

Introductory Script Template for UHN Quality Improvement Projects

For Surveys and Interview/Focus Group Guides with Patients and/or Staff

Hello and welcome,

You are being invited to *[complete survey/take part in interview/focus group]* for a UHN Quality Improvement (QI) project on *[project name]*. This *[survey/interview/focus group]* is being done to *[project purpose]*. The information you provide will be used to *[projected primary improvement outcomes]*. It will also be used to *[projected secondary uses; if applicable]*.¹

Taking part in this *[survey/interview/focus group]* is optional. If you decide not to participate, your *[care/employment]* will not be affected in any way. Information you provide will only be seen by *[describe study team group/roles]*. Others within UHN *[and outside of UHN; if applicable]* will only see a summary of the overall information collected. Your responses will not be linked to your name or personal information in any way, and will be stored separately from your personal health information *[for patients]/personal information [for staff]*. *[Or if applicable (e.g., patient-reported outcomes): Information you provide will also be used for clinical purposes and will be accessible by your UHN care team.]* It will be kept *[describe location]* for *[define time period]*. If results of this *[survey/interview/focus group]* interview are published or presented at meetings, your name and other personal identifying information will not be used, and your responses will not be linked to your name or personal information in any way.

If you have questions about this QI project, please contact *[project team contact email]*. If you have questions about your rights as a participant in a UHN Quality Improvement Project, please contact the UHN Quality Improvement Review Committee (QIRC) at QI@uhn.ca. QIRC is a group of people who oversee the ethical conduct of QI projects; they are not part of the project team.

Thank you for your participation!

Consent for Future Contact *[Please note: Use this section only if your specific QI project requires follow-up with the same individuals.]*

We are asking for your name and *[email address/phone #]* to contact you in the future for *[define follow-up stage of your project: our next survey, etc.]*. If you give us permission to contact you, please fill in your contact information in the space provided. This information will be kept separately from all other information you provide. It will be seen by *[describe study team]* and kept *[describe location]* for *[define time period]*.

Name: _____

Email/Phone #: _____

¹ See TCPS 2 (2018) – Chapter 5: Privacy and Confidentiality Section D for a description of consent and secondary use of data, if needed: https://ethics.gc.ca/eng/tcps2-eptc2_2018_chapter5-chapitre5.html