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| **Phase 1: Healthcare practitioner use of real time prescription monitoring tools in clinical practice**  The research is being carried out by the following researchers:  **Associate Professor Hanan Khalil, Professor George Liu and Dimi Hoppe**  The research is being carried out in partial fulfilment of Professional Doctorate: Doctor of Public Health under the supervision of Associate Professor Hanan Khalil. | | |
| **Role** | **Name** | **Organisation** |
| PhD candidate  Supervisor/Coordinating Principal Investigator  Supervisor/Co-investigator | Dimi Hoppe  Dr Hanan Khalil  Dr George Liu | La Trobe University, Melbourne Vic 3000, Australia  School of Psychology and Public Health  Email: [D.Hoppe@latrobe.edu.au](mailto:D.Hoppe@latrobe.edu.au)  Ph: +61409146636  La Trobe University, Melbourne Vic 3000, Australia  School of Psychology and Public Health  Email: [H.Khalil@latrobe.edu.au](mailto:H.Khalil@latrobe.edu.au)  Ph: +61394798802  La Trobe University, Melbourne Vic 3000, Australia  School of Psychology and Public Health  Email: [C.Liu@latrobe.edu.au](mailto:C.Liu@latrobe.edu.au)  Ph: +61394791715 |
| **Research funder** | This research is supported by in kind support by La Trobe University. | |

1. **What is the study about?**

You are invited to participate in a study about real time prescription monitoring (RTPM) tools. This online questionnaire is part of Phase 1 of a two-phase study on real time prescription monitoring tools and healthcare professional use.

In Phase 1 of the study we hope to learn:

* How healthcare practitioners use RTPM tools in clinical practice
* The feasibility of use of RTMP tools in clinical decision making
* Barriers and facilitators to RTPM tool use
* What healthcare practitioners need to make RTMP tools more useful in practice

In Phase 2 of the study we hope to use the Phase 1 findings to develop a series of online questionnaires to further inform and develop real time prescription monitoring support guidelines for healthcare practitioner use in clinical practice.

1. **Do I have to participate?**

Being part of this study is voluntary. If you want to be part of the study we ask that you read the information below carefully and decide at the end if you do not want to participate. If you decide not to participate this won’t affect your relationship with La Trobe University, the researchers or any other listed organisation.

1. **Who is being asked to participate?**

You have been asked to participate because you are a registered healthcare practitioner who is authorised to use a real time prescription monitoring tool.

1. **What will I be asked to do?**

If you want to take part in this study, we will ask you to complete a questionnaire. It will take approximately 10 minutes of your time to be part of this study.

The questionnaire will ask you about your experiences with RTPM tools, how and when you use them, whether you find them useful and if there are any barriers and/or facilitators to their use. The findings from this survey will provide some insight into whether RTPM tools assist in the clinical decision making process and what is needed to optimise the application of RTPM tools in clinical practice.

The questionnaire is presented as a series of statements or options where you select (tick) the checkbox that most applies to you. There is an opportunity for you to provide a free text comment, if you have anything else you wish to discuss about this topic.

1. **What are the benefits?**

The benefit of you taking part in this study is that the findings may identify gaps in the use of real time prescription monitoring tools and provide information on their feasibility as a clinical decision support tool. The results will inform future strategies to address these gaps and the development of clinical practice guidelines to maximise the use of real time prescription monitoring tools. The expected benefits to society in general are to maximise use of RTPM tools and thereby provide quality care to patients.

1. **What are the risks?**

With any study there are (1) risks we know about, (2) risks we don’t know about, and (3) risks we don’t expect. If you experience something that you aren’t sure about, please contact us immediately so we can discuss the best way to manage your concerns. In the event that you experience any distress, you can contact one of the available support services listed here, or a preferred service of your choosing:

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| **Name/Organisation** | **Telephone** | **Website** |
| Lifeline | 13 11 14 | www.lifeline.org.au |
| Beyond Blue | 1300 22 4636 | www.beyondblue.org.au |
| The MindSpot Clinic | 1800 61 44 34 | www.mindspot.org.au/ |

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| **Name/Organisation** | **Position** | **Telephone** | **Email** |
| Senior Human Ethics Officer | Senior Human Ethics Officer | +61 3 9479 1443 | humanethics@latrobe.edu.au |

We have listed the risks we know about below. This will help you decide if you want to be part of the study.

* Discomfort or mild stress due to discussing barriers in clinical practice.

1. **What will happen to information about me?**

By clicking on the questionnaire link this tells us you want to take part in the study.

We will **collect** information about you in ways that will not reveal who you are.

We will **store** information about you in ways that will not reveal who you are.

We will **publish** information about you in ways that will not be identified in any type of publication from this study.

We will **keep** your information for 5 years after the project is completed. After this time we will destroy all of your data.

The storage, transfer and destruction of your data will be undertaken in accordance with the [Research Data Management Policy](https://policies.latrobe.edu.au/document/view.php?id=106/) <https://policies.latrobe.edu.au/document/view.php?id=106/>.

The personal information you provide will be handled in accordance with applicable privacy laws, any health information collected will be handled in accordance with the Health Records Act 2001 (Vic). Subject to any exceptions in relevant laws, you have the right to access and correct your personal information by contacting the research team.

1. **Will I hear about the results of the study?**

We will let you know about the results of the study by individual request.

1. **What if I change my mind?**

If you no longer want to complete the questionnaire, simply close the web browser. If you change your mind after clicking on the ‘Submit’ button, we cannot withdraw your responses because we cannot link who you are with your questionnaire responses.

Your decision to withdraw at any point will **not** affect your relationship with La Trobe University or any other organisation listed.

1. **Who can I contact for questions or for more information?**

If you would like to speak to us, please use the contact details below:

| **Name/Organisation** | **Position** | **Telephone** | **Email** |
| --- | --- | --- | --- |
| Dr Hanan Khalil | Coordinating Principal Investigator | +61394798802 | H.Khalil@latrobe.edu.au |

1. **What if I have a complaint?**

If you have a complaint about any part of this study, please contact:

| **Ethics Reference Number** | **Position** | **Telephone** | **Email** |
| --- | --- | --- | --- |
| HEC21259 | Senior Research Ethics Officer | +61 3 9479 1443 | [humanethics@latrobe.edu.au](mailto:humanethics@latrobe.edu.au) |

**Consent Form – Declaration by Participant**

I (the participant) have read and understood the Participant Information Statement, and any questions have been answered to my satisfaction. I agree to participate in the study. I agree information provided by me or with my permission during the project may be included in a thesis, presentation and published in journals on the condition that I cannot be identified.

I would like my information collected for this research study to be:

Only used for this specific study.

I would like to receive a copy of the results via email or post. I have provided my details below and ask that they only be used for this purpose and not stored with my information or for future contact.

***Please email completed form to: D.hoppe@latrobe.edu.au***

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| **Name** | **Email (optional)** | **Postal address (optional)** |
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| [**I agree, start questionnaire**](https://redcap.latrobe.edu.au/redcap/surveys/?s=Y3FH8NEH33) |

You may open the survey in your web browser by clicking the link below:  
[Healthcare practitioner use of real time prescription monitoring tools](https://redcap.latrobe.edu.au/redcap/surveys/?s=Y3FH8NEH33)  
  
If the link above does not work, try copying the link below into your web browser:  
https://redcap.latrobe.edu.au/redcap/surveys/?s=Y3FH8NEH33

Qr code

Description automatically generated