

Informed Consent

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Pre-Consent, Process, and Documentation

Human Research Protections Office (HRPO) &
Institutional Review Board (IRB)

Learning objectives

- Recognize consenting human subjects is a *process* that includes the consent form.
- Create compliant supporting materials for consent process.
- Document the consent process according to institutional requirements.

Informed Consent: Who is responsible?

We all are!

“Institutional Review Boards (IRB), clinical investigators, and research sponsors all share responsibility for ensuring that the informed consent process is adequate”

(U.S. Department of Health and Human Services & FDA, 2023).

Beyond the Signature

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“Informed consent is mistakenly viewed as synonymous with obtaining a subject’s signature on the consent form; however, obtaining documentation of a subject’s informed consent is only part of the consent process”

(U.S. Department of Health and Human Services & FDA, p.3, 2023).



It is a comprehensive process, not just document signing.

– Key elements:

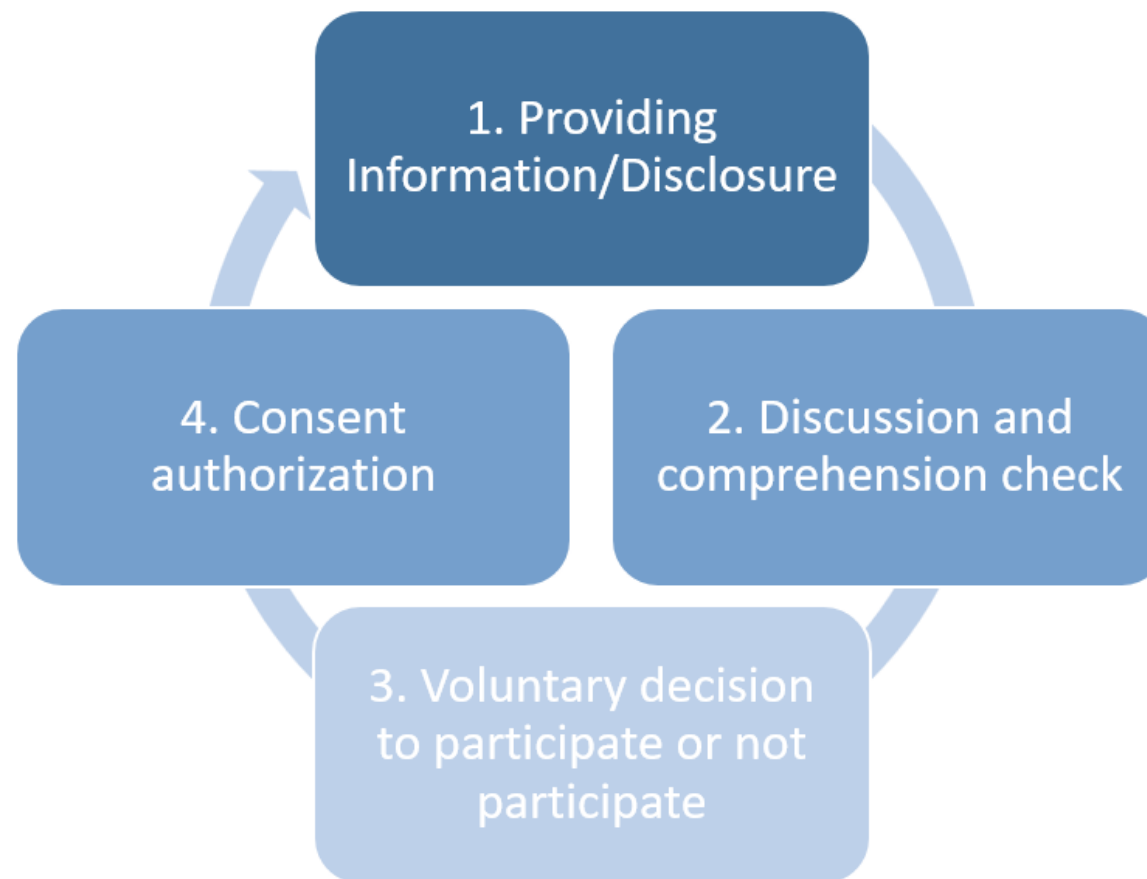
- Providing complete information before enrollment
- Ensuring subject/representative understanding
- Allowing time for questions and consideration
- Obtaining voluntary agreement
- Maintaining ongoing communication throughout study

Regulatory Framework: 21 CFR 56 and 45 CFR 46

- (a) An IRB shall review and have authority to approve, require modifications in (to secure approval), or disapprove all research activities covered by this policy.
- (b) An IRB shall require that information given to subjects as part of informed consent is in accordance with requirements in [45 CFR 46.116\(h\)](#). The IRB may require that information, be given to the subjects when in the IRB's judgement the information would meaningfully add to the protection of the rights and welfare of subjects.
- (c) An IRB shall require documentation of informed consent or may waive documentation.

Informed Consent Process

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Elements of Process

- Recruitment: where the process starts!
- Who will conduct process?
 - FDA and Carilion Requirements: IRB must know **who** will conduct consent process
- Timing and method of presentation of consent document
- Language of consent document is appropriate for target population
- Environment/privacy
- Length of time devoted to process
- Adequate time offered to ask questions
- How subject demonstrates understanding of study and expresses desire to participate
- Documentation of consent provided to participant
- Documentation of process for research record
- Method for providing new information to participant

Informed Consent Document

- Serves as:
 - Basis for meaningful exchange between investigator and subject
 - Summary of the research and explains subject's rights
 - Outline and reference regarding what is expected of subject
 - Protection for the participant AND researcher

Informed Consent Document Basic Elements

- Statement of Research
 - Purpose
 - Expected duration of participation
 - Description of procedures
 - Identification of any experimental procedures
- Foreseeable risks or discomforts
- Potential benefits to the subject or others
- Appropriate alternatives
- Extent of confidentiality
- For more than minimal risk studies—*will there be compensation and/or medical treatments if injury occurs?*
- Person(s) to contact to answer questions
- Voluntary participation statement
 - *Right to refuse or withdraw without penalty*

Additional elements, when appropriate:

- Risks to the participant, embryo, or fetus if the participant is, or may become, pregnant
- How/when a person's participation may be terminated without their consent
- Additional costs
- How participation can be terminated by the participant and possible consequences of early termination
- How significant new findings will be shared
- Number of subjects involved in study

(45 CFR 46.116)

Drafting the Consent Form

- Templates are located on the Carilion IRB website
 - <https://www.carilionclinic.org/IRB/Consent#consent-templates>
- These templates are editable and created with all specified requirements and consideration for consent
- Consent forms must contain enough information for a “reasonable” person to make an informed decision
- There must be sufficient detail written in a way that is easy to read and understand
 - “Average American adult reads at a 7th-8th grade level” (United States Department of Education)
 - Carilion Clinic IRB Standard Operating Guideline (SOG):
 - Spelling, grammar, sentence structure, and page layout must be correct and promote ease of reading
 - Twelve-point font is required
 - An eight-grade reading level is recommended for all consent forms

Consent Document Readability

- Short, simple, and direct sentences
- Formatting and font size
- Logical sequences
- Eliminate medical jargon or define
- Keep words to 3 syllables or fewer
- Spell out acronyms when first used
- Be consistent with use of terminology
- Keep paragraphs short and limited to one idea
- Use active verbs
- Use the second person (you), not third person (the participant)
- Use page numbers on protocol, consent and any other documents
 - Carilion HRPO requires consent documents longer than four pages to begin with a concise summary

Before approaching the Patient

- Know protocol and informed consent form
- Determine who needs to be present and build into process
 - Subject/Family member
 - Primary Investigator/Research coordinator
 - Interpreter (Non-English consent process)
 - Others?
- Ensure using the correct, IRB stamped approved version of informed consent form
- If possible, provide consent document to potential participant for review before discussion
- Have supporting documents on hand
 - Protocol
 - Informed consent form documentation checklist
 - Inclusion/Exclusion checklist

Facilitating presentation of consent form

- Establish relationship with subject based on clear and open communication
- Introduce yourself and who referred you
- Provide privacy and be sensitive to where you are conducting the process
- Provide the subject with the written consent form
- Assess views on research vs. standard of care
- Be an active listener
- Ask open-ended questions using **teach back methods**
- Be aware of non-verbal messages (yours and theirs)
- Empathize with subject's concerns
- Continuously verify subject's understanding
- Encourage questions
- Assure withdrawal is possible at ANY time
- Inform other options are available
- Be available any time for any question
- Do not rush the process, give subject as much time as possible to review
- Person obtaining consent must review each section of the consent in detail with the potential subject

Teach-Back Method

Communication technique where subjects are asked to explain what they need to know or do in their own words. This is a way to identify areas during consent process that need clarification.

