

AMERICAN INSTITUTES FOR RESEARCH®

National Implementation of TeamSTEPPS Master Training Program Interview Agency for Healthcare Research and Quality

Individual Interview Consent Form

What is this project about and what will you ask me to do?

We are interested in finding out more about the lessons learned from the Agency for Healthcare Research and Quality's National Implementation of TeamSTEPPS Master Training Program. We are conducting site visits to compile the lessons learned. Your experience in patient safety is critical and will provide information on the usefulness of the TeamSTEPPS concepts, tools and strategies, as well as identify how organizations such as yours have used these concepts, tools, and strategies. This individual interview will take about one hour.

Who is doing this project?

This project is being conducted by the Health Research & Education Trust (HRET), a not-for-profit research organization. The project is funded by the Agency for Healthcare Research and Quality (AHRQ), a federal government agency.

Do I have to participate in this project?

No. It is your choice whether to participate or not. Also, you have the right to stop participating at any time, and you do not have to answer any questions that you don't want to. If you choose not to participate or stop participating, there are no penalties.

What are the risks and benefits?

There are no anticipated or known risks in participating in this project. There are no direct benefits to you for participating in a site visit interview. In participating in this project, you will receive the opportunity to provide feedback to AHRQ about the TeamSTEPPS Master Training program.

How will you protect my privacy?

To protect your confidentiality and privacy, your name/organization will not be connected with any statements you make during the interview or in any reports that result from this project unless expressly authorized by you. With your permission, we will be audio-recording the interview for reference, to ensure accuracy in capturing your thoughts. The recordings, transcripts, and notes will be destroyed no later than the end of the project.

More Information

If you have questions about this study, you can contact David P. Baker at 443-539-9773 or dbaker@impaqint.com.

Consent to Participate

Do you understand the project described and agree to act as a participant in the study?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you agree to have the individual interview recorded and to have the information gathered in the interview used in this project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand that you can withdraw your consent at any time and stop participating in the study without any prejudice to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand that your name will not be associated with any of the reports or documents related to this project unless you expressly authorize us to do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> I request to be acknowledged in project-related documents	

Signature: _____

Print Name: _____

Today's date: _____

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