Supplementary Material 2: Clinician survey consent script

The following text appears on the opening screens of an electronic version of the survey or a cover sheet for a paper survey. The University of Wisconsin – Madison Institutional Review Board approved this script. Some language may be altered to align with site-specific policies and procedures.

[SITE NAME]

A Communication Tool to Assist Severely Injured Older Adults

Principal Investigator: [SITE PI NAME]; phone: (XXX) XXX-XXXX; email:

Thank you for your interest in this research study. We are studying a strategy to improve communication between trauma ICU teams, patients, and family members so that patients and their loved ones can feel supported in the ICU. We invite you to participate in four brief surveys over the course of the study because you work in the [UNIT AND SITE NAME LIKE TRAUMA UNIT AT UNIVERSITY OF WISCONSIN]. These confidential surveys will each take about 10-15 minutes to complete and include questions on your feelings about your work and situations you may have encountered. Although you are not expected to benefit directly from participating in this study, your participation may benefit other people in the future by helping us learn more about communication between trauma providers, patients and their family members. You will be paid $5 for completing each survey, which will be given to you as [DESCRIBE INCENTIVE FORMAT: CASH, GIFT CARD, COFFEE CARD, ETC.]

We will not collect any information from you that could be used to identify you and your survey responses will remain confidential. Only trained research staff will access your survey responses and will only use them for study purposes. The information collected from you during this study will be used by research staff at [SITE NAME], as well as research collaborators at the University of Wisconsin-Madison and The National Institutes of Health, the study sponsor. We will keep your survey data for an indefinite period of time, meaning we have no plans of ever destroying them. Keeping data for future research is called “banking.” The banked data will be kept in a secure location for use by researchers. The data may be shared with other researchers at the University of Wisconsin-Madison and outside the university. Outside researchers may be at other universities, private companies, or other kinds of organizations. Because your data do not include any information that can identify you, it cannot be removed from this data set.

The study has a Certificate of Confidentiality from the National Institutes of Health. A Certificate of Confidentiality prohibits researchers from disclosing information that may identify you in a legal proceeding or in response to a legal request without your consent.

A description of this clinical trial will be available on http://www.ClinicalTrials.gov, as required by U.S. Law. This Web site will not include information that can identify you. At most, the Web site will include a summary of the results. You can search this Web site at any time.

You may have some anxiety from answering questions about your work. If you feel uncomfortable while filling out the survey, you may stop at any time. You may also skip any questions that you don’t want to answer. The questionnaires you will complete in this study ask about symptoms of emotional distress

such as worry and fatigue. We are using the questionnaires only for research, not to diagnose mental health issues. We will not tell you the results. If you are experiencing emotional distress, you should contact your physician or other health care provider, such as a mental health professional or your [EMPLOYEE ASSISTANCE PROGRAM OR COMPARABLE SITE-SPECIFIC RESOURCE].

Your participation is voluntary and you may stop taking the survey at any time. Please take your time deciding if you want to participate. If you choose not to participate or to leave the study, your choice will not affect your job or any services you receive. No matter what decision you make, and even if your decision changes, there will be no penalty to you. You will not lose any legal rights.

This study is being conducted by [SITE PI NAME AND CONTACT INFORMATION]. If you have any questions about this study, contact [SITE RESEARCH COORDINATOR NAME, EMAIL AND PHONE NUMBER]. If you have any questions about your rights as a research subject or have complaints about the research study or study team, contact the [SITE PATIENT RELATIONS OR IRB DEPARTMENT NAME AND CONTACT INFO].

[The following sentence will only be included on a paper, hardcopy version of this information sheet/consent script] All your answers are confidential and will be shared only with the research team. All data collected will be de-identified and not traceable to you. Results will only be released in aggregate. Your data may be kept for future research. By proceeding to the next page, you indicate your consent to participate in this study.

[The following sentence will only be included the web survey version of this information sheet/consent script] All your answers are confidential and will be shared only with the research team. All data collected will be de-identified and not traceable to you. Results will only be released in aggregate. Your data may be kept for future research. By clicking to advance to the next page, you indicate your consent to participate in this study.