Steps

1. Explain study and consent form clearly
2. Ask subject to explain back in their own words
3. Identify and clarify misunderstandings
4. Repeat until understanding is confirmed

Example Phrases:

“Just to make sure I explained things clearly, could you tell me how you would describe this to a family member?”

“What will you tell your spouse about the three most important things we discussed today?”

Questions/prompts to use during consent process

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- Describe in your own words the purpose of the study.
- Explain to me what you will have to do if you are in the study.
- Can you tell me some other options for your care that you would have if you decide not to participate in this study?
- What else would you like to know about this study?
- What is a possible benefit to you if you participate in this study?
- What are the possible risks to you if you participate in this study?
- How long does participation in this study last?
- Where will the study take place?
- Will you receive the investigational drug/intervention if you are in this study?
- Who should you contact if you have questions or experience side effects once this study begins?

Barriers to subject's understanding

1. Cognitive & Educational Factors

- Cognition/Capacity
- Level of education
- Reading level
- Age
- Health Literacy

2. Personal/Emotional State

- Anxiety/Fear
- Pain
- Influence of medications

3. Social & Cultural Factors

- Social/cultural values
- Language
- Familiarity with research

4. Process & Environment Factors

- Environment/Timing of discussion
- Quality of disclosed information
- Readability of informed consent
- Relationship between the person conducting the consent process and the subject

Consent Signatures

- Confirm subjects sign the correct, IRB stamped approved version of informed consent form
- After subject verbally agrees to participate in study, subject should sign and date the consent form
 - In some circumstances, a legal authorized representative or parent(s) agrees on participant behalf of the subject
- The Principal Investigator (or an authorized member of the research team) have oriented and obtained consent, must also sign and date the consent form after the subject signs **on the same day before research procedures take place**
- Witness signature is *not* required except in limited circumstances
- Subject receives a signed copy; keep the original signed copy in your research file

How do you document the **PROCESS**?

Signed Informed Consent Form
+
Source Documentation of Consent Process*
=
No Audit Findings

*Documentation in research and/or medical record a note describing consent process documentation that subject received a copy of signed consent.

Tip: Develop a template!

Consent Process Checklist for Research

Consent Version (verify this is the most recent IRB approved version and has the IRB stamp at the bottom): _____

IRB Protocol #: _____ PI: _____

Study Title: _____

Time consent process began: _____ Date consent process began: _____

Study and consent discussed with: ☐ Subject ☐ Parent/Guardian ☐ LAR (reason): _____

Impartial Witness required: ☐ Short-Form ☐ Incapable of Signature ☐ Illiterate ☐ Visually impaired

Purpose of study discussed: ☐ Yes ☐ No

Procedures discussed: ☐ Yes ☐ No

Risks and benefits discussed: ☐ Yes ☐ No

All questions were answered: ☐ Yes ☐ No

Conflict of Interest disclosed (if applicable): ☐ Yes ☐ No

Subject voiced understanding: ☐ Yes ☐ No

Describe how subject voiced understanding: _____

Subject: ☐ Agrees to participate ☐ Declined to participate ☐ Wants to meet for further discussion

Consent signed prior to any study-related procedures ☐ Yes ☐ No

Consent dated by the participant themselves or their LAR: ☐ Yes ☐ No

Person obtaining consent signed and dated: ☐ Yes ☐ No

Time consent signed by participant: _____ Date consent signed: _____

A copy of the consent and HIPAA form was given to the subject: ☐ Yes ☐ No

Was a copy of the consent or note about research participation placed in the participants medical record?

