**TEXAS STATE UNIVERSITY-SAN MARCOS**

**CONSENT FORM TO PARTICIPATE IN RESEARCH**

**Title: The Effects of an Educational Module on the Cultural Competence of Physical Therapist Students**

Participating Researchers and Institutions:

Investigator: Suzanna D. Okere, PT, MPT, SCS Advisor: Peggy Gleeson, PT, PhD

Clinical Assistant Professor Associate Professor

Texas State University-San Marcos Texas Woman’s University

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Explanation and Purpose of the Research

You are being invited to participate in a research study examining cultural competence among student physical therapists, because you are currently enrolled as a student physical therapist. This research study may be used to complete Suzanna D. Okere’s doctoral dissertation. The purpose of this study is to determine the impact of an education module on the cultural competence of physical therapist students. This study currently funded by the Texas Physical Therapy Foundation.

Research Procedures

This entire study will take place at Texas State University-San Marcos, Health Professions Building. If you choose to take part in this study, you will first be administered a 20 question survey that asks questions about culture as it relates to physical therapy, a 10 question professional behaviors survey that asks about professional behaviors as it relates to physical therapy, as well as a demographic questionnaire. You will then be randomly assigned to one of two groups. You will participate in an educational module, lasting approximately four hours. It includes both lecture instruction and group discussion of case studies. At the conclusion of the module, you will retake the surveys, and you will be asked two additional questions. The total time commitment will be approximately five hours, including breaks and completion of the survey/additional questions. You may choose not to answer any question(s) for any reason during the study.

Potential Risks

There are some potential risks related to your participation in this study. You may experience fatigue as a result of participating in this study. To minimize fatigue, regularly scheduled breaks will occur throughout the study, with refreshments provided. In addition, you may also experience discomfort or embarrassment when discussing the potentially sensitive issues of culture and professional abilities as it relates to physical therapy. The module instructor will make every effort to ensure personal comfort during instruction and discussion. If you feel physical or emotional discomfort at any time during the study, you may discontinue participation at any time without penalty. If you feel as though you need to discuss this emotional discomfort with a professional you may contact any of the mental health providers listed below. As the research participant, you would be responsible for covering any expenses associated with mental health services incurred as a result of participation in this study.

1. Texas State University Counseling Center 24 hour Crisis Hotline toll free at 1 877 466 0660 or for an emergency after business hours 512 245 2890. Mental health services at the Counseling Center are free to registered students, though the number of sessions allowed may be limited.
2. Hays County Crisis Hotline 512 396 3939
3. Capitol Area Mental Health Center 512 302 1000

Another potential risk to you as a result of your participation in this study is loss of confidentiality. Confidentiality will be protected to the extent that is allowed by law. A code number, rather than your name will be used on the surveys. Only Suzanna Okere’s advisor, Dr. Peggy Gleeson, will have access to the document that links your name to your code number. Only the investigator, her committee, and a research assistant will have access to your survey. The surveys will be stored in a locked filing cabinet in the Department of Physical Therapy the protection of Suzanna Okere and all electronic files will be password-protected on a laptop and a department computer. Within ten years, the surveys will be shredded with a cross-cut shredder and the electronic files will be deleted. It is expected that the results of this study will be presented in the investigator’s doctoral dissertation and other research publications and presentations. However, no names or other identifying information will be included in any publication or presentation.

The researchers will try to prevent any problem that could happen as a result of your participation in this research. You should let the researchers know at once if there is a problem, and they will help you. However, Texas State University-San Marcos and Texas Woman’s University does not provide medical services or financial assistance for injuries that may happen because you are taking part in this research.

Participation and Benefits

Your participation in this study is completely voluntary and you are free to withdraw your consent and your participation from this study at any time, without penalty, intimidation, prejudice or jeopardy to your standing with the University or the Department of Physical Therapy. The direct benefit of this study to you is that at the completion of this study, a copy of the study’s results will be mailed to you if requested\* (see following page).

Questions Regarding the Study

You will be given a copy of this signed and dated consent form to keep. If you have any questions about this research study you should ask the researchers; their phone numbers are at the top of this form. If you have any questions about the research, your rights as a research participant, and/or research-related injuries to participants you may contact the Texas State Institutional Review Board chair, Dr. Jon Lasser (512-245-3413 – [lasser@txstate.edu](mailto:lasser@txstate.edu)), or Ms. Becky Northcut, Compliance Specialist (512-245-2102) or Texas Woman’s University Office of Research at 713-794-2480.

Participant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above consent form was read, discussed, and signed in my presence. In my opinion, the person signing said consent form did so freely and with full knowledge of its contents.

Signature of Investigator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*If you would like to receive a summary of the results of this study, please provide an address to which this summary should be sent:

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The IRB approval number for this research study is : 2009R4601.