

Videos for informed consent enable task shifting while enhancing patient safety and satisfaction: a retrospective study

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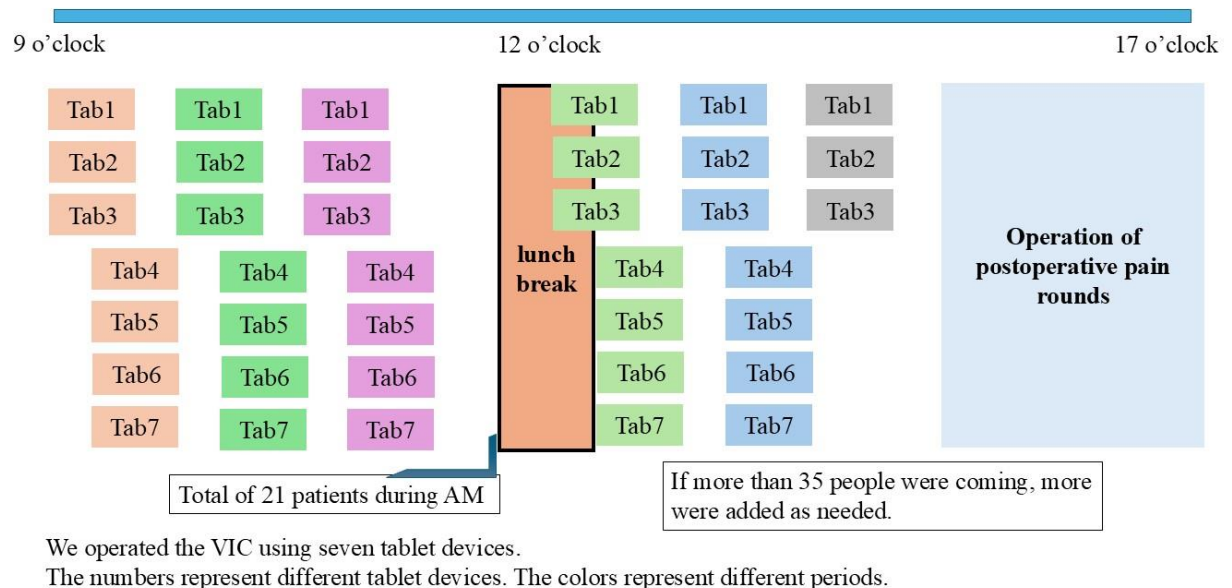
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Additional File 1. Schematic presentation of the operational workflow of obtaining VIC using tablets. VIC, videos for informed consent.

VIC-tablet in outpatient clinic



Patients visiting the anesthesia outpatient clinic were provided with the video-assisted informed consent (VIC) via a tablet device. Tabs 1–7 in Additional File 1 display the viewing times recorded for each tablet. Prior to the consultation, patients were instructed to watch a standardized video that included actual procedural footage and explanations of all relevant anesthetic techniques—general anesthesia, regional anesthesia (including epidural, spinal, peripheral nerve block, and infiltration anesthesia), as well as arterial catheterization, central venous access, pulmonary artery catheter (Swan-Ganz) placement, transesophageal echocardiography, and blood transfusion. The video also covered all mandatory components of informed consent listed in Table 1, including potential risks and complications. Viewing and logistics were managed by administrative staff. After watching the video, patients underwent a supplemental interview conducted by a nurse, followed by a face-to-face consultation, including a physical examination and Q&A session, with an anesthesiologist.

The outpatient clinic was staffed by an anesthesiologist, one anesthesia trainee, one or two nurses, and one administrative staff member (see Figure 1A). The total time required varies depending on the modules selected, with a maximum of approximately 30 minutes.