**Trinity Health Of New England**

**Information Sheet for Participation in Research**

*Title of Study:*

*Principal Investigator:*

*Co-Investigator(s):*

You are invited to participate in this *enter study title in laymen’s terms*. I am interested in finding out if *enter the purpose of the study in layman’s terms*

Your participation in this study will require to complete a survey which will be *Enter days and times of participation enter study title. Please be specific of to what is required from the participants*

Your participation is completely voluntary, and you can choose not to participate. If you choose to participate, then change your mind; you may stop participating at any time. You do not have to answer any question(s) that you do not want to answer for any reason. You will not be paid for being in this study.

*Enter Risk/Preventable measures:*

Breach of confidentiality is a possible risk. *Your participation will be anonymous, and you will not be contacted again in the future.* Psychological risk is possible you may feel discomfort from discussing the topics of racism, workplace racism, and racial microaggressions. These feelings may include sadness, anger, and thoughts of self-harm.*You can refuse to answer any questions that make you uncomfortable.* *The study staff will provide you with a list of resources if a psychological risk occurs.*

There are no direct benefits to you. However, the benefits of your participation may increase your knowledge and confidence on verbal de-escalation and overall enhance your quality of patient care.

*Contact Information:* If you have questions about your rights as a research participant or have any further questions regarding this research study, please contact the principal investigator: **Enter PI contact information Email and Phone**

If you have questions or would like to discuss this study with someone other than the researcher(s), please contact Trinity Health Of New England Institutional Review Board located at 260 Ashley Street, 3rd floor Hartford, CT 06105 at 860-714-4068.

Yes, I agree and want to participate

No, I don’t want to participate