CONSENT TO PARTICIPATE FORM

We request your participation in a project titled Family Engagement Quality Improvement Project Phone Interview. This project is an optional component of the Family Engagement Quality Improvement Project, facilitated by the National Center for Medical Home Implementation in the American Academy of Pediatrics (AAP), funded through a cooperative agreement between the AAP and the Maternal and Child Health Bureau of the Health Resources and Services Administration. In anticipation of the conclusion of the Family Engagement Quality Improvement Project in winter 2017, AAP staff and Expert Work Group members would like feedback from parent/caregiver partners about their experiences participating in this project.

PURPOSE OF THE PROJECT

The primary goal of the Family Engagement Quality Improvement Project Phone Interview is to offer further insight into parent/caregiver partner experiences participating as members of core improvement teams.

HOW WE SELECTED YOU

You were selected to participate in phone interviews because you served as a parent/caregiver partner on a core improvement team throughout the Family Engagement Quality Improvement Project.

WHAT WE WILL ASK YOU TO DO

As a participant of the Family Engagement Quality Improvement Project Phone Interview, you will be asked to:

- Review a list of questions developed jointly by project staff, Expert Work Group members, and an evaluation consultant in advance of the interview.
- Work with project staff and evaluation consultant to schedule a 60-minute phone interview with the evaluation consultant.
- Participate in a 60-minute phone interview with the project’s evaluation consultant. You will have the option to participate in the phone interview individually, or with other members of your core improvement team (pediatrician, nurse, administrative staff).
- During the phone interview, share experiences related to participation in the project, including any successes, challenges, and new skills gained throughout the project.

PROJECT DURATION

The phone interviews will be completed in January and February 2017. Phone interviews will be 60 minutes in length.

RISKS OF PARTICIPATION

The phone interviews will be recorded and the evaluation consultant will be taking notes. The original notes will contain the practice name and phone interview participant names. These notes will only be
accessible by the project’s evaluation consultant and will not be shared with project staff, Expert Work Group members, or any other individuals who were not present on the call/phone interview. All phone interview recordings and notes will be destroyed upon the completion of the project.

Qualitative data acquired during phone interviews will be accessible to project staff, Expert Work Group members, quality improvement advisor, and the evaluation consultant. Qualitative data will also be included in the final report submitted to the project funder (the Maternal and Child Health Bureau, Health Resources and Services Administration) and in summary format to practice teams and Expert Work Group members. All participant names and practices names will be excluded from this report.

During the phone interviews, some nervous feelings or psychological discomfort may occur. Interview questions will be shared with each participant beforehand to minimize discomfort and aide in preparedness. Participants can choose to skip and/or not answer any questions throughout the interview.

Although there may be uncommon or previously risks that might occur, we do not expect these to be significant.

Potential loss of confidentiality
Any time information is collected, there is a potential risk of loss of confidentiality. Every effort will be made to keep your information confidential, however this cannot be guaranteed. (See confidentiality section below.)

Publications on the findings of this project will report data at the aggregate level only. No individual-level participant or parent/caregiver data will be reported.

**BENEFITS OF PARTICIPATION**
By participating in the phone interview, participants will have an opportunity to share their lessons learned and to showcase their hard work, determination, and successes related to the project. This information can be used to help improve future family engagement projects at the AAP.

**COMPENSATION**
You will not be paid or compensated in any way for participating in this project.

**CONFIDENTIALITY**
Qualitative data acquired during phone interviews will be accessible to project staff, Expert Work Group members, quality improvement advisor, and the evaluation consultant. The qualitative data may also be included in a final report submitted to the project funder (the Maternal and Child Health Bureau, Health Resources and Services Administration). All participant names and practice names will be excluded from this report.

**VOLUNTARINESS**
Your participation in the project is completely voluntary/optional. You may refuse to participate, or you may stop participating at any time and for any reason, without any penalty or impact.

**WHOM TO CONTACT**
If you have any questions about the project, please contact Alex Kuznetsov, Program Manager (contact information below). If you have any questions or concerns about your rights as a research subject, please contact Erin Kelly, AAP Institutional Review Board Administrator at 847/434-4075.

CONSENT TO PARTICIPATE
I have read this statement, and I understand what it says. I agree to participate in this project under the conditions outlined above. I acknowledge that I have received a copy of this form.

Participant

Signature _____________________________ Date ______________________

Printed Name __________________________________________

Practice Name __________________________________________

If you choose to participate in this project, please sign, scan and e-mail to:
Alex Kuznetsov
Program Manager
Email: akuznetsov@aap.org
Phone: 847/434-7087

You may also send a fax to:
Beth Evans
Administrative Assistant
Division of Children with Special Needs
American Academy of Pediatrics
Fax: 847/228-5034

Consent forms must be received no later than January 3, 2017.
Please keep one copy for your files.

If you would like further information about this project, contact:

Alex Kuznetsov
Program Manager
Email: akuznetsov@aap.org
Phone: 847/434-7087