A Gold Standard Narrative for Obtaining Transfusion Consent

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Background
- Transfusion of red cells is one of the most common medical procedures in hospitalized patients.1
- Transfusion consent is often poorly performed.2,3
- To our knowledge, there are no transfusion informed consent documents that have been developed with transfusion medicine (TM) expert, end-user, and layperson input.

Objective
- Develop a gold standard narrative that can be used as a framework for practicing physicians or for educational purposes.

Methods
- A modified-Delphi approach with 5 surveys (see figure below) was used. Data was analyzed using descriptive statistics. Thematic content analysis was also used to analyze the interview data.

Survey #1
Transfusion Medicine experts drafted scripts of what they would say to a patient to obtain informed consent for a blood transfusion based on a case scenario.
- 28 scripts were received
- 100 topics were generated

Survey #2
Core topics from scripts rated by TM experts (6-point scale). The content validity index (CVI) was calculated for each item.
- 42 items identified with CVI ≥ 0.8 for use in the narrative

Survey #3
Narrative created with topics scoring a CVI ≥ 0.80.
- 100% agreement items included
- 90% felt flow was logical

Survey #4
Narrative reviewed by end-users (non-TM physicians; n = 23)
- 83% agreement with non-exclusion of important topics
- 91% felt it would be effective for teaching trainees

Survey #5
Narrative review with lay people through interviews.
- 24 non-medical individuals of varying ages were interviewed
- Equal number of men and women
- See Results section for more details

Results
- Results from Surveys #1-4 are included in the above figure.
- In Survey #5, most participants (22/24, 91.7%) thought the narrative was appropriate in length and that there were opportunities to ask questions.
- Most participants could identify the types and frequency of adverse transfusion reactions and understood they could refuse the transfusion.
- The majority (21/24, 87.5%) felt that symptomatic improvement or improved oxygen delivery were the main benefits.

Suggestions for improvement included the use of adjuncts, confirmation of the patient’s understanding, use of more layman’s terms, and providing reassurance.

Conclusion
- Overall, a narrative for transfusion consent was created through multiple rigorous iterations of review and feedback. The narrative was well-received by non-medical participants.

Next Steps
- Revision of the narrative based on feedback from Survey #5
- Creation and validation of a rubric
- Educational modules

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References

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