

11-29-2022

Increasing Cervical Cancer Screening Rate Among Uninsured South Asian Females Between Ages of Twenty-one and Sixty-five: A Quality Improvement Project to Evaluate the Effectiveness of Video-assisted Targeted Education in a South Florida Clinic

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**Increasing Cervical Cancer Screening Rate Among Uninsured South Asian Females
Between Ages of Twenty-one and Sixty-five: A Quality Improvement Project to Evaluate
the Effectiveness of Video-assisted Targeted Education in a South Florida Clinic**

A Scholarly Project Presented to the Faculty of the
Nicole Wertheim College of Nursing and Health Sciences
Florida International University

In partial fulfillment of the requirements
For the Degree of Doctor of Nursing Practice

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Approval Acknowledged: _____, DNP Program Director

Date: _____

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Abstract

The literature review suggests the underutilization of healthcare and screening tests among the uninsured in the United States. South Asian population, the fastest-growing immigrant population in the country, possesses an extra burden due to a lack of knowledge about screening and hesitance to change health behaviors. The primary focus of the Quality Improvement project is to improve the awareness of South Asian females about cervical cancer screening and ultimately to increase the screening rate. A video-assisted education in native languages of Hindi, Urdu, and Bengali was introduced to educate the South Asian females in a primary care community clinic which serves a significant number of uninsured South Asians. The researcher utilized any encounter to educate the selected females regarding the screening test. The project emphasizes providing education in a culturally appropriate manner to ensure the comfort and adherence of the population. The data from the study suggest that video-assisted education increases awareness of South Asian females regarding cervical cancer screening, as evidenced by the increased number of appointments after the educational interventions. Similar studies are required on a larger scale to enhance nursing knowledge and improve patient and provider satisfaction.

Keywords: cervical cancer, screening, video-assisted education, South Asians, Pap

DNP Project Title

Increasing cervical cancer screening rate among uninsured South Asian females between ages of twenty-one and sixty-five: A quality improvement project to evaluate the effectiveness of video-assisted targeted education in a South Florida clinic

Introduction/ Problem Statement and Significance

Despite colossal government spending and efforts to provide quality and accessible care, healthcare disparities are an ongoing burden to the country. Uninsured populations often suffer the most due to various factors. Poor mental and physical health status results from not having health insurance and the inability to pay for care. Most uninsured people neglect screening tests while prioritizing other necessities due to a lack of awareness about primary prevention and screening tests. Twenty-eight million of the US population reportedly did not have health care coverage in their entire life span based on a 2020 census (United States Census Bureau, 2021). Thirty-three percent of immigrants in the US reportedly lack healthcare coverage (Tan et al., 2018). This can be proportionally visible among Asian Americans as they are considered the fastest-growing immigrant community in the US (Tan et al., 2018). South Asian populations in the United States have roots in South Asian countries such as India, Pakistan, Bangladesh, Nepal, Sri Lanka, Bhutan, and the Maldives, Afghanistan (SAALT, n.d.).

South Asian uninsured females are selected for the selected quality improvement project. Preventive services are unfamiliar to many South Asians as they are more accustomed to seeking care when necessary and symptomatic (Pallegadda et al., 2014). Most continue to utilize healthcare services the same way before immigration (Pallegadda et al., 2014). While patients seek primary or acute care services, educational opportunities can effectively increase screening

rates and preventive measures (Pallegadda et al., 2014). The cancer screening rate is the lowest among Asian Americans and Pacific islanders compared to all the different ethnic groups in the country (Menon et al., 2012). Increasing awareness and access to services ensure better utilization of screening tests for cancer prevention. Lack of knowledge and other factors, such as poor understanding of prevention and cancer, are barriers to cancer screening (Anderson de Cuevas et al., 2018). Asian females have the lowest rate of getting a screening PAP test compared to Hispanic and African American females; South Asians are less likely to get the PAP test done than females from other Asian countries (Tarver, 2012). The screening PAP test rate is low among South Asian females compared to their risk of being diagnosed with cervical cancer (Wong et al., 2019).

