

600 University Avenue Toronto, Ontario, Canada, M5G 1X5 t. (416) 586-4800 f: (416) 586-4807 www.mtsinai.on.ca

### HAND HYGIENE FOCUS GROUP: CONSENT FORM

**INVESTIGATOR**: Dr. Allison McGeer, Department of Infection Control and Microbiology

Room 210; ext. 3118; email: amcgeer@mtsinai.on.ca

TITLE: Implementing Effective Hand Hygiene Programs in Healthcare

STUDY SPONSOR: Canadian Institutes for Health Research/Canadian Patient Safety Institute

You are being asked to take part in a research study. Before agreeing to participate in this study, it is important that you read and understand the following explanation of the proposed study procedures. The following information describes the purpose, procedures, benefits, discomforts, risks and precautions associated with this study. It also describes your right to refuse to participate or withdraw from the study at any time. In order to decide whether you wish to participate in this research study, you should understand enough about its risks and benefits to be able to make an informed decision. This is known as the informed consent process. Please ask the study doctor or study staff to explain any words you don't understand before signing this consent form. Make sure all your questions have been answered to your satisfaction before signing this document.

### **Purpose**

You have been asked to participate in one of a series of focus groups at the Mount Sinai Hospital on the topic of hand hygiene. These focus groups are designed to provide a better understanding of hand hygiene practices among health care workers. Issues related to knowledge, attitudes and behaviours related to hand hygiene will be discussed. Data collected will be used in developing programs to support hand hygiene practice at Mount Sinai Hospital and other acute care hospitals.

# **Procedures**

You are asked to participate in a 60 minute focus group session. In the session you will be asked to watch some short video clips involving re-enactments of healthcare worker and patient contact. You will also be asked to participate in a group discussion hand hygiene practice – we are interested in what you and others think about current practice, what, if anything, needs to change in practice, and what healthcare workers and the hospital can do to support this change.

# **Risks**

There are no risks associated with participation in the focus group session.

### **Benefits**

Information gathered from the focus group sessions will provide a better understanding of knowledge and attitudes towards hand hygiene and of barriers and incentives to adherence to



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practice recommendations as well as provide guidance to healthcare decision makers wishing to facilitate the development of successful hand hygiene programs and thus begin a process of changing social attitudes towards hand hygiene and the prevention of hospital-acquired infections

# **Confidentiality**

All information obtained during the study will be held in strict confidence. No names or identifying information will be used in any publication or presentations. The focus group session will be audio-taped. Investigators will listen to the audio-tapes. Participants will not be identified by name or occupation on the tapes, and investigators will not have information about who participated in the particular focus group. Direct quotes from the discussion maybe used in reports, but no identifying information will be provided with these quotes or anywhere else in the final report.

# **Participation**

Your participation in this study is voluntary. You can choose not to participate or you may withdraw at any time without risk of penalty.

# Compensation

During the focus group session you will be provided with lunch/snacks and beverages (coffee, tea, juice). Upon completion of the focus group session you will also be provided with a \$40 stipend to compensate you in part for your time and expenses. No other compensation will be provided.

#### Questions

If you have any future questions about the study, please contact Dr. Allison McGeer, the principal investigator (ext. 3118 or <a href="mailto:amcgeer@mtsinai.on.ca">amcgeer@mtsinai.on.ca</a>) or Ms. Gomana Youssef, Research Project Coordinator at (416) 586-4800 ext. 2767 or <a href="mailto:gyoussef@mtsinai.on.ca">gyoussef@mtsinai.on.ca</a>.

If you have any questions about your rights as a research participant, please call Dr. R. Heslegrave, Chair of the Mount Sinai Hospital Research Ethics Board at (416) 586-4875. Dr. Heslegrave not involved with the research project in any way and calling him will not affect your participation in the study.

### Consent

I acknowledge that I have had the opportunity to discuss this study and my questions have been answered to my satisfaction. I consent to take part in the study with the understanding I may withdraw at any time without risk of penalty. I have received a signed copy of this consent form. I voluntarily consent to participate in this study.



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| Participant's Name (Please Print)                                  | Participant's Signature     | Date                              |
|--|-----------------------------|-----------------------------------|
| I confirm that I have explained the I have answered all questions. | e nature and purpose of the | study to the subject named above. |
| Name of Person S Obtaining Consent                                 | Signature                   | Date                              |