

Department of Family Medicine, Research Office D009-780 Bannatyne Ave. Wpg, MB R3T2N2 (204)789-3314

December 3, 2021

Dear colleague,

I am co-Investigator for a study that is looking at difficult and challenging conversations that doctors may have with their patients about different topics. These topics can include potentially unnecessary imaging for back/head pain, unnecessary treatments (e.g. antibiotics for sinusitis), but also — in the midst of a pandemic — potentially controversial topics like vaccination. Our study aims to better understand the conversations between doctors and patients and identify strategies for doctor-patient discussions that build trust and satisfy the professional and personal needs of both parties involved. Beyond these cases, we are also interested in doctor-patient dialogue for any other evidence-based recommendations that can occur when a patient visits their doctor. Part of this study will also involve interviews/focus groups with patients for their perspectives on the same topics.

Participation in this research study involves a minimal time commitment. Your thoughts and perspective will help us with a better understanding what works better when having challenging discussions around the risks and benefits of tests, treatments, and preventive behaviors (such as vaccination) to enable informed patient decision-making. Participation in this study involves the completion of a very brief questionnaire about your practice and a 20-30 minute telephone interview with a member of the research team. Your responses will be completely anonymous.

If you are interested, please contact Mr. Ryan Maier (<u>Ryan.Maier@umanitoba.ca</u>) or Dr. Michelle Driedger (<u>Michelle.Driedger@umanitoba.ca</u>). We would need your name, email address and preferred phone number.

Thank you for considering this. We are truly grateful for your valuable time and input.

Sincerely,

Alexander Singer BSc, MB BAO BCh, CCFP

Alan Katz MBChB MSC CCFP

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Max Rady College of Medicine

Department of Community Health Sciences 750 Bannatyne Avenue Winnipeg, Manitoba Canada R3E 0W2 Telephone: (204) 789-3473

-204) 709-34

Fax: (204) 789-3905

RESEARCH PARTICIPANT INFORMATION AND CONSENT FORM – PCP Interview

Title of Study: Changing the patient-PCP dialogue: fostering trust through joint clinical decision making

Principal Investigator: Dr. S. Michelle Driedger, Department of Community Health Sciences,

University of Manitoba, S113-750 Bannatyne Ave, Winnipeg, MB R3E 0W3

Phone: (204) 789-3936 e-mail: michelle.driedger@umanitoba.ca

Co-Investigators: Frances Chartrand (Manitoba Metis Federation), Dr. Eric Bohm (University of Manitoba), Dr. Alan Katz

(University of Manitoba), Dr. Colleen Metge (University of Manitoba), Dr. Alex Singer (University of

Manitoba)

Sponsor: Canadian Institutes of Health Research

Consent

You are being asked to participate in a research study. Please take your time to review this consent form and discuss any questions you may have with the study staff.

Purpose and Procedures:

Doctors are an important source of health information to their patients, especially during the COVID-19 pandemic when people may have questions or concerns about the COVID-19 virus, vaccinations, and all of their other health needs. The aim of this project is to develop a better understanding of the doctor-patient interaction in situations where difficult conversations may occur, and to do this we are interviewing primary care providers (PCPs) in Manitoba to gather their experiences and opinions about having challenging conversations about COVID vaccination or other health topics (e.g. low-value tests or procedures). We are interested in investigating the strategies that PCPs use to balance the evidence of harms and benefits while also meeting patient preferences to achieve mutually satisfying decisions. We are equally interested in how PCPs may tailor those strategies depending on the different patients they serve. Ultimately, the data gathered from this study will inform recommendations on the ways that doctor-patient communication can be improved and mutual trust can be built or maintained.

For this study, we are asking that you participate in a telephone interview that will last approximately 30 minutes long as well as fill out a brief demographic form about the nature of your practice. You will be asked a variety of questions about experiences you may have had with patients when discussing vaccination (COVID or other vaccines) or other challenging health topics. We will explore your strategies for meeting the diverse needs of your patients as well as how you foster trust in your clinical interactions. The interview will be audio-recorded and transcribed for analysis purposes.

Risks and Discomforts:

We do not expect this study to expose you to any risks. You can refuse to answer any question you do not wish to answer and you can stop the interview at any time.

Costs and Benefits

Individual participants may or may not benefit from participation in this study. However, the result will contribute to the advancement of knowledge. There will be no costs directly associated with your participation in this project. You will receive a \$50 honorarium or gift card for your time.

Confidentiality

All information obtained during this study will remain confidential. Information gathered in this research study may be published or presented in public forums, however your name and other identifying information will not be used or

| Participant Initials | |
|----------------------|------|
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revealed and your contribution will be identified by using a pseudonym or simply "family physician" or "PCP". Your individual data from demographic surveys will be linked to your interview data for internal analysis purposes, but any outside presentations of this data will be anonymized as described above and data from demographic surveys would only be presented in aggregate form. Data will be stored on a secure computers and servers that are password protected (including computers researchers use while working remotely/from home). All records will be kept in a locked secure area and only the study researchers identified here will have access to these records. No information revealing any personal information such as your name, address, or contact information will leave the University of Manitoba and its servers Any identifiable information in completed interview data will be destroyed after ten years. The University of Manitoba Health Research Ethics Board may review study records for quality assurance purposes.

Voluntary Participation/Withdrawal from the Study

Your decision to take part in this study is voluntary. You may refuse to participate or you may withdraw from the study at any time. You do not have to answer any questions you do not want to.

Questions and Dissemination

You are free to inquire about any questions that you may have about your rights as a research participant. If any questions come up during or after the study, or you want to receive a summary of report findings, please contact Michelle Driedger at 204-789-3936 (michelle.driedger@umanitoba.ca) or Ryan Maier (ryan.maier@umanitoba.ca). For questions about your rights as a research participant, you may contact The University of Manitoba, Bannatyne Campus Research Ethics Board Office at 204-789-3389 (or bannreb@umanitoba.ca). Do not sign this consent form unless you have had a chance to ask questions and have received satisfactory answers to all of your questions. Verbal consent to participate in this project is acceptable if you do not feel comfortable in signing this consent form.

Statement of Consent

I have read this consent form. I have had the opportunity to discuss this research study with Dr. Michelle Driedger and/or her study staff. I have had my questions answered by them in language I understand. The risks and benefits have been explained to me. I believe that I have not been unduly influenced by any study team member to participate in the research study by any statements or implied statements. Any relationship (such as employer, supervisor or family member) I may have with the study team has not affected my decision to participate.

I understand that I will be given a copy of this consent form after signing it. I understand that my participation in this study is voluntary and that I may choose to withdraw at any time. I freely agree to participate in this research study. I understand that information regarding my personal identity will be kept confidential, but that confidentiality is not guaranteed. The University of Manitoba Health Research Ethics Board may inspect any of my records related to this study for quality assurance purposes. By signing this consent form, I have not waived any of the legal rights that I have as a participant in a research study.

| Participant signature | Date |
|---------------------------|--|
| Participant printed name: | (day/month/year) |
| | I the relevant details of this research study to the participant named above and bod and has knowingly given their consent |
| Printed Name: | |
| Signature: | (day/month/year) Role in the Study: |