

**Consent to Participate** – Interviews (participant learners at in-person OR virtual MicroResearch workshops)

**Study title:** Qualitative exploration of virtual versus in-person delivery of MicroResearch workshops designed for research capacity-building in East Africa.

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**Funding sources:** This project is being funded by Dalhousie University's Department of Pediatrics via the Churchill Endowment Fund and by MicroResearch International.

**Conflicts of interest:** MicroResearch is a non-profit organization and will also provide some of the funding for this study. The research supervisor, co-investigators, and research coordinator are members or partners of MicroResearch and have been involved in their workshops. Given the purpose of the study to improve the educational value and delivery of MicroResearch activities, there are no further conflicts of interest.

### **Introduction and Purpose**

You are invited to participate in a voluntary research study. Our goal is to explore the experiences and perspectives of MicroResearch (MR) participants of either in-person or virtual workshops. To do this, we will be interviewing approximately 24 former workshop participants from East Africa. Previously offered on-site in person, these research capacity-building workshops transitioned to a virtual format in the context of the COVID-19 pandemic. The primary objective is to describe the advantages and challenges of virtual delivery of MR workshops compared to in-person workshops as experienced by participants.

Before you decide if you want to take part, it is important that you understand the purpose of the study, the risks, benefits, and what you will be asked to do. You do not have to take part in this study. Taking part is entirely voluntary. A member of the research team will be available to answer any questions you have. You may decide not to take part, or you may withdraw from the study at any time.

### **What will I be asked to do?**

If you agree to participate in this study, the investigator will conduct an interview with you over Zoom scheduled at a mutually convenient time. The interview will involve questions to confirm your professional experience, where and how you attended the workshop; to discuss your experiences as a virtual or in-person learner, the quality of interactions with other learners and instructors; and explore your thoughts on the workshop formats even if you did not personally experience both. You will also be asked about the perceived impacts of MR workshops on your professional life, ability to conduct research, or other impacts. The interview will take approximately 60 to 75 minutes. With your permission, your interview will be audio recorded for transcription purposes. If you choose not to be recorded, notes can be taken instead. If you choose to be recorded, but feel uncomfortable at any time during the interview, the recorder can be turned off at your request. If you do not wish to continue during the interview, you can stop the interview at any time.

Following your interview, you will be offered a copy of your personal interview transcript, as well as the opportunity to review your transcript to make any clarifications. An email address will be provided to you for any extra thoughts or comments that you wish to add after the interview is completed.

### **What are the possible benefits?**

There is no expected direct benefit to you from taking part in this study.

It is hoped that this study will determine potential strategies to improve participant learning and engagement in virtual or in-person MR workshops. From this study, we aim to better understand participants' experiences of these workshops and their impacts on participants' self-perceived capacity to conduct academic research. Ultimately, we hope that this work will help improve the overall quality of MR programs and partnerships with the important mission of improving health outcomes with innovative community-based research that assures quality and integration of research into the fabric of the local health system and community.

### **What are the burdens, harms, and potential harms?**

There are no known significant risks or harms associated with this study beyond those encountered in daily life during a phone or video call. Some people may experience discomfort when discussing their personal experiences. You are free to decline to answer any questions you wish, to pause or stop the recording, or to stop the interview at any time. Although some participants may have ongoing or future contact with MicroResearch personnel, participation or refusal is unlikely to affect these relationships, professional or otherwise. Though there is a risk

of being identified as a participant in this study, the only team members with access to the identities of participants will be the Research Coordinator, for the purpose of recruitment and contact, and the Principal Investigator who conducts the interviews, both of whom are not involved in the workshop instruction or granting of funds. MicroResearch contacts in East Africa and Ugandan collaborator Ms. Kyomuhangi will help to distribute to study participants the honoraria and reimbursement for Internet expenses, to the amounts described below.

### **Can I decline to participate or withdraw my participation from this study?**

Your participation in this study is completely voluntary. You are free to decline to take part in an interview. You can decline to answer any questions and are free to stop the interview at any time. Whether or not you choose to participate in this study and whether or not you choose to answer a question or continue the interview, there will be no penalty to you.

### **How will my privacy be protected?**

The interview will be conducted via Zoom by the Principal Investigator (PI) in a private location to ensure your privacy.

Confidentiality will be ensured for all interviews and any quotes used will be anonymized. If results of this study are published or presented, individual names and other personally identifiable information will not be used. Quotes will only include a nondescript identifier (i.e. “Participant 1”), your profession, and the country of the workshop that you attended or your country of residence if the workshop was virtually attended. Limits to the confidentiality include potential instances if the secure server where study materials are stored is breached or if the interview is overheard by other individuals despite best efforts by the interviewer and interviewee to conduct the interview in private locations. Your privacy will be protected to the maximum extent allowable by law.

You will be asked for your verbal consent prior to the interview to take part in this study. Any information that is learned about you will be kept private. The audio recordings from the interviews will be transcribed professionally by a third party. The transcripts will be labeled with codes and will not contain your name. All data and everything related to the study will be stored on a secure firewall-protected server administered by the IWK Health Centre. Following publication of the results, the study records will be kept in the secure firewall-protected server administered by the IWK Health Centre in Halifax, Nova Scotia, Canada for 5 years. Only the research team will have access to these records. After that time, all records will be destroyed. The study results will be both published and presented, however any identifying information about you will be removed.

### **Will the study cost me anything and, if so, how will I be reimbursed?**

There will be no costs to you for participating. To thank you for participating, you will be sent a \$10.00 USD after you complete your interview in addition to \$5.00 USD to cover any Internet/data usage costs, for a total of \$15.00 USD.

**What if I have study questions or problems?**

If you have any questions about this study, please feel free to contact:

Dr. Rockey Chen

Pediatric Resident Physician, Dalhousie University / IWK Health Centre

[rockey.chen@iwk.nshealth.ca](mailto:rockey.chen@iwk.nshealth.ca)

**What are my Research Rights?**

Your consent on this form indicates that you have agreed to take part in this research and for your responses to be used. In no way does this waive your legal rights nor release the investigator(s), sponsors, or involved institution(s) from their legal and professional responsibilities. If you have any questions at any time during or after the study about research in general you may contact the Research Office of the IWK Health Centre at (902) 470-7879, Monday to Friday between 9a.m. and 5p.m

**How will I be informed of study results?**

The results of this study will be available to you after the completion of the study. If you would like to receive either a full copy or a summary of the study results, please check the appropriate box and provide your name and email address on the final page of this document.

### Signature Page

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#### **PARTICIPANT CONSENT (provided verbally on recording)**

I have had read to me this information and consent form and have had the chance to ask questions which have been answered to my satisfaction before providing my consent. I understand the nature of the study and I understand the potential risks. I understand that I have the right to withdraw from the study at any time. I freely agree to participate in this research study.

Name of Participant: (Print) \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

#### **CONSENT FOR USE OF DIRECT QUOTES (provided verbally on recording)**

I give permission for the use of direct quotes from the interview to be used for the purpose of data analysis, discussion, presentation of findings, and publication, as long as I will not be identified, except by profession and country of workshop.

Yes \_\_\_\_\_ No \_\_\_\_\_

#### **STATEMENT BY PERSON OBTAINING CONSENT**

I have explained the nature of the consent process to the participant and judge that they understand that participation is voluntary and that they may withdraw at any time from participating

Full name: (Print) \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

#### **Request for Study Results**

Please indicate if you would like an electronic copy of the study results:

Yes\_\_\_\_ No\_\_\_\_

Full Name (print): \_\_\_\_\_

Email address: \_\_\_\_\_