# **Consent to Participate in "**The Need for the Development of a Specialized Rehabilitation Model for Adolescents with Spinal Cord Injuries (SCI)"

The following information is provided to inform you of the research project that will be conducted by **Kyle Byrnes** under the tutelage of **Andrea Brown, OTR/L.** You were selected to participate in this study because you are a clinician or administrator currently working in the rehabilitation setting for adolescents with spinal cord injury.

1. **Purpose of the study**: This study is being conducted by Kyle Byrnes and Andrea Brown, of the Department of Occupational Therapy at Arkansas State University-Jonesboro, in order to better understand the need for the development of a specialized rehabilitation model for adolescents with spinal cord injuries. This research will help the general public and medical professionals to better understand how specialized rehabilitative care is needed for adolescents with spinal cord injury. Your responses to survey questions are confidential and only available to Andrea Brown, PI, and Kyle Byrnes, Co-PI.

2. **Inclusion/Exclusion criteria**: Clinicians must currently be employed at a facility that treats spinal cord injury, must be licensed, must have at least 1 year of experience practicing, must consent to participation, and must be 18 years or older. If one of these criteria is not met, the participant will be excluded from the study.

3. **Confidentiality and limits to these assurances**: Personal information will be coded using the following safeguards: encrypted flash drives for storage, anonymous submission of survey data using Qualtrics, and the data will be password protected and stored in a locked room.

4. **Procedures to be followed and approximate duration**: Participants in the research will complete a computer-based survey using Qualtrics which will focus on the roles and process of the rehabilitation team treating adolescents with spinal cord injury. This survey is 32 questions and will last approximately 10 minutes. Your responses will be combined with approximately 89 other participants.

5. **Risks**: There will be no more than minimal risk associated with this study. These risks include: discomfort regarding questions associated with professional practice, and/or stresses related to the survey process.

6. **Anticipated benefits**: Potential benefits to you from participating in the study are increased evidence for funding sources, improved quality of care, better understanding of the adolescent with spinal cord injury population. The study may be helpful to increase your understanding of treatment for spinal cord injury and the benefits of emerging businesses in this area. Potential benefits to science and humanity that may result from this study are a better understanding of rehabilitative medicine, decreased healthcare reliance, and more positive medical outcomes. This study will provide information to rehabilitation clinicians to help them provide better care and understand the population better.

7. **Alternative procedures**. There are no alternative procedures to participation in the survey.

8. **Contact information**. If you have any questions about this study, you can contact the person(s) below:

**Principal Investigator**
Kyle Byrnes
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**Faculty Advisor**
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This study has been reviewed and approved by Arkansas State University's Institutional Review Board (IRB). The IRB has determined that this study meets the ethical obligations required by federal law and University policies. If you have questions or concerns regarding this study, please contact the Investigator or Advisor. If you have any questions regarding your rights as a research subject, please contact the **Director of Research Compliance** at 870-972-2694.

9. **Your rights as a volunteer:** By agreeing to participate in the study, you do not waive any rights that you may have regarding access to and disclosure of your records. Your participation in this study is completely voluntary. If you choose to participate, your responses will be held in confidence. You are free to withdraw at any time without penalty. If the results of this study were to be written for publication, no identifying information will be used.

**STATEMENT BY PERSON/PARENT AGREEING TO PARTICIPATE IN THIS PROJECT**

Please check each box then sign and write in today's date.

[ ] I certify that I am 18 years of age or older.

[ ] I have read this consent form, and all of my questions have been answered. I freely and voluntarily choose to participate in this study, and I understand that I am entitled to receive a signed copy of this form.

[ ] The information contained in this consent form has been adequately explained to me. All my questions have been answered and I freely and voluntarily choose to participate. I understand that I may withdraw my consent at any time.

**PARTICIPANT/PARENT:**

_____
(Print name)

_____
(Signature)

_____
(Date)

**CONSENT OBTAINED BY:**

_____
(Print name)

_____
(Signature)

_____
(Title in relation to this research project)