PRS Informed Consent

Official Title: Reducing OUD treatment dropout: Development and pilot test of a peer recovery support intervention in primary care

NCT Number: Pending

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Principal Investigator: Rebecca Arden Harris, MD, MSc, FASAM

Institution: University of Pennsylvania, Perelman School of Medicine

IRB Protocol #: 850790

Peer Recovery Specialist (PRS) Informed Consent Form

Title of Research Study: Reducing OUD Treatment Dropout in Primary Care

Principal Investigator: Rebecca Arden Harris, MD, MSc, FASAM

Purpose of the Study:
You are invited to participate in a research study conducted by Dr. Rebecca Arden Harris and her research team at Penn Medicine. This pilot study aims to evaluate the feasibility and acceptability of an enhanced Peer Recovery Specialist (PRS) intervention designed to improve retention in opioid use disorder (OUD) treatment within primary care settings. As the PRS delivering the intervention, your insights and feedback are essential to understanding the intervention's effectiveness, practical challenges, and sustainability.

What Participation Involves:
Participation includes taking part in brief, semi-structured qualitative interviews. Interviews will be approximately 20-30 minutes long and will occur approximately midway through the study (month 3) and at study completion (month 6). Interviews will be conducted privately either in person at your clinic or remotely via secure telephone or video conferencing, based on your preference and availability. Interviews will be audio-recorded with your consent for accurate transcription and analysis. If you prefer not to be recorded, detailed notes will be taken instead.

Additionally, intervention sessions you conduct with patients will be regularly assessed by the Principal Investigator (PI) or research coordinator to evaluate intervention fidelity. Feedback from these assessments will be discussed privately with you during scheduled supervision meetings.

Your participation or decision not to participate in this research will not affect your employment, performance evaluations, or professional standing at Penn Medicine in any way.

Potential Risks:
Risks from participation in this study are minimal and may include mild discomfort discussing challenges or barriers related to intervention implementation. You may choose not to answer any question or end the interview at any time.

Benefits:
There are no direct benefits to you from participating in this research. However, your feedback will provide valuable insights to refine and optimize peer support interventions for patients with OUD in primary care.

Confidentiality:
Your confidentiality will be protected throughout the study. Audio recordings or detailed notes from interviews will be securely stored, transcribed, and fully de-identified. Transcripts and notes will not contain personal identifiers, and recordings will be securely deleted after verification of transcription accuracy.

All identifiable information about you (such as your name or place of employment) will be stored securely and separately from research data. De-identified interview data may be shared in research presentations, publications, or used in future research studies. However, your identifiable information will not be shared outside the study team.

Information from fidelity assessments of PRS sessions will be used solely for research purposes and discussed privately with you during supervision meetings. This information will not be shared with your supervisor or other Penn Medicine employees outside the study team, nor will it influence your employment or evaluations in any way.

Voluntary Participation:
Your participation is completely voluntary. You may refuse to participate or withdraw at any time without penalty or impact on your employment or professional standing.

Compensation:
There is no financial compensation for your participation in this study.

Contact Information:
For questions or concerns about the study, please contact:

Rebecca Arden Harris, MD, MSc, FASAM
[PI contact information]

For questions or concerns about your rights as a research participant, you may contact the University of Pennsylvania Institutional Review Board at [IRB contact information].

Agreement to Participate:
By signing below, you indicate that you have read and understood the above information, have had your questions answered, and voluntarily agree to participate in this research study.

Participant Signature: _____ Date: _____

Printed Name: _____

Researcher Signature: _____ Date: _____

Printed Name: _____