

Patient Participant Information and Consent Form

Full Project Title: Shared Care Community Clinic Evaluation

PARTICIPANT INFORMATION SHEET

Sites: Sunshine Coast Division of General Practice and Discipline of General Practice, University of Queensland, Brisbane

Principal Investigator: Prof Claire Jackson¹

Principal Researcher: Jenny Morcom²

Associate Researcher(s): Dr Tina Janamian¹ James Lamerton²
Jane Campbell² Lisa Crossland¹

1. Discipline of General Practice, The University of Queensland
2. Sunshine Coast Division of General Practice

This Participant Information and Consent Form is **4** pages long. Please make sure you have all the pages.

1. Your Consent

You are invited to take part in this research project.

This Participant Information Sheet contains detailed information about the research project for you to read before you decide whether or not to take part in it.

If you agree to take part in it, you will be asked to sign the Consent Form and return it to a researcher from the Sunshine Coast Division of General Practice. By signing the Consent Form, you indicate that you understand the information and that you give your consent to participate in the research project.

You will be given a copy of the Participant Information Sheet and Consent Form to keep as a record.

2. Purpose and Background

The Shared Care Community Clinic (SCCC) is a new model of care that is being implemented in the Gympie area. It has been designed to provide a team of diabetes specialists to visit participating general practices in Gympie to see patients alongside their usual GP and practice nurse. The idea is that it will provide better access for you as patients to see a specialist and at the same time allow for your usual GP and nurse to gain valuable knowledge and skills about diabetes management.

It is important to gather information on how this model is functioning, what aspects are valued and whether it is meeting the expectations of the health care providers involved and the patients who are referred into it.

You are invited to participate in this research project because you have been seen in this new clinic arrangement.

Information from this research project will be used to further develop or refine this and emerging initiatives to improve patient management in general practices in the region.

This study is being conducted by a principal researcher from the Sunshine Coast Division of GP under supervision from the Discipline of General Practice of the University of Queensland

3. Procedures

Participation in this project will involve you responding to questions in a survey that has been developed specifically for your feedback. It is expected to take around 10-15 minutes of your time.

We ask that you use the reply paid envelope to post the completed survey to the principal researcher.

If the principal researcher has not received your completed survey in 2-3 weeks, you will be contacted directly to ask if you are still willing to participate.

Your participation in this research project is completely voluntary.

5. Possible Benefits

Because of the nature of this research project, there may be no direct benefit to you in the short term but we hope that the results of this project will improve the development and implementation of future programs. In particular, this information will help determine how this community-based model is functioning and to pin point areas where it might be improved.

The information you provide will be used to improve this clinic and how patients with diabetes can be better managed in their own community to provide more timely and accessible care.

6. Possible Risks

There are no known risks if you decide to take part in this study. A number of systems are in place to ensure confidentiality throughout the study, and you are free to withdraw at any time.

9. Privacy, Confidentiality and Disclosure of Information

You will be asked to complete a survey questionnaire in your own time which will be completely confidential. All survey responses will be stored in a locked filing cabinet or on a password protected computer at the Sunshine Coast Division of GP office at Cotton Tree.

Any information obtained in connection with this research project that can identify you will remain confidential and will only be used for the purpose of this research project. It will only be disclosed with your permission, except as required by law.

If you give us your permission by signing the Consent Form, we plan to *publish* the results. In any publication, information will be provided in such a way that you cannot be identified.

In accordance with the *Freedom of Information Act 1982 (Vic)*, you have the right to access and to request correction of information held about you by the Sunshine Coast Division of GP.

11. Results of Project

You may request a copy of the final publication to be sent to you when the project is completed.

12. Further Information or Any Problems

If you require further information or if you have any problems concerning this project, you can contact the principal investigator Prof Claire Jackson on 3365 5381 or principal researcher, Jenny Morcom on 5456 8814 or jmorcom@scdgp.org.au or Dr. Tina Janamian, on 3365 5545 or t.janamian1@uq.edu.au.

13. Other Issues

If you have any complaints about any aspect of the project, the way it is being conducted or any questions about your rights as a research participant, then you may contact The Human Research and Ethics Committees of the University of Queensland via the ethics officer on 3365 3924.

You will need to tell the ethics officer the name of one of the researchers given in section 12 above.

14. Participation is Voluntary

Participation in any research project is voluntary. If you do not wish to take part you are not obliged to. If you decide to take part and later change your mind, you are free to withdraw from the project at any stage.

Your decision whether to take part or not to take part, or to take part and then withdraw, will not affect your relationship with the general practice, SCDGP, or the University of Queensland.

Before you make your decision, a member of the research team will be available so that you can ask any questions you have about the research project. You can ask for any information you want. Sign the Consent Form only after you have had a chance to ask your questions and have received satisfactory answers.

You are free to withdraw from this project at any time.

15. Reimbursement for your costs

You will not be paid for your participation in this research project.

16. Ethical Guidelines

This project will be carried out according to the *National Statement on Ethical Conduct in Research Involving Humans* (June 1999) produced by the National Health and Medical Research Council of Australia. This statement has been developed to protect the interests of people who agree to participate in human research studies.

This study has been cleared by one of the human ethics committees of the University of Queensland in accordance with the National Health and Medical Research Council's guidelines. Whilst you are free to discuss your participation in this study with the project staff (Jenny Morcom, jmorcom@scdgp.org.au or 5456 8814; or Tina Janamian t.janamian1@uq.edu.au on 07 33655545), or if you would rather speak to an officer of the University not involved in the study, you may contact the Human Research and Ethics Committees of the University of Queensland via the ethics officer on 3365 3924.

PARTICIPANT CONSENT FORM

Site: Sunshine Coast

Full Project Title: Shared Care Community Clinic Evaluation

I have read and understand the Participant Information Sheet.

I have had an opportunity to ask questions and I am satisfied with the answers I have received.

I freely agree to participate in this project according to the conditions in the Participant Information.

I will be given a copy of the Participant Information and Consent Form to keep.

I understand that the researcher has agreed not to reveal my identity and personal details if information about this project is published or presented in any public form.

Participant's Name (printed): _____

Signature: _____

Date: _____

Name of Witness to Participant's Signature (printed): _____

Signature: _____

Date: _____

Declaration by researcher*: I have given a verbal explanation of the research project, its procedures and risks and I believe that the participant has understood that explanation.

Researcher's Name (printed): _____

Signature: _____

Date: _____

Note: All parties signing the Consent Form must date their own signature.