Among females, cervical cancer is one of the most common cancers, fourth in place compared to other cancers (World Health Organization [WHO], n.d.). Approximately 570,000 females were diagnosed, and 311,000 females died from cervical cancer worldwide based on 2018 statistics (WHO, n.d.) Early detection makes cervical cancer one of the most treatable types of cancer (WHO, n.d.). Primary prevention with vaccination and secondary prevention methods such as screening PAP and treating the abnormal cells early and effectively will prevent unnecessary complications and financial burden to the patient (WHO, n.d.). These prevention strategies will significantly reduce cervical cancer diagnosis (WHO, n.d.). The U.S Preventive Services Task Force recommends that cervical cancer screening begins at ages twenty-one to sixty-five (U.S Preventive Services Task Force [USPSTF], 2018). If cytology alone is done, screening PAP smear must be repeated every three years (USPSTF, 2018). If co-testing is chosen with HPV screening, women can get their PAP test done every five years starting from age 30 (USPSTF, 2018). Screening PAP is vital in preventing cervical cancer by early detection of

abnormal cells, considering the slow progression of the condition (Nardi et al., 2016). Early detection of cervical cancer significantly increases the five-year survival rate (Nardi et al., 2016). The American College of Obstetricians and Gynecologists (ACOG) reports an overall reduction of cervical cancer cases by one-half over the past thirty years because of regular screening and early detection trends (The American College of Obstetricians and Gynecologists [ACOG], n.d.). ACOG guidelines for screening PAP agrees with the USPTF recommendations regarding cervical cancer screening.

Targeted education among the selected underprivileged group will effectively teach South Asian females about risk factors and early detection and prevention of cervical cancer. Targeted education using theory-assisted methods in a culturally sensitive manner will improve the knowledge level of females, thus increasing the screening rate (Musa et al., 2017). In general, patient education helps promote knowledge, tackle misconceptions, and change behaviors regarding healthcare and practices (Abu Abed et al., 2014). Many studies reported enhanced patient knowledge after using video-assisted education. Video-assisted education can be especially beneficial for patients with a language barrier and low literacy rates. Poor outcomes, lesser quality of care, and disparities are reported among patients with limited English language proficiency; identifying ways to bring equity in care and quality brings an obligation on the provider side (Espinoza & Derrington, 2021).

The selected site is a community clinic that serves many uninsured Miami-Dade and Broward County populations. The clinic chosen operates a significant number of South Asians, mainly Indian, Pakistani, and Bangladeshi. The clinic currently refers all females between twenty-one and sixty-five to an affiliated clinic for free cervical cancer screening. At the clinic, South Asian females are screened significantly lower than other ethnicities even after providing

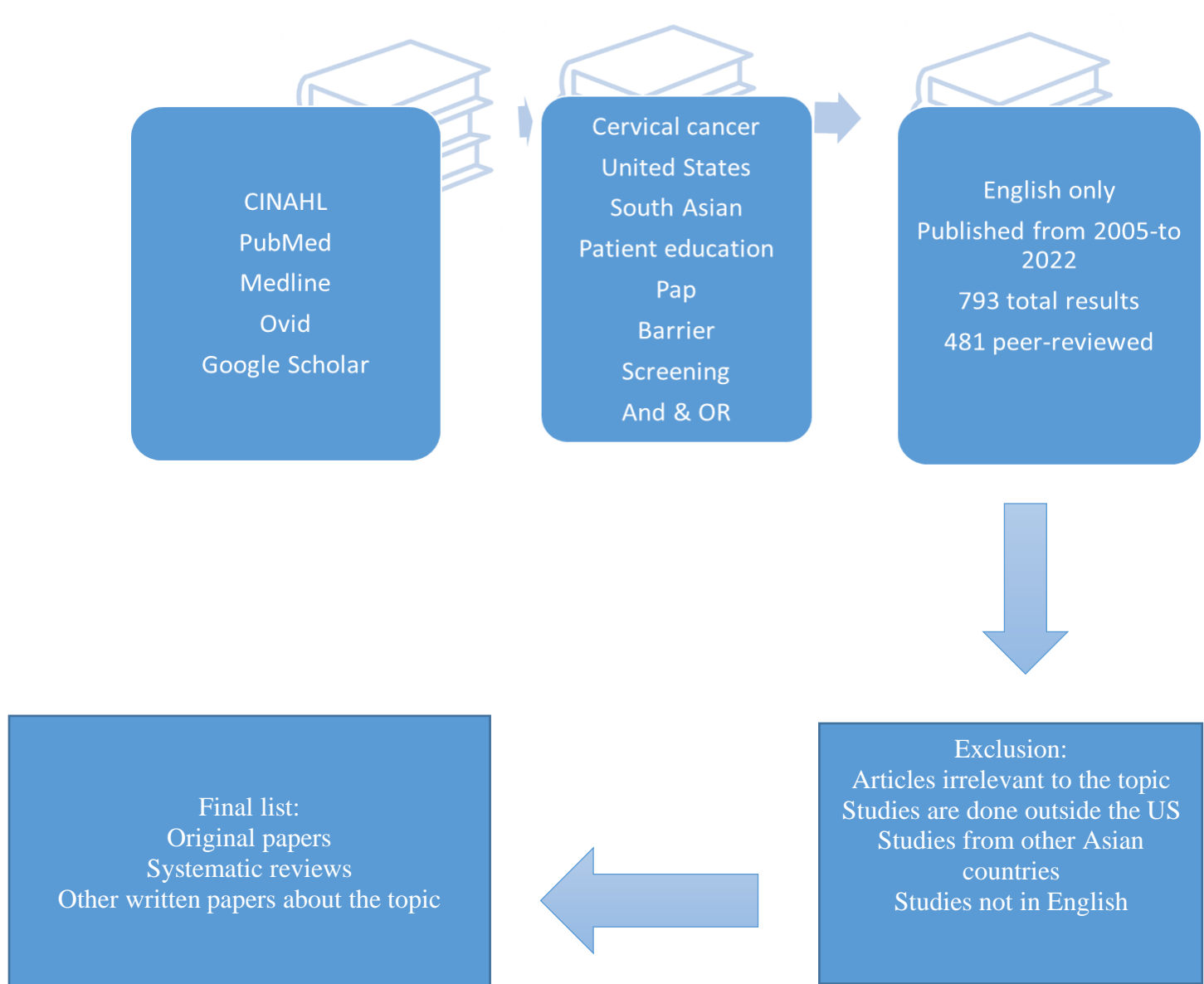
ways to overcome the financial barrier. This trend gives insight into the lack of awareness about screening tests. Therefore, the education of the selected population to improve the screening test is essential from the provider's side. A targeted educational program for the selected South Asian females was implemented at the clinical site. The chosen location is a perfect platform for the project as it serves many uninsured South Asian populations. The project will improve the cancer screening rates among South Asian females, and the data can be used as a baseline for further studies among other ethnic minorities.

