

NewYork-Presbyterian Hospital
Columbia University Medical Center

Consent to Participate in a Research Study

The purpose of this consent form is to provide you with the information you need to consider in deciding whether you and your child wish to participate in this research study.

Study Title: Identifying Methods of Physician Communication during Patient Encounters

Study Purpose: You and your child are invited to participate in a research study of how pediatric residents communicate to their patients. This study is being done in order to find out whether doctors are speaking to their patients in clear and plain language. The goal is to train doctors to communicate in ways that can be easily understood by patients. You and/or your child qualify as a possible participant in this study because you or he or she is a patient at New York-Presbyterian Hospital.

Study Procedures: If you decide to participate or to allow your child to participate, an observer will sit in on your visit with your child's doctor. The observer will complete a checklist based on observations of how the doctor communicates with you. At the end of the visit, when you have left the doctor's office, the observer will ask you about the visit. He or she will complete a survey that will take approximately 10 minutes of your time. Participation in the study will not require extra visits to the Medical Center and will not lengthen the amount of time you spend with your child's doctor.

Study Risks: You or your child's participation in this study does not involve any risks, discomforts, or inconveniences other than the observation itself.

Study Benefits: You or your child will not benefit personally from this study. Benefits to the community may include better training of residents.

Alternatives: The alternative to this study is simply not to participate.

Costs: This study will not impose any costs on your child.

Compensation: Your child will not receive any compensation for participating in this study.

Compensation for Injury: This study does not pose any threat of injury.

Confidentiality: Any information obtained during this study and identified with your child will remain confidential.

Your participation in this study is completely voluntary. You can refuse to participate, or withdraw from the study at any time, and such a decision will not affect your medical care at New York- Presbyterian Hospital, now or in the future. Signing this form does not waive any of your legal rights.

Questions: If you have any questions, please ask, and we will do our best to answer them. If you have additional questions in the future, you can reach Dr. Meyer at (212) 305-0903. If you have any questions on your rights as a research subject, you can call the Institutional Review Board at (212) 305-5883 for information.

Statement of Consent: I have discussed this study with _____ to my satisfaction. I understand that my participation is voluntary and that I can withdraw from the study at any time without prejudice. I have read the above and agree to enter this research study.

Signing this form does not waive any of my legal rights. I have been informed that is I believe that I have sustained injury as a result of participating in a research study, I may contact the Principal Investigator, Dr. Dodi Meyer, at (212) 305-0903, or the Institutional Review Board at (212) 305-5883, so that I can review the matter and identify the medical resources which may be available to me.

I understand that:

- a) The New York-Presbyterian Hospital will furnish that emergency medical care determined to be necessary by the medical staff of this hospital;
- b) I will be responsible for the cost of such care, either personally or through my medical insurance or other form of medical coverage;
- c) No monetary compensation for wages lost as a result of injury will be paid to me by the New York-Presbyterian Hospital, Columbia University Medical Center, and;
- d) I will receive a copy of this consent form.

Signatures:

Participant _____ Date _____

Investigator Eliciting Consent _____ Date _____