





- Title of Project:** Health Professionals Perspectives of Eating Disorders Across Atlantic Canada
- Principal Investigator (PI):** Dr. Kate Weaver, Associate Professor, Faculty of Nursing, University of New Brunswick, (506) 458-7648, [kweaver@unb.ca](mailto:kweaver@unb.ca)
- Research Assistant (RA)** Samantha Braman, BN student
- Purpose:** To study the perceptions of health professionals who care for persons with eating disorders in Atlantic Canada. The research will help understand the needs of those with eating disorders and those who care for them and will provide insight into potential treatment and research initiatives.
- Background:** You learned about this research from an advertisement or from someone already participating. You are invited to participate in an interview. We will ask you to share your experiences, perceptions and knowledge of eating disorders as a healthcare provider.
- Expectations:** The interview will be conducted by the research assistant (RA) in person or by phone. The RA will ask you to talk about your experience with eating disorders as a healthcare provider. The interview will take 30 – 60 minutes, be audio recorded and transcribed. All identifying information such as names and places will be removed. Only the RA who interviewed you will listen to your interview. The written record (with identifying information removed) will be read by the principle researcher. If you wish, you will receive a copy of your written transcript and account of your interview. In addition, you will be offered a summary which includes information from other healthcare providers who participated in the study. This summary will not contain any names or identifying information. You will have the opportunity to comment on the written accounts.
- Benefit:** There may be no direct benefit to you for participating. However, you may appreciate sharing your experience and knowledge about eating disorders in Atlantic Canada.
- Risks:** There are no expected risks in participating. You might possibly experience unsettling emotional responses or want additional information about eating disorders. A list of resources, including contact information for local helping agencies, eating disorder

resources, the research assistant and the principal investigator will be provided to you if you wish to seek future information. Throughout the interview the RA will provide sensitive care. Should you become upset, we will stop the tape and you will have the time to decide if you wish to continue.

- Confidentiality:** Any identifying information will be removed from interview transcripts. No real names and places will be used in any report about the project. No identifying information will be used in any publication. Only the RA will know your identity.
- Any Future Use of Information:** All collected information will be stored in a locked cabinet in the RA's office throughout the study. After the analysis is complete, data will be transferred to a secure, locked cabinet in Dr. Weaver's office. The signed Consent forms will be stored separately from the research information. These data will be retained for a period of seven years following completion of the study. The anonymized written reports are restricted to Dr. Weaver and the RA who will be involved in analyzing the reports from which all names and other identifying information have been removed. The RA will be held at the same level of confidentiality as Dr. Weaver. No names will be used in any discussions about the interview information.
- Dr. Weaver will keep one copy of the transcribed interviews with identifying information removed. Prior to using the data in any other study, another ethical review would be done and following ethics approval, your consent would be required for further analysis in the future.
- Freedom to withdraw:** You are free to withdraw your consent to participate at any time during and following the interview. There will be no negative consequences to you if you choose to withdraw.
- Right to refuse to answer a question:** You are free to not answer any question.
- Informed About Study Outcome:** If you choose to participate in the interview, you will receive a copy of your written transcript, an account of your interview, and a summary of the research findings. It will be sent if you wish by e-mail or Canada Post.
- Additional Contact Information:** If you have any concerns about any aspect of this study, you may contact the following people who are not directly involved: Dr. Kathy Wilson, Assistant Dean of Research and Faculty Development, UNB Faculty of Nursing, (506) 458-7638, e-mail: [kewilson@unb.ca](mailto:kewilson@unb.ca) or David Burns, Chair, UNB Research Ethics Board, (506) 453-5189, e-mail: [David.Burns@unb.ca](mailto:David.Burns@unb.ca)
- Funding Agency** Atlantic Region Canadian Association of Schools of Nursing

## Informed Consent for Participants in Interview

UNB REB #2011-084



UNB Health Professionals' Perspectives of Eating Disorders in Atlantic Canada

### PARTICIPANT QUESTIONS

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Has this study been explained to you?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Have you read or had read to you a copy of this consent form?                                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Have you had an opportunity to ask questions & discuss this study?                            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Do you understand the information that has been provided?                                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Do you understand that you are free to not participate in one or more parts of the study?     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Do you understand that you can withdraw from this study at any time without any consequences? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Do you understand who has access to your personal data?                                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Do you understand that you will receive a signed copy of this consent?                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

### PARTICIPANT STATEMENT

I have read the above information and understand the purpose of this research as well as the potential benefits and risks of participation. I have had the opportunity to ask questions, and my questions have been answered. I have received a copy of the consent form, and I give permission for the information I provide in the interview to be used for the purposes of this research. My signature confirms that I hereby give my informed consent to be a participant in this study. In lieu of my signature, the research assistant will complete the consent form through verbal discussion with me and my verbal acknowledgement of consent (stating: "I consent to participate in this study") on tape will suffice as appropriate consent to participate.

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| I wish to receive a copy of the transcript from my individual interview.   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I wish to receive a summary of themes identified in the interviews.  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I wish to receive a summary of the completed research.   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I wish to be invited to a presentation of the research findings.   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| I wish to be notified of any future research project that will be planned based on the findings from this study and to have the opportunity to ask questions about it. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If yes to any of the above, how do you prefer to be contacted? Please give your contact information (e.g., email or mailing address, telephone number):

Email \_\_\_\_\_ Telephone \_\_\_\_\_  
Postal \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Witness

\_\_\_\_\_  
Signature of Witness\*

\_\_\_\_\_  
Date

(The witness is 19 or older)

\*Signature not required for email submissions – your return of the forms indicates your consent.

## Interview Questions

(These are the questions that would be asked. It is not necessary that you answer them all – just whatever you are comfortable answering. There are no wrong answers: you are asked to respond from your experience and perceptions. You may request to be interviewed face-to-face, over the phone, or by completing these questions and returning them to the RA via email ([samantha.braman@unb.ca](mailto:samantha.braman@unb.ca)) or postal mail via the stamped addressed envelop attached). The RA will remove any personal information from your responses. She will return to you a copy of your answers with all personal information removed. She will send you a copy of the findings, once the study is completed, if you wish to receive them and have indicated this on the consent.

### Guiding Questions

1. Tell me about your experiences of caring for persons with eating disorders.
  - Prompts (What is your: role, healthcare setting, length of time caring for these persons?)
2. Tell me about your perceptions of eating disorders and your feelings about persons presenting with eating disorders and their families.
  - Prompts (What do you feel has caused you to perceive eating disorder in such a way?)
3. What challenges, if any, have you encountered?
  - Prompts (How have you treated individuals with eating disorders in the past? What, if any, particular situations stood out for you? What do you feel are barriers to you in terms of treating an individual with an eating disorder? Could you identify any limitations that influenced your ability to care such as time constraints, expectations of health insurers/third party billing?)
3. Describe any successes in providing care.
  - Prompts (What, if any, interventions have worked in: particular situations, what factors enhanced success such as adequate treatment time, family and employee assistance support?)
4. Could you identify aspects of your training/education that facilitated your ability to care for persons with eating disorders?
  - Prompts (In what ways was your theoretical and practical preparation helpful? Describe your access to skilled mentors/supervisors.)
5. What do you think would be most helpful to front-line practitioners who care for persons with eating disorders?
  - Prompts (What do you need in order to best support an individual with an eating disorder? Could you identify areas for professional development, policy, institution/office support, access to experienced contacts in the field, support from regulatory associations?)
6. Is there anything else you wish to add?