Letter of information/consent

Title of study: Evaluating a Group Therapeutic Yoga for Burnout Program

Principal investigator: Arielle Sutton, BA, MPH student, McMaster University

Local Principal investigator: Elizabeth Alvarez, MD, MPH, PhD, CMCBT

Co-investigator(s): Shailla Vaidya, MD, MPH, CCFP(EM) C-IAYT

You are being invited to participate in a research study. The purpose of the study is to evaluate the Yoga MD program. The program is meant to help people decrease stress, anxiety and signs and symptoms of burnout. This study is a student research project conducted under the supervision of Dr. Elizabeth Alvarez at McMaster University. The study will help the student learn more about the topic area, as well as to develop and learn skills in research design, collection and data analysis and writing a research paper.

As part of the study, information will be collected about you (for example, your age, marital status, etc.) at the beginning and 8 months from the beginning of the study. This should take about 5 minutes to fill out. Information about your current health (for example, anxiety, sleep) will be collected at the beginning of the study, and at 9 weeks and 8 months from the beginning of the study. This information is collected routinely during the program by Dr. Vaidya. At 8 months, you will need to complete data collection, which should take about 30-40 minutes.

Your participation in this study is voluntary. There are no physical risks to being involved in this study, and you may refuse to withdraw from the study at any time without consequence to your care. We cannot guarantee you any personal benefits by participating in this study. However, there is the potential to benefit from improving the program.

Any information gathered about you during this study will be treated as confidential. We will ensure that documents are kept in a locked cabinet and electronic records are stored on a security protected computer and only the research team will have access to this information. The documents and records used in the study will be destroyed after 2 years from the end of the study. We will make the summary of our findings publicly available for use by others interested in providing similar programs.

Your privacy as a research study participant will be safeguarded. We will ensure that the list of study participants and their participant numbers will be stored in a different locked cabinet or security protected file from those where the documents or electronic records are kept for the

purposes of the study. Every effort will be made to report information in a way that will not identify individual respondents.

Please indicate whether you consent to participate in our study. We would be pleased to provide you with additional information about our study and your potential participation. Please see contact information below if you have any questions about entering the study or while you are enrolled in the study. For the purposes of ensuring the proper monitoring of the research study, it is possible that a member of the Hamilton Integrated Research Ethics Board may consult your research data. However, no records which identify you – be it name or initials will be allowed to leave the Clairhurst Medical Centre. By signing this consent form, you authorize such access.

Request for consent

I, _____, have had all my questions answered with regards to this study, and I am willing to participate in this study.

Signature: _____ Date: _____

Person obtaining consent

Print name: _____ Signature: _____

Date: _____

I will receive a signed copy of this form.

This study has been reviewed by the Hamilton Integrated Research Ethics Board (HIREB). The HIREB is responsible for ensuring that participants are informed of the risks associated with the research, and that participants are free to decide if participation is right for them. If you have any questions about your rights as a research participant, please call The Office of the Chair, HIREB at 1-905-521-2100 x 42013.

Sincerely,

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