

Research Consent Form

Telemedicine and Patient Satisfaction at the Rheumatology OPC, SFTH

Research Title

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Name of Principal Researcher

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Name of co-investigators

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Research Site

Purpose of Research - This research seeks to explore patient satisfaction with the telemedicine services provided by the Rheumatology Outpatient clinic, SFGH for continuity of care since the pandemic and continuing into the post-pandemic period. It will also assist in defining its role in patient care moving forward within the Rheumatology Unit at SFTH.

Duration - This research may be completed within 3 months provided all participants will be available on the scheduled dates.

What to Expect - The procedure can be likened to a normal clinic visit. You will only be required to fill out a research questionnaire once you have given consent to participate.

Benefits - In this research, you will be afforded the opportunity to give feedback on the use of telemedicine in patient care which may result in policy changes to provide better services in the near future.

Participating in the research gives patients the ability to make their voices heard.

Potential Risks – The results of this research will be shared with key stakeholders which may share an interest in its content within the SWRHA. As the data collected in this research is strictly confidential, there is minimal risk of information exposure. Your responses in this survey will not be traced to alter your treatment.

Confidentiality - The data provided will be considered strictly confidential and will not be given to others without your written permission.

Privacy Protection – The researchers listed on the first page of this form are the only persons who will have access to the survey responses. These will be kept safely in a locked cabinet which is only accessible to the persons previously mentioned.

Right to Refuse or Discontinue - You have the right to discontinue or decline participation in the research anytime you wish freely and without any consequences or disadvantages. It will not affect your treatment at the clinic.

Patient Confirmation

- ☐ I confirm that my participation in this research project is voluntary.
- ☐ I acknowledge that I will not be receiving any payments in regard to my participation.
- ☐ I acknowledge that I have the right to decline or discontinue my participation in this research when I have a valid reason to do so.
- ☐ I have read and understood what the research is all about and how it will affect the target audience.
- ☐ I understand that the researchers will not identify me by name in any reports using information captured from one of my interviews or answers to the surveys I completed.
- ☐ I understand that the researchers will publish their materials in books, videos, newspapers, magazines, and other research-related projects.

Patient Information

First Name

Last Name

Date Signed

Month /Day/ Year

Research Representative

First Name

Last Name

Date Signed

Month/ Day/ Year

Witnessed by:

Date:

SECTION A- DEMOGRAPHIC DATA: File no:

Date:

1. Age -----
2. Sex ☐Male ☐Female
3. Ethnicity ☐African ☐Indian ☐Chinese ☐Caucasian
☐Hispanic ☐Mixed Other_____
4. Marital Status ☐Single ☐Married ☐Divorced/Separated ☐Common Law
☐Widowed Other_____
5. Employment status ☐Employed ☐Unemployed ☐Part Time ☐Student
6. Highest Level Of Education ☐None ☐Primary ☐Secondary ☐Tertiary
7. Length of time in this clinic : ☐ < 6 months ☐ 7-12 months ☐ 13-18 months
☐ 19 -24 months ☐ >24 months

SECTION B- MEDICAL HISTORY

8. **Please state your Rheumatological diagnosis as known to you. Please tick all that may apply.**

☐ Rheumatoid Arthritis ☐ Systemic/Discoid Lupus Erythematosus ☐ Connective Tissue Disease

☐ Gout /Pseudogout ☐ Myositis ☐ Vasculitis ☐ Undiagnosed

☐ Psoriatic Arthritis ☐ Inflammatory Arthritis ☐ Polymyalgia Rheumatica

/Fibromyalgia

Other

SECTION C – PATIENT SUPPORT SYSTEM

9. **Kindly indicate which challenges you face in attending a face-to-face rheumatology clinic consult. Tick all that may apply.**

☐ Financial constraints ☐ Time off issues ☐ Travelling costs ☐ Needed

company

☐ Physical illness/disability ☐ Safety Concerns ☐ Replacement to care for dependents.

