

## **Informed Consent to Participate in Research**

### Information to Consider Before Taking Part in this Research Study

#### IRB Study # 108588 I

Researchers at the University of South Florida (USF) study many topics. To do this, we need the help of people who agree to take part in a research study.

We are asking you to take part in a research study that is called: Job Experiences in Nursing Homes.

The person who is in charge of this research study is Carla VandeWeerd; she is the Principal Investigator. However, other research staff may be involved and can act on behalf of the person in charge.

The person explaining the research to you may be someone other than the Principal Investigator. Other research personnel who you may be involved with include: TBD.

The research will be done at the University of South Florida.

This research is being paid for by Sunshine ERC.

# Purpose of the study

The purpose of this study is to find out about the experiences and problems of nursing home staff with patients and with co-workers.

# **Study Procedures**

We would like you to participate in a one-on-one telephone interview that will be taped. It will take about 45 minutes to 1 hour to complete, and the questions will ask you about your work experiences and problems with residents and co-workers. No information that identifies you will be kept.

Audiotapes will be available to research staff only, and no identifying information will be used to label tapes. Audiotapes will be destroyed 1 year after completion of this study.

#### **Alternatives**

You have the alternative to choose not to participate in this research study.

IRB Number:	IRB Consent Rev. Date:
IC Adult Minimal Risk Template – SocBeh Rev: 2008-10-14	Page 1 of 3

#### **Benefits**

We don't know if you will get any benefits by taking part in this study.

#### **Risks or Discomfort**

You might feel discomfort answering some questions in the interview.

## **Compensation**

We will give a \$25 gift card to Wal-Mart for your participation.

## **Confidentiality**

We must keep your study records as confidential as possible. There are federal laws that say we must keep your study records private. We will keep the records of this interview private by having no identifying information on your records; for example, we will not ask you your name, birth date, or anything else that could identify you. Also, we will keep the records and audiotapes in a locked cabinet and any electronic records in a password-protected computer file. Both will only be accessible by members of the research team. We will not share what you say with your employer.

However, certain people may need to see your study records. By law, anyone who looks at your records must keep them completely confidential. The only people who will be allowed to see these records are:

- The research team, including the Principal Investigator, study coordinator, research nurses, and all other research staff.
- Certain government and university people who need to know more about the study. For example, individuals who provide oversight on this study may need to look at your records. This is done to make sure that we are doing the study in the right way. They also need to make sure that we are protecting your rights and your safety.) These include:
  - O The University of South Florida Institutional Review Board (IRB) and the staff that work for the IRB. Other individuals who work for USF that provide other kinds of oversight may also need to look at your records.
  - o The Department of Health and Human Services (DHHS).

We may publish what we learn from this study. If we do, we will not let anyone know your name. We will not publish anything else that would let people know who you are.

# **Voluntary Participation / Withdrawal**

You should only take part in this study if you want to volunteer. You should not feel that there is any pressure to take part in the study, to please the investigator or the research staff. You are free to participate in this research or withdraw at any time. There will be no penalty or loss of benefits you are entitled to receive if you stop taking part in this study. Your decision to participate or not to participate will not affect your job status.

# Questions, concerns, or complaints

If you have any questions, concerns or complaints, or unanticipated problems related to the research call Carla VandeWeerd at (813) 974-7773.

If you have questions about your rights as a participant in this study, general questions, or have complaints, concerns or issues you want to discuss with someone outside the research, call the

IRB Number:	IRB Consent Rev. Date:
IC Adult Minimal Risk Template – SocBeh Rev: 2008-10-14	Page 2 of 3

Division of Research Integrity and Compliance of the University of South Florida at (813) 974-9343.

## **Consent to Take Part in this Research Study**

It is up to you to decide whether you want to take part in this study.

You understand that you are verbally agreeing to take part in research. You can ask for a copy of this document.

## **Statement of Person Obtaining Informed Consent**

I have carefully explained to the person taking part in the study what he or she can expect.

I hereby certify that when this person signs this form, to the best of my knowledge, he or she understands:

- What the study is about.
- What procedures/interventions/investigational drugs or devices will be used.
- What the potential benefits might be.

• What the known risks might be.

Signature of Person Obtaining Informed Consent

Date

Printed Name of Person Obtaining Informed Consent

IRB Number:	IRB Consent Rev. Date:	
IC Adult Minimal Risk Template – SocBeh Rev: 2008-10-14		Page 3 of 3