatting employed in the IC templates are aimed to ease comprehension of the specific medical information thus, playing an interactive metadiscourse role.

Text structuring, headings, and other visual resources demonstrate the respectful and careful doctor's attitude to the clients, doctor's responsibility for understanding text by patients.

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