This form is NOT required for treatment.

If you wish to participate in this study you must read and sign this consent

Consent to Participate in a Research Study

Protocol Title: Comparison of Direct and Indirect Supervision of Psychiatry Residents impact on patient experienced quality of care

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What is the study about and why are you doing it?

This research is looking at the impact that supervising physicians have on your experience of quality during your visit. This research will help to guide residency training programs in the role supervising physicians should have in clinics to ensure quality care.

What are you asking me to do if I agree to be in the study?

To participate you would be asked to complete a quick 10 question survey after two sessions. One session would have an attending present for some portion of the visit, and the other session would not. No other part of your care would change

How will this study help me?

The information obtained from this study may not help you. However, it may help others by providing residency training programs information on how to use supervision to improve the quality of care provided. If you decide to participate, and complete both surveys, you would be entered into a drawing where two participants will win a $250 cash card.

Are there any risks involved with being in the study?

There is a small risk of a breach of confidentiality, but all efforts will be made to keep your survey results in the strictest confidentiality. You will use a study ID when answering your survey with your resident physician not having access to your individual survey response. There are no other expected risks of participation.

What steps have been taken to minimize participant risk?
The information that you provide will be kept confidential on secure electronic servers. You will be assigned a study ID number that will be used for all documentation of study results. Only the researcher will have access to your survey results and these will be blinded so they are not aware of any one individuals response.

Will it cost anything to participate?
No.

Who can participate?
Any established adult patient that is legally able to consent to treatment and able to understand English. If you are a new patient of the practice you can participate after the first appointment as long as the study has NOT concluded.

What else do I need to know?
Your decision to participate in this study is voluntary. If at any time during this study you wish not to participate, you may do so without any consequence.

Whom can I contact with questions or concerns?
If you have questions or for a copy of the completed study, please contact Dr. Nicholas Ladd at (828) 398-3601. If you have concerns about the study, please contact the Institutional Review Board at Mission Hospitals at (828) 213-1105.

Participant's Agreement: I have read the above information. The study has been explained to me in the description above and any questions have been answered. I am indicating that I voluntarily agree to be in this study by checking the box below and signing. I understand that I will be asked to provide verbal consent again on the day of the appointment.

☐ I do consent to be a part of this study

☐ I do NOT consent to a part be of this study

Name: (printed)	Date of Birth:
Signature:	Date/Time: