

Video-supported Informed Consent in Genetic Research and Biospecimen Collection: experiences from the SPOT-Study in Ghana.

Emmanuella L. Salia¹, Abena O. Yeboah², Claire Simpson¹, Joyce L. Browne³, Hannah Brown Amoakoh^{3,4}, Emmanuel Amankwah⁵; on behalf of the Severe Preeclampsia adverse Outcome Triage (SPOT) studies consortium.

¹ Department of Genetics, Genomics and Informatics, University of Tennessee Health Science Center, Memphis, TN, United States of America. ² Global Health Research Centre, Greater Regional Hospital, Accra, Ghana. ³ Julius Global Health, Julius Centre for Health Sciences and Primary Care, UMC Utrecht, Utrecht University, Utrecht, The Netherlands. ⁴ Department of Epidemiology, Noguchi Memorial Institute for Medical Research, University of Ghana, Accra, Ghana. ⁵ Department of Animation and Creative Design, Now Available Africa, Accra, Ghana

BACKGROUND:

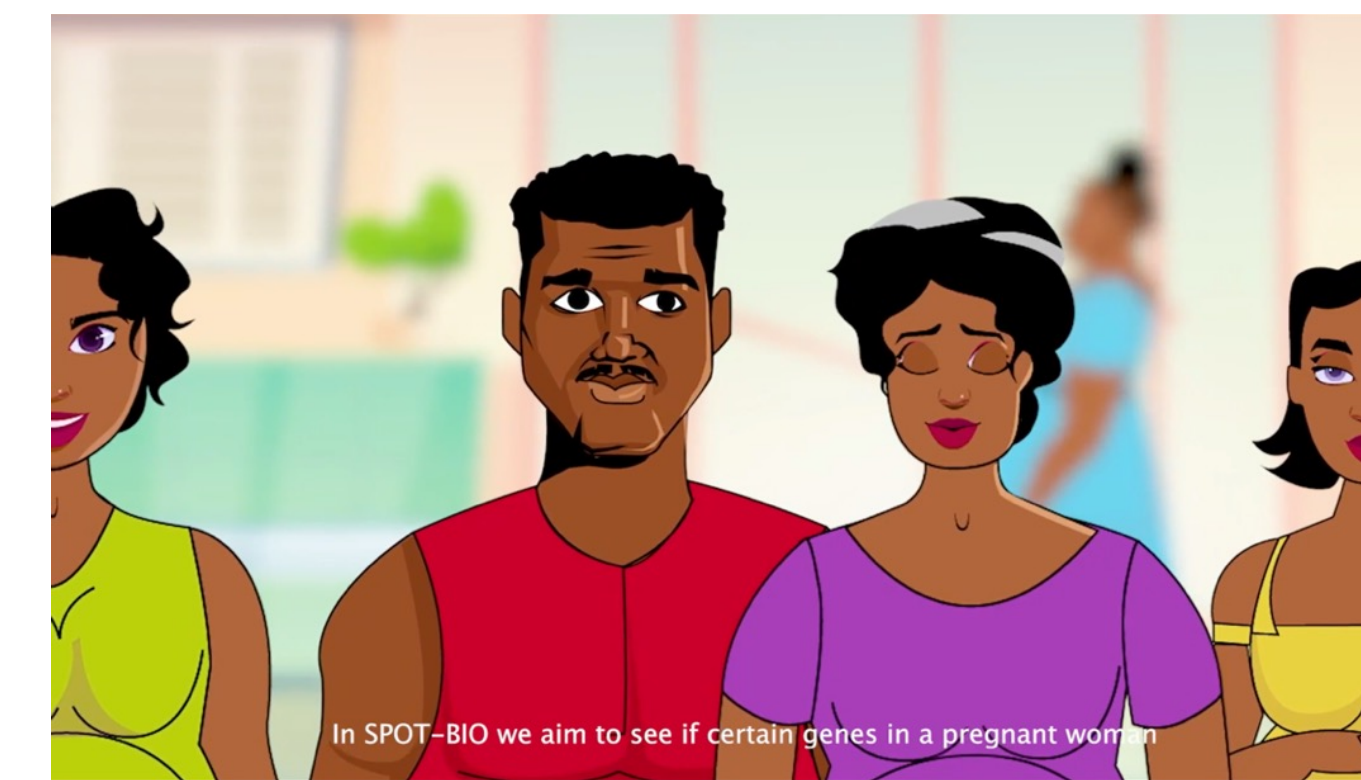
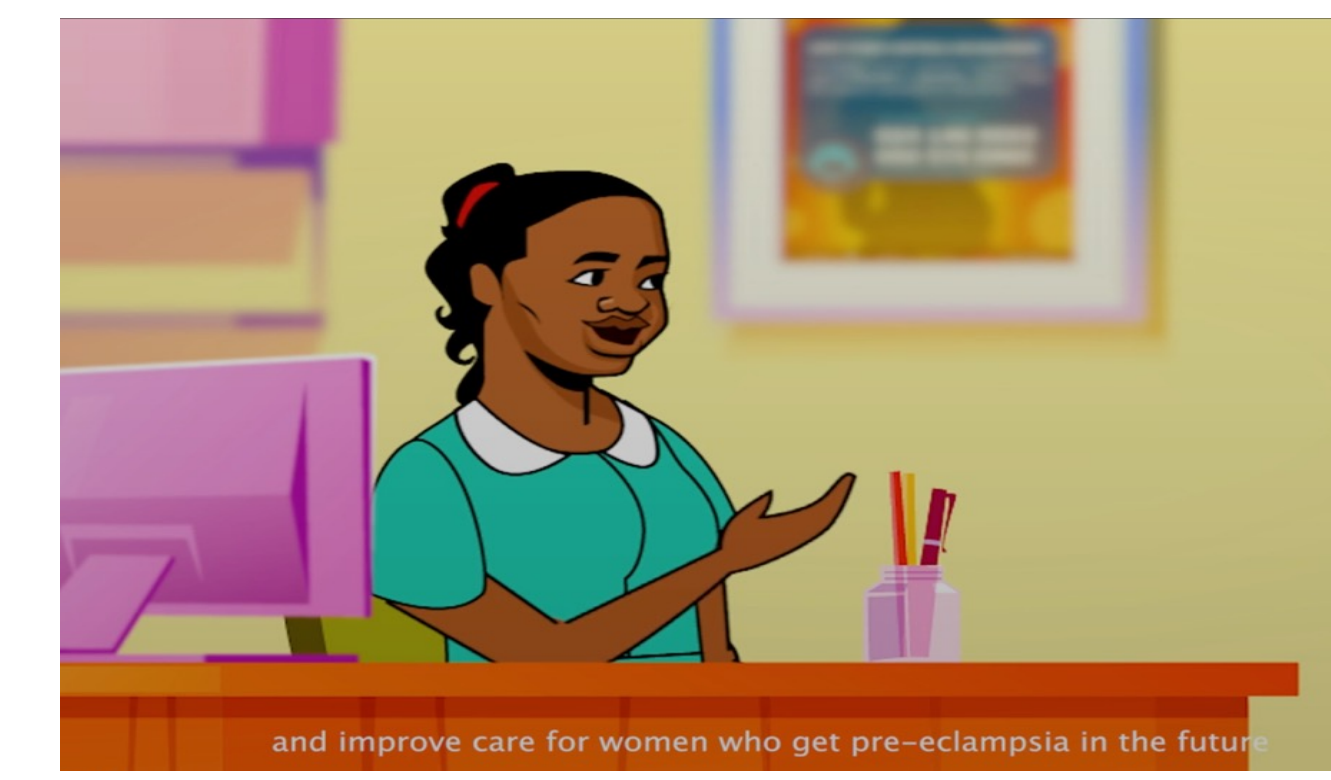
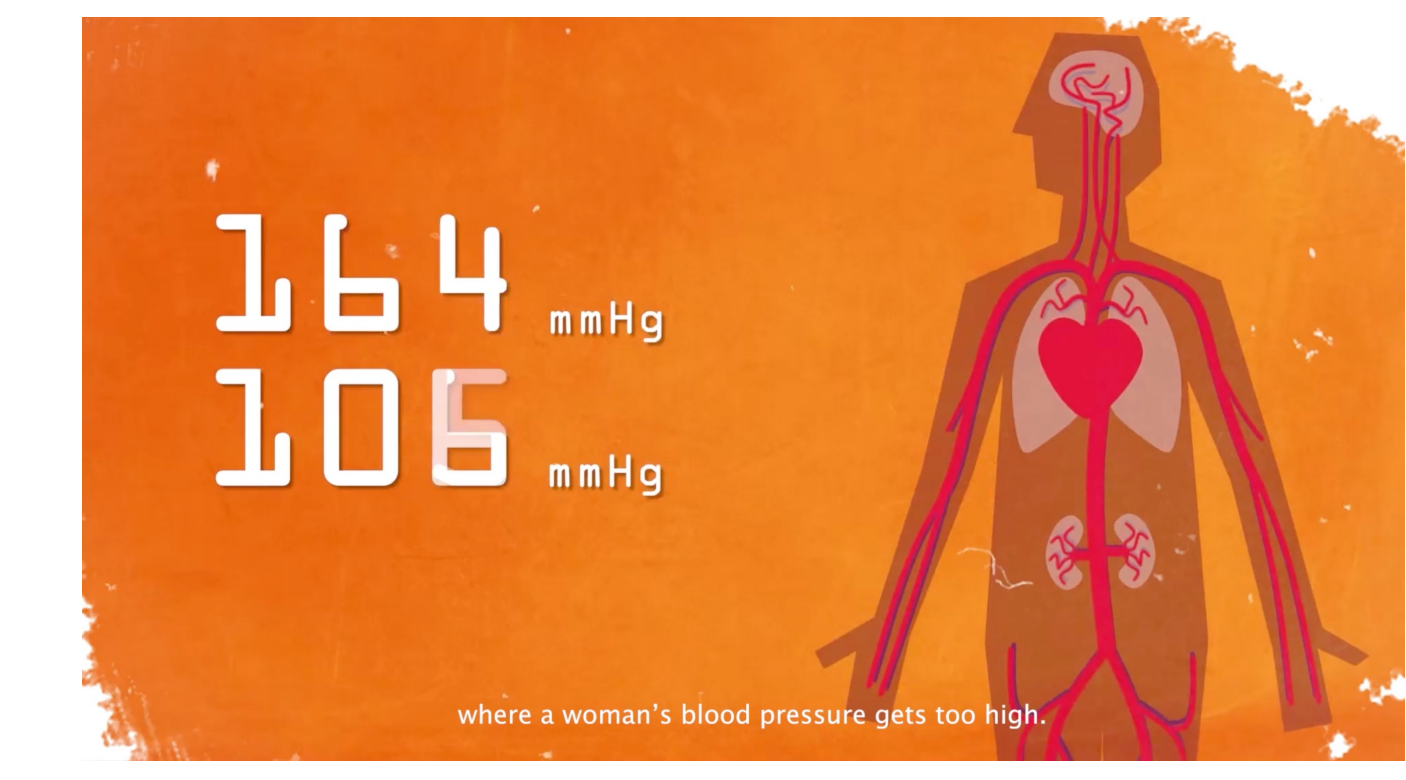
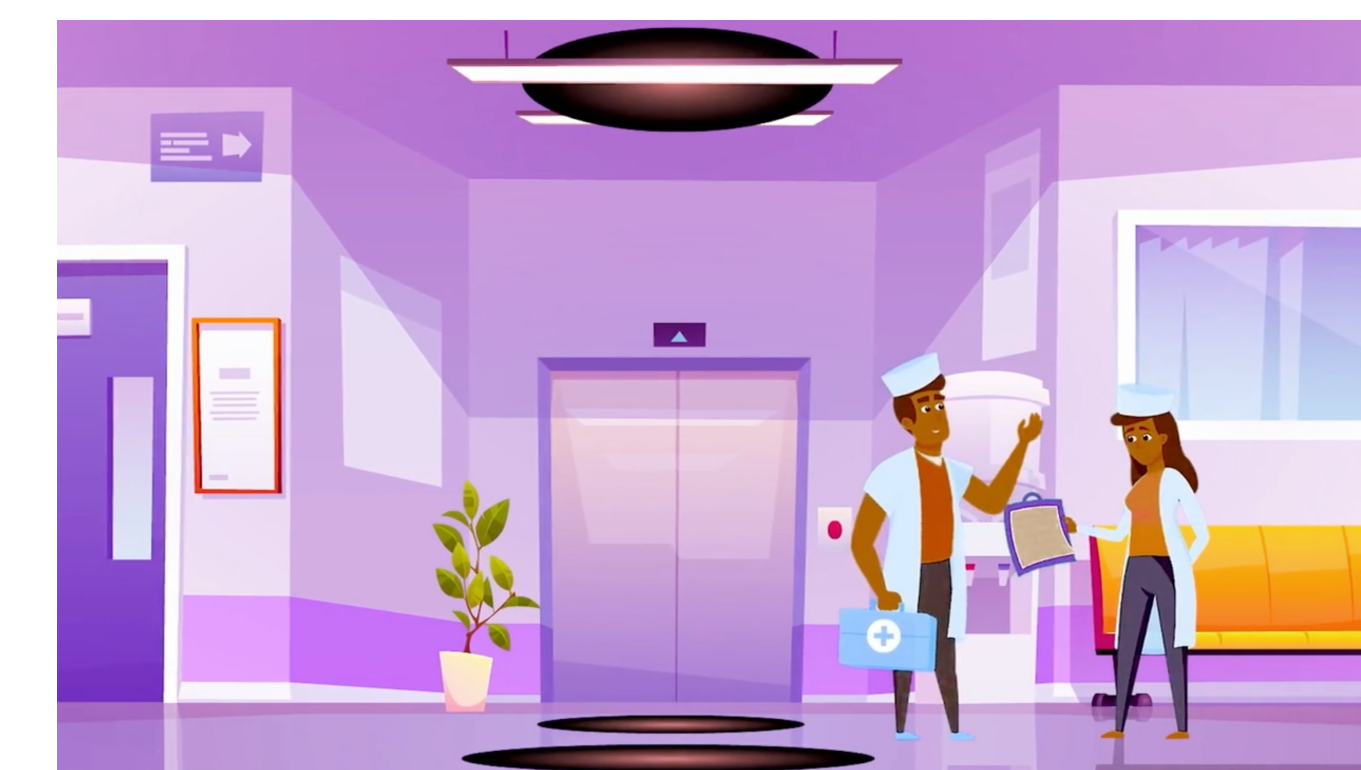
Informed consent (IC) is an ethical principle that involves assisting patients to make cognizant decisions about their healthcare. Biobanks are being set up on many continents, with concerns over the IC process. Empirical evidence shows that most study participants do not understand the important components they have committed. It is imperative to use language that is comprehensible to research participants and to clarify how long data will be stored and the scope of research questions. Informed consent could be a paper-based form, an electronic form, or a multimedia format. Multimedia tools have been shown to support comprehension of study procedures. The SPOT study team developed a comprehensive IC video for genetic research in preeclampsia, requiring broad IC for maternal and neonatal biospecimen collection.

