INFORMED CONSENT AND PRIVACY AUTHORIZATION FORM

Protocol Title: GW Health Careers Opportunity Program

Application No.: 180236

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1. What you should know about this study:
   - You are being asked to join a research study. This consent form explains the research study and your part in the study. Please read it carefully and take as much time as you need. Ask the study team to explain any words or information that you do not understand.
   - Joining this study is voluntary. If you decide to join the study, you can change your mind later. There will be no penalty or loss of benefits if you decide not to continue in the study.
   - During the study, we will tell you if we learn any new information that might affect whether you wish to continue to participate.
   - You might want to join this study because the information you share could help improve the way we train students for health careers, or because study participation provides access to various support services and resources to students applying to or in college. You might not want to join the study because it will require you to spend time completing surveys. During the study, we will tell you if we learn any new information that might affect whether you wish to continue to participate.

2. Why is this research being done?
The purpose of the project is to create a future generation of health professionals from diverse backgrounds to provide culturally-competent care for unserved and underserved populations in the metropolitan Washington DC region. The George Washington University has partnered with Alexandria City Public Schools and regional community colleges as part of an educational pipeline project funded by a training grant from the U.S. Health Resources and Services Administration. We are conducting research to study how effective the pipeline project is in preparing students for health professions education, nurturing student interest in and knowledge of healthcare, and helping health professions graduates gain meaningful employment in a healthcare-related job or enter a subsequent college-level healthcare professional training program. We also want to explore how students learn best, how their strengths and interests relate to specific healthcare careers and describe their attitudes toward concepts commonly encountered in healthcare (such as caring for underserved patients or individuals with chronic medical conditions).
How many individuals will be in this study?
We plan to enroll up to 25 participants annually; we estimate about 500 participants could be enrolled during the entire study.

3. What will happen if you join this study?
If you agree to participate in this study, we will ask you to do the following things:
- Complete surveys or questionnaires about your educational experience, interests in healthcare, features of your personality or personal strengths, and study skills.
- Participate in discussions with small groups of other students and a teacher (or university professor) to talk more about these topics and the environment in which you are learning. During the focus group discussions, while we cannot guarantee the confidentiality of the discussion, we request that all present respect the group by not repeating what is said, outside of the group.
- Complete a questionnaire that explores student attitudes about caring for patients from underserved areas and socially disadvantaged backgrounds.
- Complete a computer-based assessment tool (e.g. Implicit Association Test from the Project Implicit Research Group) which explores student attitudes about specific groups of people or concepts commonly encountered in healthcare. There are no right or wrong answers in this tool, and after the student completes the tool they can learn more from a teacher, university professor, or licensed healthcare professional about hidden biases. Further, licensed healthcare professionals can share how they use this information to inform the way they care for patients and families in the metropolitan Washington D.C. area.

How long will you be in the study?
You will be in this study while you are a health professions student, generally up to four years depending on the length of your educational experience.

4. What are the risks or discomforts of the study?
We do not anticipate any potential risks of harms to you from participation. However, it is possible some of our questions may make you feel uncomfortable. You can skip any question you do not want to answer or cancel your participation at any time for any reason.

5. Are there benefits from being in the study?
We do not know if you will be helped by being in this study. This study will provide an opportunity for you to be mentored by individuals who are connected to our regional community who can provide insight into the healthcare field, and prepare you for healthcare careers and/or opportunities.

We may learn something that will help you or other health professional students be more successful in school. For example, we may learn better ways to help students study for class, prepare for exams, or write more competitive college applications. We may also learn how to advise students better about specific healthcare careers that they will enjoy or excel in based on their interests, strengths and attitudes.

6. What are your options if you do not want to be in the study?
You do not have to join this study.

7. Will it cost you anything to be in this study?
No, this study will not cost you anything.
8. **Will you be paid if you join this study?**
The researchers that are overseeing this study have received federal funding for some parts of this research. The grant includes support for stipends (e.g. $40 per day during special training events) for eligible students as well as scholarship support for eligible students in the HRSA-funded Health Careers Opportunity Program.

9. **Can you leave the study early?**
Yes, you can leave the study early. If you would like to no longer participate in the study, please contact Dr. Bushardt, the Principal Investigator, at 202-994-0024.

10. **How will your privacy be protected?**
We have rules to protect your information. Federal and state laws and the federal medical Privacy Rule also protect your privacy. By signing this form you provide your permission, called your “authorization,” for the use and disclosure of information protected by the Privacy Rule.

The research team working on the study will collect information about you. This includes things learned from the procedures described in this consent form. They may also collect other information including your name, address, phone number, date of birth, age, gender, race/ethnicity, email, and school name.

The research team will know your identity and that you are in the research study. When the research team reports on its findings or shares information about the study with others, the team does not include any information that can identify an individual student. We only report or publish information that has been “de-identified,” which means any personal identifiers (e.g. information that could be used to identify a person in the study) are removed.

We cannot do this study without your authorization. You do not have to give us this authorization. If you do not, then you may not join this study.

The use and disclosure of your information has no time limit. You may revoke (cancel) your permission to use and disclose your information at any time by notifying the Principal Investigator of this study by phone or in writing. If you contact the Principal Investigator by phone, you must follow-up with a written request that includes the study number and your contact information. The Principal Investigator’s name, address, phone and fax information are on page one of this consent form.

If you do cancel your authorization to use and disclose your information, your part in this study will end and no further information about you will be collected. Your revocation (cancellation) would not affect information already collected in the study, or information we disclosed before you wrote to the Principal Investigator to cancel your authorization.

11. **What treatment costs will be paid if you are injured in this study?**
Because this is a minimal risk research study, there is no risk for research related injuries.

12. **What other things should you know about this research study?**
   a. **What is the Institutional Review Board (IRB) and how does it protect you?**
      The George Washington University IRB is made up of:
      - Physicians
      - Nurses
      - Ethicists
      - Scientists

• Non-scientists
• and people from the local community.

The IRB reviews human research studies. It protects the rights and welfare of the people taking part in those studies. You may contact the IRB if you have questions about your child’s rights as a participant or if you think you or your child have not been treated fairly. The IRB office number is 202-994-2715. You may also call this number with other questions, concerns or complaints.

When the George Washington University Institutional Review Board (IRB) reviews a study at another site, that site (institution) is solely responsible for the safe conduct of the study and for following the protocol approved by the George Washington University IRB.

What do you do if you have questions about the study?
Call the principal investigator, Dr. Bushardt at 202-994-0024. If you wish, you may contact the principal investigator by letter or by fax. The address and fax number are on page one of this consent form. If you cannot reach the principal investigator or wish to talk to someone else, call the IRB office at 202-994-2715.

b. What should you do if you are injured as a result of being in this study?
If you think you are injured or ill because of this study, call Dr. Bushardt at 202-994-2715 during regular office hours.

c. What happens to Data that are collected in the study?
If you join this study, you should understand that you will not own your data, and should researchers use them to create a new product or idea, you will not benefit financially.

13. What does your signature on this consent form mean?
Your signature on this form means that:
• you understand the information given to you in this form
• you accept the provisions in the form
• you agree to join the study
You will not give up any legal rights by signing this consent form.

WE WILL GIVE YOU A COPY OF THIS SIGNED AND DATED CONSENT FORM

<table>
<thead>
<tr>
<th>Signature of Participant</th>
<th>(Print Name)</th>
<th>Date/Time</th>
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<tbody>
<tr>
<td>Signature of Person Obtaining Consent</td>
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