Information Sheet for Participation in a Research Study

Principal Investigator: Jennifer Girotto
Student Investigator: Lindsay Dalton
Title of Study: Survey of Pharmacy Students on Providing Childhood Immunizations
Sponsor: None

You are invited to participate in a research study. This form includes information about the study and contact information if you have any questions.

I am a pharmacy student at the University of Connecticut, and I am conducting this survey as part of my course work.

One goal of this study is to assess current pharmacy students’ confidence in recommending and/or administering childhood vaccinations. Pharmacists play a key role in keeping patients up-to-date on scheduled vaccines. Now that pharmacists and pharmacy interns have been authorized to provide childhood immunizations under the Public Readiness and Emergency Preparedness (PREP) Act, it is essential that they are comfortable in recommending and administering vaccines to children. In order to fully understand the knowledge, experiences, and comfort following pharmacy immunization training, this survey will assess the degree to which pharmacy students participate in immunizations and whether the amendment to the PREP Act has increased opportunities for pharmacy interns to vaccinate children. These results may serve as an indicator of the impact of pharmacy-administered childhood vaccinations, and the implications of the amendment to the PREP Act.

In this survey, you will be asked a series of questions with multiple options for answers. Please select the answer that most closely describes your experience and/or your feelings. Questions will pertain to your background as a pharmacy student, your knowledge, experience, and confidence with respect to immunizations, and the extent of your experience vaccinating children.

This study should take approximately 5 -10 minutes of your time. Your participation will be completely anonymous.

You will not be paid for being in this study.

We do not anticipate any risks from completing the survey since all responses will be completely anonymous.

This survey may help you to reflect on your skills as a student pharmacist, and your ability to recommend and administer childhood immunizations. It may also provide information to elucidate if further instruction and/or education is/are needed to improve your confidence with respect to vaccinating the pediatric population, and/or determine if more specific pediatric-focused vaccine training may be indicated. Society may benefit from this survey by
delineating the training and/or comfort of student pharmacists, and their suitability to administer scheduled immunizations to children. In addition, this survey may portray if there is benefit of expanding pharmacy-administered immunizations to permanently include children across the United States.

We will do our best to protect the confidentiality of the information we gather from you but we cannot guarantee 100% confidentiality. Your confidentiality will be maintained to the degree permitted by the technology used. Specifically, no guarantees can be made regarding the interception of data sent via the Internet by any third parties.

You do not have to be in this study if you do not want to be. You do not have to answer any question that you do not want to answer for any reason. We will be happy to answer any questions you have about this study. If you have further questions about this project or if you have a research-related problem, you may contact Lindsay Dalton at lindsay.dalton@uconn.edu or Jennifer Girotto at jennifer.girotto@uconn.edu. If you have any questions about your rights as a research participant, you may contact the University of Connecticut Institutional Review Board (IRB) at 860-486-8802. The IRB is a group of people who review research studies to protect the rights and welfare of research participants.

Please print out a copy of this information sheet for your records.

If you would like to participate in this survey, click yes to begin or no to exit.