METHODS:

The animation script was generated in English through feedback from animators, Action on Preeclampsia Ghana (APEGH), social science researchers, and health care professionals until the final transcript was approved. Study rationale and conduct aspects were explained in simple terms with appropriate examples, and voice-overs and subtitles were included. The text was also translated into Twi, majority of eligible study participants could speak fluently. The video was evaluated during and post-implementation by asking for research assistants' feedback and experiences.

RESULTS:

A 6-minute 52-second animated video with five characters was found to be more acceptable, understandable, and easier to administer than paper-based methods.



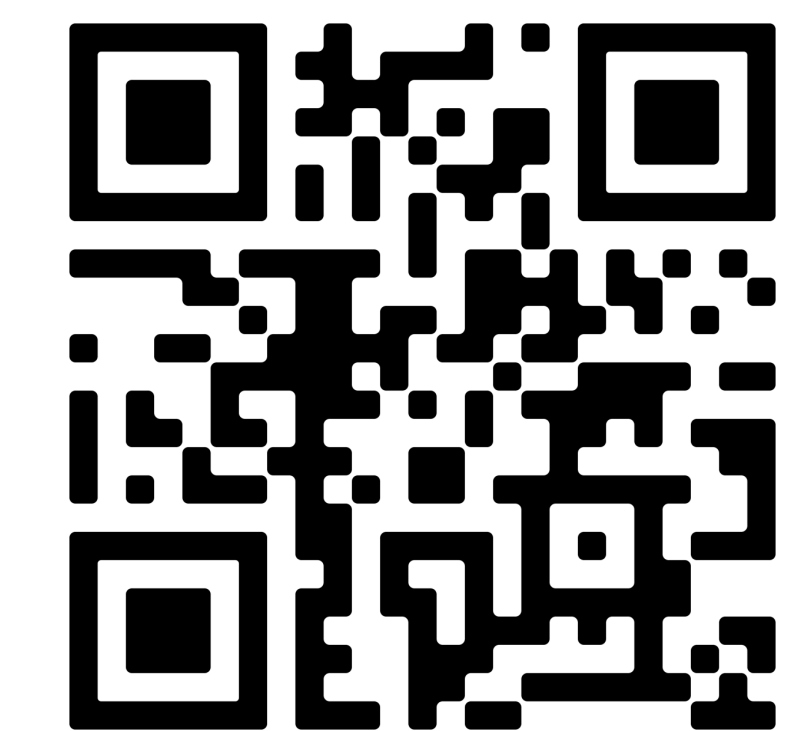
Twi Translation:

Ebia w'ate se ye ka 'BP' se moba apemfo hwe mu Ansa na yebuhunu se wowo Preeclampsia no, Dokota be hwe 'protein' a ewo wo dwonso mu, chaw a ewo wo mmereboɔ ho ne chaw a ewo wo yam neema no ho no bi

Ga Translation:

HELATSE: Mami Neesi, Ofaine meni baaba kedzi misumɔ ake moko aale ake mifata neke nikasemo nee he? An oonye oke mihewɔɔ sadzi ni baaddze kpo le ato odzogban

QR Code:



CONCLUSION:

Video-IC can help participants better understand research and is an engaging model that can be easily disseminated, particularly in treatment facilities for hypertensive disorders of pregnancy.