

## **Early Hearing Detection and Intervention Quality Improvement Project**

### **Post-Project Feedback Call** American Academy of Pediatrics

#### **CONSENT TO PARTICIPATE FORM**

We request your participation in a project titled Early Hearing Detection and Intervention (EHDI) Quality Improvement Project Post-Project Feedback Call. This project is an **optional** component of the EHDI 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 Early Hearing Detection and Intervention Quality Improvement Project in summer 2017, AAP staff and Expert 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 Early Hearing Detection and Intervention Quality Improvement Project Post-Project Feedback call is to offer further insight into parent/caregiver partner experiences participating as members of core improvement teams and experiences within pediatric practices.

#### **HOW WE SELECTED YOU**

You were selected to participate in the post-project feedback call because you served as a parent/caregiver partner on a core improvement team throughout the Early Hearing Detection and Intervention Quality Improvement Project.

#### **WHAT WE WILL ASK YOU TO DO**

As a participant of the Early Hearing Detection and Intervention Quality Improvement Project Post-Project Feedback call, you will be asked to do the following:

- Review a list of questions developed jointly by project staff, Expert Group members, and a quality improvement advisor in advance of the telephone call.
- Participate in a 60-minute telephone call with the project's quality improvement advisor and other practice teams participating in the project, including other parent/caregiver partners.
- During the post-project feedback call, share experiences related to participation in the project, including any successes, challenges, and new skills gained throughout the project.

#### **PROJECT DURATION**

The post-project feedback call will be completed in August 2017. The telephone call will be a maximum of 60 minutes in length.

#### **RISKS OF PARTICIPATION**

The post-project feedback call will be recorded and the quality improvement advisor will be taking notes. These notes will only be accessible by the project's quality improvement advisor and will not be shared

with project staff, Expert Group members, or any other individuals who were not present on the telephone call. The post-project feedback call recording and notes will be destroyed upon the completion of the project.

Qualitative data acquired during the post-project feedback call will be accessible to project staff, Expert Group members, and the quality improvement advisor. 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 shared with practice teams and the Expert Group members. All participant names and practice names will be excluded from this report.

During the post-project feedback call, some nervous feelings or psychological discomfort may occur. 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 telephone call.

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 post-project feedback call, 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 quality improvement 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 the post-project feedback call will be accessible to project staff, Expert Group members, and the quality improvement advisor. 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 Sandi Ring (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:

Sandi Ring, MS CCLS  
Program Manager – Early Hearing Detection and Intervention  
American Academy of Pediatrics  
Email: sring@aap.org  
Phone: 847/434-4738

You may also send a fax to:

Beth Mlodoch  
Division Coordinator  
Division of Children with Special Needs  
American Academy of Pediatrics  
Fax: 847/228-5034

**Consent forms must be received no later than July 31, 2017.**

Please keep one copy for your files.

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

Sandi Ring, MS CCLS  
Program Manager  
Email: sring@aap.org  
Phone: 847/434-4738