The SHARE Study
A qualitative study of patient and provider perspectives on overcoming barriers to HIV care and retention

HEALTHCARE PROVIDER INFORMATION AND CONSENT FORM

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INTRODUCTION

You are being invited to take part in this research study because you are a healthcare provider who works with people living with human immunodeficiency virus (PLWH) who have become disengaged from HIV care or who have experienced treatment interruptions or delayed initiation of antiretroviral therapy (ART) and you provided your contact information to the RETAIN/SHAPE study coordinator to give permission to be contacted regarding this study. We want to learn more about the experience PLWH have accessing HIV care and medication and learn more about the strategies healthcare providers use to help PLWH successfully access the care they need.

STUDY PROCEDURES

If you are eligible and agree to participate in this study, you will be invited to schedule an interview with a study coordinator by phone at another agreed upon time that you are working and available to complete the interview. Due to the COVID pandemic all interviews will be done over the phone.

The interview will take approximately 1 hour and will be audio recorded. During the interview, you will be asked questions about your experience working with PLWH who have become disengaged from care, who are experiencing treatment interruptions, or who have delayed initiation of ART. You will also be asked about your experiences with the "Re-engagement and Engagement in Treatment for Antiretroviral Interrupted and Naïve populations (RETAIN) initiative" and how it has affected your work. An example of a question you may be asked is: "How has RETAIN affected your ability to engage patients effectively?"

The collected information will later be transcribed and analyzed using a computer program.

If you agree, by checking the box on the signature page of this consent form, to be re-contacted regarding the study, you will be kept updated regarding the progress of the study and study findings, and be invited to community engagement activities.

POTENTIAL RISKS OF THE STUDY

There are no direct risks associated with the study. Your participation is completely voluntary and you may refuse to answer any question or stop the interview at any time.

There is a minimal risk of loss of confidentiality. [Refer to CONFIDENTIALITY below] There is a risk of loss of confidentiality when conducting interviews via the phone. When the study coordinator is speaking with you via the phone, the conversation will occur in a private space where they cannot be overheard by others.

POTENTIAL BENEFITS OF THE STUDY

We do not think taking part in this study will help you. However, in the future, others may benefit from what we learn in this study.

CONFIDENTIALITY

Your confidentiality will be respected. Information that discloses your identity will not be released without your consent, unless required by law. You will be assigned a unique study number as a participant in this study. This number will not include any personal information that could identify you (e.g., it will not include your Personal Health Number, SIN, or your initials, etc.). Only this number will be used on any research-related information collected about you during the course of this study, so that your identity will be kept confidential. Information that contains your identity will remain only with the Principal Investigator or designate. Direct quotes that do not use any identifiers of the participant quoting, will be used in this study.

Electronic data will be stored on a secure server at the BC Centre for Excellence in HIV/AIDS and all study documentation will be kept in a secure area in locked cabinets

Audio Recordings: Your name and anyone else's name that you mention will not be transcribed or shared with anyone outside the researchers listed on this consent. The audio recordings will be kept in separate locked cabinets which only the researchers working on this study will have access to. No information that identifies you, your staff, or your patients will be kept in the file containing the audio recordings from this interview. After audio recordings have been transcribed and reviewed the recordings will immediately be destroyed.

COMPENSATION

There is no cost nor compensation for participating in this study.

WITHDRAWAL

If you decide to participate, you may still choose to withdraw from the study at any time without having to provide a reason and without any negative consequences at your workplace, or to your work with the BC Centre for Excellence in HIV/AIDS (BC-CfE).

You may withdraw from this study at any time without giving reasons. If you choose to enter the study and then decide to withdraw at a later time, you have the right to request the withdrawal of your information collected during the study. This request will be respected to the extent possible. Please note however that there may be exceptions where the data will not be able to be withdrawn for example where the data is no longer identifiable (meaning it cannot be linked in any way back to your identity) or where the data has been merged with other data. If you would like to request the withdrawal of your data, please let the study coordinator know.

WHO DO I CONTACT IF I HAVE QUESTIONS OR CONCERNS?

If you have any questions or desire further information about this study before or during participation you can contact Dr. David Moore at 604-806-8478 or the study coordinator at 604-682-2344 ext. 63945.

If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the Research Participant Complaint Line in the UBC Office of Research Ethics at 604-822-8598 or if long distance e-mail RSIL@ors.ubc.ca or call toll free 1-877-822-8598. Please reference the study number H19-00957 when calling so the Complaint Line staff can better assist you.

STUDY RESULTS

The main study findings will be published in academic journal articles. Study findings and publications will be available on the BC Centre for Excellence website. We will also share our updates on our research and findings at RETAIN update meetings. If you consent to be contacted about our findings, we will keep you updated on our research by your preferred contact method.

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HEALTHCARE PROVIDER CONSENT AND SIGNATURE PAGE

My signature on this consent form means:

- I have read and understood the information in this consent form.
- I have been able to ask questions and have had satisfactory responses to my questions.
- I understand that my participation in this study is voluntary.
- I understand that I am completely free at any time to refuse to participate or to withdraw from this study at any time, and that this will not impact my employment.
- I understand that I am not waiving any of my legal rights as a result of signing this consent form.
- I understand this interview will be audio recorded.

Signature of Participant	Name (Print)	Date

FOLLOW UP:

□ I consent to being contacted by the research team for purposes of learning about study results.

□ I consent to being contacted by the research team for purposes of participating in future sub-studies related to this project.