

#### Family Physician Individual Interview Consent Form

# <u>TITLE:</u> PaCES subproject: Implementation Evaluation of Shared Care letters from family physicians' perspectives. HREBA.CC-19-0406

#### INVESTIGATORS:

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This consent form is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, please ask. Take the time to read this carefully and to understand any accompanying information. You will receive a copy of this form.

#### BACKGROUND

The purpose of this study is to evaluate the implementation and perceptions of having developed and begun the use of these shared care letters as part of the larger PaCES project for patients with advanced colorectal cancer who are receiving care in the GI Oncology clinics at the Tom Baker Cancer Centre. This project will explore how the shared care letters were received and utilized by family physicians to share care with oncologists, and what their perceptions are about how these letters improve communication, collaboration, and ultimately care for their patients with advanced colorectal cancer.

This is a qualitative research study. Data will be collected through interviews and focus groups, which will be transcribed into written scripts and analyzed for common themes.

Approximately 20 family physicians in the Calgary zone who have received shared care letters regarding mutual patients with advanced colorectal cancer and the GI medical oncologists at the Tom Baker Cancer Centre will take part in this study in Calgary. This study is being conducted as part of the larger PaCES, (Palliative Care, Early and Systematic) project within Department of Oncology at the Cumming School of Medicine, University of Calgary.

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PI: Dr. Amy Tan Version number/date: v.1 Oct 8, 2019 Family Physician Individual Interview Consent Form 4 pages Your consent will identify your desire to participate in an individual telephone interview of about 30 minutes in length.

## WHAT IS THE PURPOSE OF THE STUDY?

The purpose of this study is to evaluate the implementation and perceptions of having developed and begun the use of these shared care letters as part of the larger PaCES project for patients with advanced colorectal cancer who are receiving care in the GI Oncology clinics at the Tom Baker Cancer Centre.

### WHAT WOULD I HAVE TO DO?

If you agree to participate in this study: You will be asked to participate in a 30 minute long audio-recorded telephone interview session at a mutually convenient time.

## WHAT ARE THE RISKS?

There are no direct risks to participating in this study.

### WILL I BENEFIT IF I TAKE PART?

If you agree to participate in this study there may or may not be a direct benefit to you. The information we get from this study may help us to develop a more effective local health care system, and thus help improve care for patients.

### **DO I HAVE TO PARTICIPATE?**

It is entirely up to you whether you choose to participate. Your decision not to participate will not affect your relationship with the researchers.

Participation in this study is entirely voluntary. You can choose to withdraw at any time, with no consequences to you. Participation in this study is entirely voluntary. You can choose to withdraw at any time, with no consequences to you. If you choose to end your participation in this study, all recordings, comments, and transcripts collected will be removed from the study's data set if this is prior to analysis.

Please note that your contributions to the study may not be able to be removed from the analysis, should you withdraw from the study, but we can ensure that no exemplar quotes are used from your interview transcript,

Any concerns about your decisions to withdraw can be discussed with study staff at any time.

# WHAT ELSE DOES MY PARTICIPATION INVOLVE?

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If you choose to participate in this study, you will also be asked to participate in a 30-minute audio-recorded telephone individual interview.

## WILL I BE PAID FOR PARTICIPATING, OR DO I HAVE TO PAY FOR ANYTHING?

You will not incur any cost by participating in this study.

## WILL MY RECORDS BE KEPT PRIVATE?

All interview audio recordings will be kept private, and will only be available to the research team. Any personal information will be de-identified by research personnel. Your comments will be kept confidential. No one outside the research team will have access to the raw data.

## **SIGNATURES**

Your signature on this form indicates that you have understood to your satisfaction the information regarding your participation in the research project and agree to participate as a participant. In no way does this waive your legal rights nor release the investigators or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time without jeopardizing your health care. If you have further questions concerning matters related to this research, please contact:

Dr. Amy Tan (403) 210-6318

If you have any questions concerning your rights as a possible participant in this research, please contact the Chair, Office of the Health Research Ethics Board of Alberta – Cancer Committee at:

Telephone: 780-423-5727

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Toll Free: 1-877-423-5727

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Participant's Name	Signature and Date
Investigator/Delegate's Name	Signature and Date
Witness' Name	Signature and Date

The University of Calgary Health Research Ethics Board of Alberta – Cancer Committee has approved this research study.

A signed copy of this consent form has been given to you to keep for your records and reference.

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