

*Association of Family Health Teams of Ontario and University of Toronto  
Information Letter and Consent Form for the study entitled:*

**Responding to COVID-19: Understanding How Primary Care Teams  
Stepped up to Help Support Their Communities and Patients**

*University of Toronto REB Approval #39432*

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The Association of Family Health Teams of Ontario (AFHTO) works to support the implementation and growth of primary care teams by promoting best practices, sharing lessons learned, and advocating on behalf of all primary care teams. Evidence and experience show that team-based comprehensive primary care is delivering better health and better value to patients. AFHTO is a not-for-profit association representing Ontario's primary health care teams, which include Family Health Teams (FHTs), Nurse Practitioner-Led Clinics (NPLCs) and others who provide interprofessional comprehensive primary care.

### **Purpose of the study**

The purpose of this study is to better understand how interprofessional comprehensive primary care transitioned to virtual care in response to COVID-19 and how they envision the future of primary care delivery will look like. Our study will highlight how primary care stepped-up to meet the needs of communities and patients in the rapid transition to virtual care and will gather recommendations from executive directors about the future of how interprofessional comprehensive primary care might be delivered post COVID-19.

### **Study participants**

Researchers are conducting surveys and individual interviews with various key stakeholders who can provide insight about primary care's transition to virtual care in response to COVID-19: **Executive Directors, Program Managers, and Clinical Directors of a Family Health Team or Nurse Practitioner-Led Clinic.**

### **Procedure**

As part of the study, you will be provided a survey for completion prior to your interview which will take approximately 15-20 minutes to complete. The survey data will be stored on the **Qualtrics** platform. Access to data will only be granted to AFHTO and research team. Survey questions will explore the provision interprofessional comprehensive primary care in respect to virtual care and in-person care.

Following the survey, you will be virtually interviewed one time for approximately 30 minutes at the time of your convenience. This interview will further explore the topics covered in the survey. The interview that you participate in will be audio-recorded. The recorded interview data will be transcribed and analyzed by the research team members. A copy of your transcribed interview will be emailed to you for your review. Participants are asked to read the transcript and request any changes to it within one week, after which time the transcript will be considered an accurate record of the interview that is ready to be analyzed. It is estimated that participants will take approximately 15 minutes to complete this request.

All personal information you provide will be kept strictly confidential, separate from the interview data for the duration of the study. All computer and paper records containing your identifying information will be kept on the secured drives of the Association of Family Health Teams of Ontario **and the University of Toronto**. After **7** years of completion of the study, all identifying information will be destroyed.

We will also ask if you would be willing to be contacted at a later date in order to for us to get your opinion about our initial findings. This would involve providing your name, address, and phone number, and the name of another contact person in case you move, or your phone number changes.

### Risks

Although there are no physical or psychological/emotional risks expected, you may experience minor social risks during the interview or surveys because of recalling any unique experiences you have related to COVID-19. However, we will not be asking you personal information and the information you provide will be strictly confidential. You also have the right to refuse to answer any questions that you feel uncomfortable with, or to withdraw from the study if you do not want to continue being interviewed or surveyed.

### Benefits

We do not expect direct benefit for you from participation in this study. However, your participation will provide information that will be useful to strengthen primary care in interprofessional team based primary care and potentially help guide the future use of virtual care in post-COVID context.

### Voluntary participation

Your decision to participate in this study is voluntary. You may choose to withdraw from the study at any time even if you sign this letter of consent. **Withdrawal will have no consequences on participants, and participants will be reminded throughout the study and at the time of withdrawal that withdrawal from the study will in no way impact any pre-existing relationships with the research team.** Please contact Sandeep Gill at [sandeep.gill@afhto.ca](mailto:sandeep.gill@afhto.ca), and detail that you want your data removed from the data set and deleted.

### Rights and Confidentiality

Your identity will be kept strictly confidential to the full extent provided by law. Neither your name nor any other personal identifier will be used in any reports or publications arising from this study, **unless you have given us explicit signed permission to do so. Participants who wish to be de-identified will have a pseudonym assigned to their data.** The survey is programmed to collect responses alone and will not collect any information that could potentially identify you (e.g. IP address). Survey data will be kept on the secured and protected servers of **Qualtrics** located in **Toronto, Ontario. This data will be temporarily stored on the secured server at the University Toronto before being transferred to the secured server at AFHTO. Subsequently, all survey data will be deleted on the University of Toronto server.** Interviews will occur via Microsoft Teams where the data is secured and protected on servers located in **Toronto, Ontario and Quebec City, Quebec.** All data will be downloaded and kept on the secured server at AFHTO which are password protected and only accessible by research team members for the purpose of this study only. **In addition, site visits to the Principle Investigators may be conducted by the Human Research Ethics Unit at the University of Toronto to help ensure participant protection procedures are followed. Should such site visits occur, all study data will remain confidential.** All data will be stored confidentially and destroyed **by the Principle Investigators 7 years after the completion of the study.** By signing this consent form, you are not waiving your legal rights or releasing the investigator(s) or involved institution(s) from their legal and professional responsibilities.

### Dissemination of Results

The results of this study will be used for research presentations, conferences and publications. Should you have any questions about the study or wish to receive a copy of the results of this study, please contact Sandeep Gill at [sandeep.gill@afhto.ca](mailto:sandeep.gill@afhto.ca).

The final decision about participation is yours. Your participation is important to the study. We hope you will agree to take part.

## AGREEMENT TO PARTICIPATE

I, (PRINT) \_\_\_\_\_, have read the Information Sheet for the study named “Responding to COVID-19: Understanding How Primary Care Teams Stepped up to Help Support Their Communities and Patients”. I understand the study procedure, the potential risks and benefits associated with my participation in the study, and my rights and confidentiality. I have had the opportunity to discuss this research study with the investigator of the research team. My questions, if any, have been answered to my satisfaction.

I understand exceptions to confidentiality in the cases that an interviewer has causes to believe:

- I am likely to harm myself and/or another person
- A child has been or may be abused or neglected

I understand that my participation in this study is voluntary and that I may choose to withdraw at any time. By signing this consent form, I do not waive any of my rights. I have been given a copy of this signed consent for my records.

Check one of the following:

- ☐ I **consent** to being contacted at a later time for further follow-up about the interview and survey
- ☐ I **do not consent** to being contacted at a later time for further follow-up about the interview and survey

I wish to receive a copy of my transcribed interview at the following email address: \_\_\_\_\_

Check one of the following:

- ☐ I **consent** to having my name shared within the results of this study
- ☐ I **do not consent** to having my name shared within the results of this study

Check one of the following:

- ☐ The Executive Director of the organization **consents** to having the organization’s name shared within the results of this study.
- ☐ I **do not consent** to having my name shared within the results of this study

I agree to participate in the study.

- ☐ I agree that my interview may be audio recorded for transcription and analysis.

**Study Participant**

**Person Obtaining Consent:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Please note that a member of the research team will email you the completed and signed, electronic copy of this consent form.**