
**ATTACHMENT E**

**Consent for Participation in Focus Groups**

This consent form will give you the information you will need to understand why this study is being done and why you are being invited to participate. It will also describe what you will need to do to participate and any known inconveniences and benefits that could arise from participating. We encourage you to ask questions at any time. If you decide to participate, you will be asked to sign this form and I will keep it as a record of your agreement to participate. You will be given a copy of this form to keep for your records.

**PURPOSE AND BACKGROUND**

You are invited to participate in a focus group as part of a research study. You are being asked to participate because you are a health care practitioner who is involved in patient education and helping patients make clinical care/treatment decisions. The information gathered will be used to help us better understand how we might customize products/tools/materials to better fit your needs as patient educators in shared decision making with patients and caregivers. AFYA Inc. (AFYA), a technical and professional services firm, will be conducting the focus groups. The focus group is sponsored by the Agency for Healthcare Research and Quality (AHRQ).

**PROCEDURES**

We will invite up to 12 health care practitioners to meet together to discuss their perspectives, experiences, and information needs with regards to shared decision-making. A member of the AFYA research team will help guide the discussion. To protect the privacy of focus group members, we ask that you not discuss what is discussed in the focus group with anyone else. The focus group will last about 1 hour and 45 minutes and we will audiotape the discussion to make sure that it is recorded accurately.

**RISK/DISCOMFORTS**

We do not envision any significant risks related to participation in this study. If you feel embarrassed or upset by the things that are talked about during the focus group, you can decline to talk about any topic for any reason. You can stop being in the focus group at any time. It is your right to refuse to answer any questions or stop participating in the focus group at any time.

**BENEFITS**

There will be no direct benefit to you from participating in this study. However, you may learn more about additional resources that are available for use to educate patients and caregivers in shared decision-making.

**CONFIDENTIALITY**

The information you will share with us if you participate in this study will be kept completely confidential to the full extent of the law. We will be audio-recording the focus group. The audio-recording will be transcribed, and kept on a password-protected computer in AFYA's secure offices. We will only refer to first names in the notes. Only authorized project staff will have access to the research data. Any forms related to the project that have your name or information that could identify you will be kept in a locked file cabinet. Data will be kept for three years (per federal regulations) after the study is complete and then destroyed.

**PAYMENT**

You will receive $50.00 as a token of appreciation for taking part in the focus group.

**VOLUNTARY PARTICIPATION**
Participation in this focus group is voluntary. It is your choice to participate in discussions. You can choose not to answer any question. You can stop being in the study at any time.

**QUESTIONS**
If you have questions about the focus group or the amount of time to complete this consent form and participate in the focus group, you can call Michelle Tregear, Project Director (AFYA) at (301) 957-3040 between 9 AM and 5 PM Eastern Standard Time Monday - Friday.

**DOCUMENTATION OF CONSENT**
I have read this form and decided that I will participate in the project described above. Its general purposes, the particulars of involvement and possible risks have been explained to my satisfaction. I have had a chance to ask questions and my questions were answered. I understand I can withdraw at any time. I have received a copy of this form.

| **Printed Name** of Study Participant | **Signature** of Study Participant | Date |
|---|---|---|

| Signature of Person Obtaining Consent | Date |
|---|---|