



## WEST VIRGINIA SCHOOL OF OSTEOPATHIC MEDICINE

### **Consent for Child Participation in a Quality Assurance Study Clinical Anatomy Summer Experience**

West Virginia School of Osteopathic Medicine  
Principal Investigator: Karen Wines, MS

#### **Purpose of the study**

This document describes a Quality Assessment/Quality Improvement study that your child is being invited to participate. Ms. Wines and the Camp Instructors want to know if the quality of the camp has changed or can be improved. We would also like to know if participation in a summer camp that focuses on health, medicine, and sciences might encourage high school students to consider a college education that could lead to careers in those fields.

#### **Description**

At the end of the program, your child will be asked to complete a survey about their experience with the camp and their interests in studying health, medicine, and sciences in college along with what types of careers they may be interested. Your child may choose to not participate in the survey and can participate fully in the camp without any consequence. You may also choose for your child to not participate in the study at any time during this week. Your child's name will not be recorded on any information forms used in the study. The forms will be labeled with a unique identifier number. Ms. Wines will have a list that matches your child's name to the number, but the list will be stored separately. This information will be deleted when all of the information needed for the study has been collected so it will no longer be possible for anyone to link your child's name with the number on the study records.

#### **Risks or Discomfort**

There is minimal risk with the procedures used in this study. Your child will be answering a Likert survey. This survey will contain statements about their interest in science, health and medical fields and they will have to answer whether they strongly agree, agree, neutral, disagree, or strongly disagree. The survey will also ask your child to answer demographic questions about the classes they have taken and their career interests. There is no risk or penalty if you or your child chooses not to participate or withdraw from participating.

#### **Benefits**

Participation in the camp and answering the survey questions may help your child make some decisions about their future. They may learn that they want to pursue a career in the science, health and medical fields, or they may learn that they would prefer another type of job.

#### **Time involvement**

The survey will take approximately 15 minutes to answer, and time has already been built into the daily schedule for the summer camp.



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### Participant's rights

Participation in this study is voluntary. You have the right to withdraw your child from the study even after you have already said yes. Your child also has the right not to participate or to withdraw from the study even if you have given consent. After the information has been de-identified it will no longer be possible to withdraw your child's information from the study records because we will not know which data are from your child. Your privacy and the privacy of your child will be maintained in all published and written data made from this study.

### Contact information

If you have any questions, concerns, or complaints about this quality assurance study, its procedures, or risks and benefits you may contact Ms. Karen Wines through email ([kwines@osteo.wvsom.edu](mailto:kwines@osteo.wvsom.edu)).

### Authorization and Signature

If you want your child to take part, please sign the form below, if the following statements are true:

- I freely give consent (for my child) to take part in this study and authorize that his or her exam results and survey data, as agreed above, be collected in this study. I understand that by signing this form I am allowing my child to take part in a quality assurance study. My child can choose not to participate even if I sign this form.

I understand that (my child's) participation is voluntary and there is no penalty for choosing not to participate. I may choose to discontinue my child's participation at any time during this session without penalty.

- I do not wish (for my child) to take part in this study.

\_\_\_\_\_  
Camper Signature (if participant is **over** 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Camper Printed Name (if participant is **over** 18 years of age)

\_\_\_\_\_  
Parent/Guardian Signature (if participant is **under** 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name (if participant is **under** 18 years of age)