

Health Care Team Event/IPE Research Consent Form

Thanks for participating in SD HOSA's Health Care Team Event and research. According to the World Health Organization, Interprofessional Education (IPE) is an approach to teaching and learning that brings together students from two or more professions to learn about, from and with each other in service of enabling effective collaboration. Its goal is to improve health outcomes through the education of a collaborative practice-ready workforce that is prepared to respond to local health needs. (WHO, 2010) By participating in this event and research, your child will be able to define and gain insight into Interprofessional Education (IPE) and how it differs from traditional education models used in health science education.

***Note:** Parents, legal guardians, or a legally authorized official **MUST** sign consent forms permitting minors to participate in research projects. No students will be identified, by name, in this study.

GUARDIAN AUTHORIZATION:

Your child is invited to participate in a research study conducted by Brock Rops, from the UNIVERSITY OF SOUTH DAKOTA SANFORD SCHOOL OF MEDICINE and more specifically the Family Medicine Department/South Dakota HOSA. I hope to learn students' familiarity with Interprofessional Education (IPE), students' attitudes of Interprofessional Education (IPE), students' learning style(s) of choice, and of team-based care. Your child was selected as a possible participant in this study because of their interest in South Dakota HOSA's "Health Care Team Event".

As part of the event, your child will complete six online Interprofessional Education (IPE) modules lasting a total of 1 hour, and compete in South Dakota HOSA's Health Care Team Event in the Parry Simulation Center which will last about 15 minutes. The actual event competition will be videotaped to be used in a debriefing session.

If you decide to allow your child to participate, as part of the research, he/she will take two online surveys, one prior to the event/modules and one following the event/modules. These surveys will take approximately 5 minutes to complete. Your child may skip answering questions that may make him or her feel uncomfortable.

By participating in this research, we are aiming to compare surveys prior to the modules/event and following the modules/event. By the end of the modules/event your child will be able to define and gain insight into Interprofessional Education (IPE), research multiple disciplines identifying health care team roles, work as a student health care team when preparing for the event, and collaborate when treating a standardized patient or simulation. However, I cannot guarantee that your child personally will receive any benefits from this research.

Any information that is obtained in connection with this study and that can be identified with your child will remain confidential and will be disclosed only with your permission or as required by law. Subject identities will be kept confidential by being coded using a seven digit identifier and safeguarded by login and password entries. Information may be published in a medical journal or magazine, however, no student names will be used in the article or represented data.

Your child's participation is voluntary. Your decision whether or not to allow our child to participate will not affect your or your child's relationship with the UNIVERSITY OF SOUTH DAKOTA SANFORD SCHOOL OF MEDICINE or SOUTH DAKOTA HOSA: FUTURE HEALTH PROFESSIONALS. If you decide to allow your child to participate, you and/or your child are free to withdraw your consent and discontinue participation at any time without penalty.

If you have questions regarding your rights as a research subject, you may contact The University of South Dakota- Office of Human Subjects Protection at humansubjects@usd.edu or call (605) 677-6184. You may also call this number with problems, complaints, or concerns about the research. Please call this number if you cannot reach research staff, or you wish to talk with someone who is an informed individual who is independent of the research team.

Your signature indicates that you have read and understand the information provided above, that you willingly agree to allow your child to participate, that you and/or your child may withdraw your consent at any time and discontinue participation without penalty, that you will receive a copy of this form, and that you are not waiving any legal claims.

Name of Child: _____ Signature: _____ Date: _____