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IRB# 25.047

Letter of Information and Consent to Participate in Research

The University of Massachusetts Dartmouth

You are being asked to participate in a research study. This form provides you with information about the study. Please print or save this form for your reference. The Principal Investigator can be contacted by phone or email to any questions you may have. Please read the information below and ask questions about anything you don't understand before deciding whether or not to take part. Your participation is entirely voluntary, and you can refuse to participate without penalty or loss of benefits to which you are otherwise entitled.

Title of Research Study: Exploring nurse practitioner hesitancy around provision of buprenorphine for opioid use disorder

Principal Investigator(s): Martha M. Whitfield, PhD, APRN, Assistant Professor, University of Massachusetts Dartmouth School of Nursing and Health Sciences
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Funding source: American Association of Nurse Practitioners

What is the purpose of this study? This study is looking at how nurse practitioners (NPs), who work as rural primary care providers in New England and who do not currently prescribe buprenorphine, understand the role of buprenorphine treatment for opioid use disorder. I am interested in exploring the barriers that may impact NP prescribing of buprenorphine for opioid use disorder.

Who can participate in this study?
You can participate in this study if you are licensed as a nurse practitioner and currently work in a rural primary care setting in Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, or Vermont.

What will be done if you take part in this research study?
This study consists of a short online survey and a one-on-one interview.

For the survey, you will be asked questions about your age, level of education, years in practice, education around substance use and substance use disorders, practice location and type. I anticipate that the survey will take approximately 5 minutes to complete. You will then be directed to a very short second survey where we will collect your name and contact information so that we can

schedule a time to meet via Zoom for an interview. The interview will last between 60 and 90 minutes.

Recording
The interview will be recorded on Zoom. The recording will allow me to listen to our conversation later and will be used for data analysis. The recording will not include your name. It will include your participant identifier. I will turn off the camera on Zoom during the recording. The recording will be stored electronically on a secure server, with no link to your identity, and will be retained until the transcriptions of the interview are complete and have been reviewed for accuracy. This will take place within two weeks of the interview completion, after which time the recording will be deleted. The recording will only be accessed by me as the principal investigator, and co-investigators who are working on the study. For compliance purposes, the Institutional Review Board (IRB) Office of Human Research Protections may also request access to the recording. The research team will not use the recording for any other reason than that/those stated here without your written permission.

I will be using software called Otter.AI to generate a transcription of our conversation. I may also take some written notes to help me remember our discussion. The transcript and notes will be used for data analysis.

After the study
After I have completed the data analysis, I will email you with some of the key results and themes and ask you if you would like to provide any comments. You do not have to provide your thoughts on the analysis to participate in the study – this is entirely voluntary.

What are the possible discomforts and risks?
There are no anticipated risks to participating in this survey that are greater than you would be expected to experience in your work as a nurse practitioner. There is a minimal risk that you might experience psychological or professional discomfort because of participating in the interview. If you wish to discuss the information above or any other risks you may experience, please contact the Principal Investigator listed on the front page of this form. If you experience any distress or discomfort because of our conversation during the interview, I encourage you to contact the services listed on the attached resource list.

What are the possible benefits to you or to others?
Your participation in this study will allow us to learn more about use of buprenorphine in primary care settings and help us to design future research studies with the goal of reducing the risk of overdose from opioids.

If you choose to take part in this study, will it cost you anything?
There is no cost associated with participating in this study.

Will you receive compensation for your participation in this study?
If you complete an interview, you will have the option to receive a $125 gift card as a thank you for your participation. Gift cards will only be issued to participants who complete both the survey and interview.

If you do not want to take part in this study, what other options are available to you?
Your participation in this study is entirely voluntary. You are free to refuse to be in the study, and your refusal will not influence current or future relationships with The University of Massachusetts Dartmouth.

How can you withdraw from this research study and who should you call if you have questions?

You can withdraw from the study and ask us to remove your interview data from the study at any time up until one month after the interview is completed when we will start data analysis. If you wish to stop your participation in this research study for any reason, you should contact me, the principal investigator: Martha Whitfield at (508) 910- 8938 or by email at mwhitfield@umassd.edu. You should also call me for any questions, concerns, or complaints about the research. You are free to withdraw your consent and stop participation in this research study at any time without penalty or loss of benefits for which you may be entitled. Throughout the study, I will notify you of any new information that may become available and that might affect your decision to remain in the study. Your participation may also be discontinued by the research team if necessary for reasons related to safety or if the interview cannot be completed as planned for any reason. If you withdraw from the study, or if we decide not to include your interview, all survey and interview data that has already been collected will be deleted and will not be used for the study.

In addition, if you have questions about your rights as a research participant, or if you have complaints, concerns, or questions about the research, please contact The University of Massachusetts Dartmouth Institutional Review Board for the Protection of Human Subjects via email at IRB.Research@umassd.edu.

How will your privacy and the confidentiality of your research records be protected?
All data will be stored securely in the University of Massachusetts OneDrive and Qualtrics sites, with password protection. The only individuals with access to the data will be the PI and any research assistants or consultants. While there is a risk that participating in an interview might result in a loss of confidentiality we will do everything to avoid this by making sure that your name is not associated with your interview responses, and by using a code to identify you.

Your interview responses will not be associated with your name. However, if you would like to receive a gift card for your presentation, I will collect your name and email so that I can send you the virtual gift card.

If in the unlikely event it becomes necessary for the Institutional Review Board to review your research records, then The University of Massachusetts Dartmouth will protect the confidentiality of those records to the extent permitted by law. Your research records will not be released without your consent unless required by law or a court order. The data resulting from your participation may be made available to other researchers in the future for research purposes not detailed within this consent form. In these cases, the data will contain no identifying information that could associate you with it, or with your participation in any study.

If the results of this research are published or presented at scientific meetings, your identity will not be disclosed.

Will the researchers benefit from your participation in this study*?*
There are no potential benefits to researchers from your participation, beyond publishing or presenting the results.

You have been informed about this study's purpose, procedures, possible benefits and risks, and you have received a copy of this form. You have been given the opportunity to ask questions before you sign, and you have been told that you can ask other questions at any time. You voluntarily agree to participate in this study.

By clicking **AGREE and CONTINUE** to take the survey, you consent to participating in this study. You will have another opportunity to provide your verbal consent to participate at the time of the interview.