☐ Yes ☐ No For either selection, explain why/why not: _____

If the 'No' box was checked to any of the questions, please explain why: _____

Who was present during the consent process? _____

Does the subject have any special needs, and if so, is an impartial witness or translator needed? Please describe. _____

Other comments: _____

Consent explained by: _____

Date: _____

Subject initials/#: _____

Carilion Clinic Human Research Protections Office has helpful guidance under the Help button in PRIS3M—Consent Process Checklist for Research

- Make sure you are using the **most recent approved consent form** (date at the bottom of the form) and that it is signed and dated on the same day by all parties
- In documentation, describe the consent process including documentation that the subject received a signed copy of the consent form

Continuing the Consent Process

- Ask if events/problems arose since last visit
- Provide new information, if applicable
- Encourage questions each visit
- Talk about what comes next and overall study progress
- Re-assess desire to continue each visit
- If participants repeatedly cancel research appointments or do not show, ask them if they wish to withdraw
- Assess compliance with protocol (diary, meds, etc.)

After Obtaining Consent

- Suggestion: Develop tracking tool with participant number, consent version signed, date signed
 - Easily identify if participants need to be re-consented on new form
- Store signed consents in locked file cabinet in locked office
- Do not write Participant Study ID on consent
- Keep link to Participant Study ID in a separate locked location

Reconsent

- No matter how many study visits, individual autonomy must be honored by seeking verbal informed consent at **EACH** interaction
- Over time, participants may have difficulty remembering the study or distinguishing it from a clinical visit
- Each consent interaction allows the opportunity for refusal
- Capacity to consent may need to be reassessed at each visit
- Subject regains cognitive ability
- Protocol instructs re-consent for longitudinal data collection time points