☐ Weather uncertainty ☐ Fear of contagion ☐ Timing inconvenience

Other

10. Do you require someone to assist you in the daily management of your current illness?

Yes ☐ No ☐

11. Are you a recipient of disability or public assistance grant?

Yes ☐ No ☐

12. How has the COVID 19 pandemic affected you?

☐ Mostly negatively ☐ I benefitted greatly ☐ No effect

13. What are some of the negative effects you may have faced as a result of the COVID 19 pandemic that may have affected your health? *(Please tick all that may apply)*

☐ Financial difficulty ☐ Loss of job ☐ Death of Breadwinner

☐ Illness ☐ Fear of interaction ☐ Business Closure

☐ Depression/Apathy ☐ Breakdown of Family structure ☐ Eviction

SECTION D- PATIENT PERSPECTIVE/Information/Knowledge

14. Has telemedicine made it easier for you to access health services?

☐ Yes ☐ No ☐ Undecided.

15. Please indicate which of the following applies to you.

☐ New patient ☐ Community transfer patient ☐ Follow up patient

16. Were you previously contacted by the Rheumatology unit via telephone?

☐ Yes ☐ No.

17. Please indicate your reason for attending the Rheumatology clinic today

☐ Experienced a flare ☐ Preferred face to face visit ☐ Needed to access grant services

☐ 1st time visit ☐ Came to collect prescription etc ☐ Came to drop off documents for review

18. Did you remember you had a clinic appointment?

☐ Yes I remembered ☐ No. I was informed via telemedicine/consult

19. How would you describe your experience with your clinic visit today?

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐

20. Please indicate your preference below for health-related consults:

☐ Waiting to see a doctor ☐ Telemedicine consults ☐ Both Telemedicine and face to face consult as appropriate

SECTION E- PATIENT PERSPECTIVE on Telemedicine Services

If you were previously contacted by the Rheumatology unit via telemedicine please give us your feedback by circling the response below.

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
21. I was surprised to be contacted via telephone for a rheumatology consult.	1	2	3	4	5
22. I think telemedicine consults serve the same purpose as face-to-face visits ¹	1	2	3	4	5
23. Telemedicine is more convenient for me ²	1	2	3	4	5
24. I felt that I needed to see my health care provider in person	1	2	3	4	5
25. My concerns were addressed via telemedicine	1	2	3	4	5
26. The audio quality was sufficient ³	1	2	3	4	5
27. The teleconsult was of sufficient length ⁴	1	2	3	4	5
28. The staff was courteous and willing to address my concerns ⁵	1	2	3	4	5

^{1,1} Parmanto, Bambang, et al. "Development of the Telehealth Usability Questionnaire (TUQ)." International Journal of Telerehabilitation, vol. 8, no. 1, 1 July 2016, pp. 3–10, <https://doi.org/10.5195/ijt.2016.6196>.

² Parmanto, Bambang, et al. "Development of the Telehealth Usability Questionnaire (TUQ)." International Journal of Telerehabilitation, vol. 8, no. 1, 1 July 2016, pp. 3–10, <https://doi.org/10.5195/ijt.2016.6196>.

³ National First Nations Telehealth Research Project. (2023). Telehealth Satisfaction Questionnaire. Agency for healthcare research and Quality.

⁴ National First Nations Telehealth Research Project. (2023). Telehealth Satisfaction Questionnaire. Agency for healthcare research and Quality.

⁵ National First Nations Telehealth Research Project. (2023). Telehealth Satisfaction Questionnaire. Agency for healthcare research and Quality.

29. I experienced technical difficulties during the teleconsult	1	2	3	4	5
30. I am not easily accessible via phone	1	2	3	4	5
31. I have no issues with collecting my prescriptions/documents after a telemedicine consult	1	2	3	4	5
32. My doctor uses information from the telemedicine system in my office visits	1	2	3	4	5
33. I follow my doctor's advice better since working with the telemedicine system	1	2	3	4	5
34. I do not know much about technology	1	2	3	4	5
35. I am more involved in my care using the telemedicine system	1	2	3	4	5
36. I am satisfied with the current telemedicine service in the rheumatology clinic	1	2	3	4	5
37. I would opt for telemedicine for most of my future consults ⁶	1	2	3	4	5
38. I would recommend an improved telemedicine service as the way going forward	1	2	3	4	5

Thank You for your cooperation.

⁶ Parmanto, Bambang, et al. "Development of the Telehealth Usability Questionnaire (TUQ)." International Journal of Telerehabilitation, vol. 8, no. 1, 1 July 2016, pp. 3–10, <https://doi.org/10.5195/ijt.2016.6196>.