Letter of Information for Participants

**Information for Research Participants**

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| Date: |  |

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| Project Title: | Transitioning from hospital to reality: Do newly diagnosed heart failure patients benefit from a heart failure clinical nurse specialist providing focused education at discharge? |

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| To: | Patient X |

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| Researcher(s): | Emma Reeves |

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| Affiliation: | Heart Failure Clinical Nurse Specialist |

Description of the research:

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| Thank-you for taking the time to read this, I am currently working on a research project in order to complete my Master of Nursing degree. Heart failure is my area of practice and a field of nursing I have a strong passion for.  The aim of this study is to see if an additional educational session assists a group of newly diagnosed heart failure patients to implement self-management checks once they are discharged home. The results of this group will be compared to a group of patients who will receive usual care. |

What will participating in the research involve?

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| If you consent to participate in this study, you will then be randomly allocated to one of two groups. This will be either a usual care group or intervention group. You will have a 50% chance of being allocated to either group. You cannot choose which group you will be placed in.  You will receive pre-discharge education from the ward nurses (both groups).  If you are in the intervention group you will also receive an extra 10-25 minute education session before you leave hospital (intervention group only)  You will be contacted by one of the heart failure clinical nurse specialists 48 hours after leaving hospital (both groups). The nurse will ask you a series of questions  to determine if you have any changed heart failure symptoms and how you are managing with monitoring your symptoms. This is our standard follow up for all patients. This will take no longer than 5-10minutes. Answers to these questions to be recorded on a questionnaire and stored securely.  Following this phone call, you will be booked into the heart failure clinic at two weeks following discharge which is our standard follow up for all patients and you will be seen by one of the heart failure clinical nurse specialists. At this visit you will be asked the same set of questions as per the phone call. Answers will be recorded on a questionnaire and stored securely.  Your clinic visit may take up to an hour, as this will involve a more in-depth education session, clinical assessment and discussion. |

What are the benefits and possible risks to you in participating in this research?

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| The benefits of participating in this research are you may improve your understanding of your diagnosis of heart failure. Participation may also help you understand the importance and rationale for self-monitoring of heart failure symptoms.  Potential risks of completing this research may mean receiving additional information and education at your admission which some people do find slightly overwhelming.  Please note we are aiming to assist you in this learning process. |

Your rights:

* You do not have to participate in this research if you do not wish to.
* If you are a patient, you can withdraw from the research at any time and this will not affect your treatment or assessment in any way.
* Once you have completed the research you have a three week period within which you can withdraw any information collected from you.
* You are welcome to have a support person present (this may be a member of your family/whanau or other person of your choice)
* You may request a summary of the completed research

Confidentiality:

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| All information collected will be documented on a questionnaire/checklist form and will be stored in a locked filing cabinet in the researcher’s office until the conclusion of the study, when it will be shredded. Digital data will be stored for ten years.  All answers collected on the questionnaire will not have any identifiable information about you. You will be given an identification number if you consent to participate, and no identifiable information will be available to any other people without your written consent. |

If you wish to participate in this research, or if you wish to know more about it, please contact or I will call in at a suitable time to discuss this further with you.

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| Contact Person: | Emma Reeves | | | |
| EIT School/Section: | Master of Nursing | | | |
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| Supervisor Name(s):  (if applicable) | Bob Marshall & Judy Searle  Eastern Institute of Technology (EIT) | | | |
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