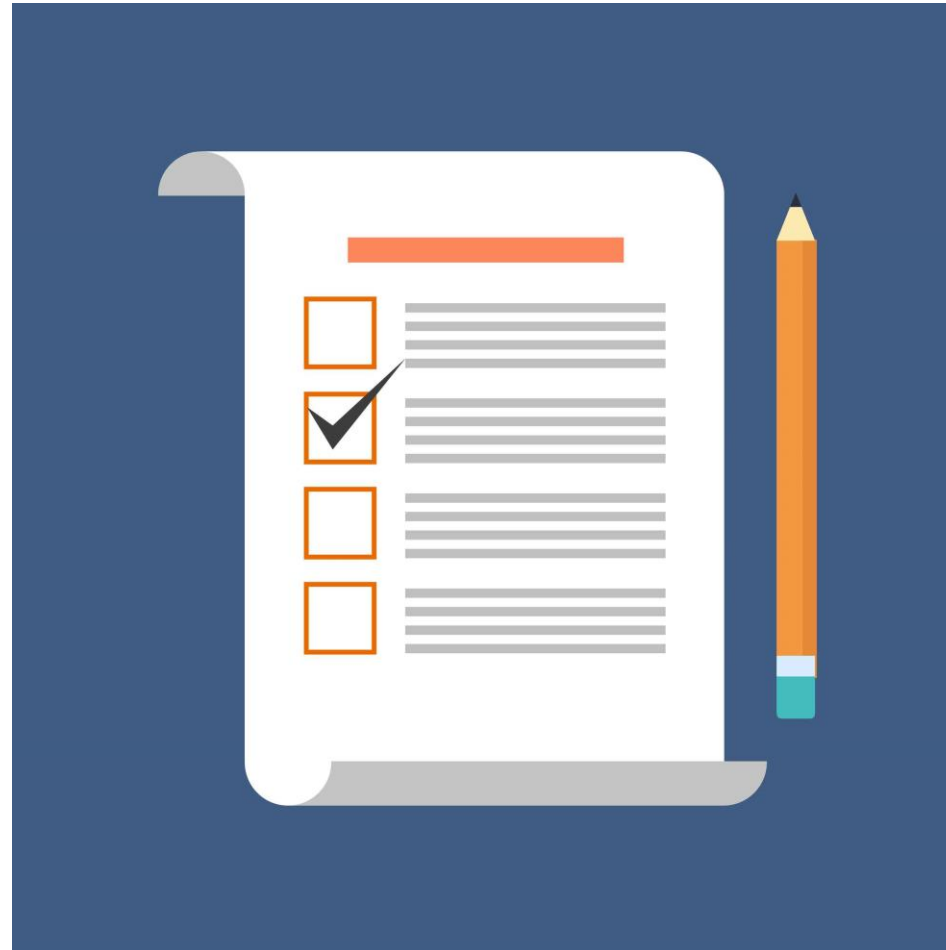
New information=Reconsent

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- IRB may require reconsent as outlined in your approval letter
 - Be sure to read and review the IRB approval letter thoroughly upon receipt
- Identification of new research risks
- Increase in frequency or magnitude of previously described risks
- Unanticipated problems that exposes subjects to new risks, such as data breach
- Decrease in expected benefits to participation
- Changes to the research that results in increased burden/discomfort
- Availability of new alternative therapies
- Impact of participation on alternatives therapies (investigational intervention reduces effectiveness of alternatives or precludes future treatment with standard of care therapy)

Planning & Best Practices

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How can you avoid deficiencies?

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- Principal Investigator (PI) should be involved in the entire IRB application process and in writing the informed consent
 - PI is ultimately responsible for quality of IRB submission, consent document, and consent process
- **Be organized:** Establish one place to retrieve latest IRB approved consent
- Document consent process

How can you avoid deficiencies?

- Carefully re-review consent document after participant signs and before you begin research procedures
- Confirm all personnel consenting subjects are knowledgeable about protocol and consent process
- Practice obtaining consent from research team members
- Document training and qualifications of research team members
- Conduct random audits of consent documentation
- Invite IRB to witness consent process
- Report issues as identified and implement a corrective action plan
- Review FDA Warning Letters and FDA IRB Information Sheets—
 - [A Guide to Informed Consent](#)
- Become familiar with the regulations, state laws, and IRB policies

What do Auditors/Monitors look for?

- If Standard Operating Procedure(SOP) exist, were they followed?
- Correct version of consent used
- Consent signed prior to ANY research procedures
- Consent signed and dated by all parties in correct place
- All checkboxes in consent completed by subject
- Consent obtained by trained individuals
- Consent process documentation
- Implementation of changes only after IRB approval
- Deficiencies identified and corrected

Mistakes Happen

Note to File



Consult with the IRB Office as to whether event meets reporting requirements if unsure.

Date:	<Date that the Note to the Study File is written>
To:	<NIDCR Protocol number followed by "Study File">
From:	<Name, title, and the site or institutional affiliation of the person authoring the Note to the Study File, and this individual's signature>
Issue:	<Brief description or outline of the topic/process/problem being documented; can be formatted as a paragraph, numbered list, or bulleted items>
Root Cause:	<The reason(s) that the issue arose>
Corrective Action:	<Description of the corrective actions taken or planned by the site personnel. If the site was instructed to perform these corrective actions (i.e., by the sponsor or monitor), indicate by whom and as of what date. If status of reports, records, or data will remain incomplete or unavailable, make a statement regarding your failed attempts or describe when/how the records will be retrieved or completed.>
Resolution:	<Description of the procedures used to document resolution of the problem.>
Effective date of resolution:	<Effective date for corrective action (may be the same date as in the memo header)>
Comments:	<Any additional comments or information not noted above>

IRB Tips

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IRB Application

- Be specific in describing your consent process:
 - Starting from recruitment and approaching subject through obtaining re-consent
- Describe special protections for vulnerable populations

Consent Documents & Process

- Always assign clear titles and specify the population for which it is written
- Include version date, and update this date when there is a change to document
- Include page numbers on consent document
- Use Carilion template
 - <https://www.carilionclinic.org/IRB/Consent#consent-templates>
- Proofread!
- Ask all research team to review the consent document before IRB submission
- Go through the IRB approved consent with a team member beforehand to feel comfortable with content and signature requirements

Success depends on us!

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- Be adaptable!
 - Each interaction is different because every subject, circumstance, protocol, subjects' questions, communication style are different!
- Take the consent process seriously and fully inform each subject
- As researchers, we shape public perceptions of the safety and value of clinical research

Additional comments or questions?

Contact irb@carilionclinic.org

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References

45 C.F.R. § 46.116 (2023).

21 C.F.R. § 50.20 (2023).

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