Summary of the Literature/ Evidence Related to the Clinical Question

Search Strategy

The initial search was conducted using databases CINAHL, PubMed Central, Medline, OVID, and Google Scholar. Boolean operators such as “ AND” and “ OR “ were used along with the keywords “ Cervical cancer, United States, South Asian, patient education, PAP, barrier, and screening.” for the initial search. Language is limited to only “ English,” and only studies or articles published between 2005 and 2022 are used for data collection. The initial search provided a total of 793 results. Out of the collected essays, the search was narrowed to peer-reviewed only, providing 481 articles. Further criteria were again used to create the most accurate list relevant to the searched topic by excluding the studies done in countries other than the United States or articles irrelevant to the issue. Exclusion criteria also included articles that solely discuss females from other Asian Countries of origin. However, research conducted outside of the United States uses data from the US selected for literature review. Studies done in the US among different ethnicities, including South Asians, are included in the list of selected

articles. Selected resources include original papers, systematic reviews, and other papers discussing related topics.



Demographics

An estimated 5.4 million South Asians reportedly live in the United States. These populations are initially from countries in the South Asian region, such as India, Pakistan, Bangladesh, Afghanistan, Nepal, Bhutan, Sri Lanka, and Maldives(SAALT, n.d.). South Asian communities are multicultural and multireligious. The most common languages spoken by South Asians who live in the United States are Hindi, Urdu, Bengali, and English (SAALT, n.d.). More than 75% of the South Asian population who live in the United States was born outside the country (SAALT, n.d.).

Health Behaviors of South Asians

There is no clear picture of the health status and health behaviors of South Asians living in the US despite being one of the fastest-growing immigrant communities in the country(Bharmal & Chaudhry, 2012). Overall, the PAP smear test is underutilized among many ethnic minorities in the country, and there is no accurate data about cervical cancer screening utilization by South Asians. Many educated South Asians are not current with many screening tests or other preventive services(Bharmal & Chaudhry, 2012). South Asians are more adapted to seeking care for symptoms or only as needed back in their countries of origin, and many continue to follow the same rules after migrating to the US (Pallegadda et al., 2014). Many are unaware of the existence of screening services. Asian Americans reportedly have the lowest cancer screening rates and Pacific Islanders compared to all other ethnicities (Menon et al., 2012). Access to healthcare and preventive services might challenge many immigrants as they struggle with other issues, such as resettlement problems, financial matters, and language

barriers (Haworth et al., 2014). Often, the immigrants are unaware of how to approach the resources or seek health education (Haworth et al., 2014). Many females fear the PAP test as an uncomfortable procedure (Nardi et al., 2016).

Cervical Cancer Screening Trends Among South Asians

Cervical cancer screening rates are lower among South Asian females in the United States than in other ethnicities. The reported reasons are the language barrier, lack of knowledge about the test's purpose, and cultural inhibitions and modesty (Perera & Chang, 2018). Most of the studies regarding the topic were conducted outside the United States, and many did not identify south Asians separately (Glenn et al., 2009). The screening PAP test rate is lowest among Asian females compared to Hispanic females and African Americans (Tarver, 2012). South Asians reportedly have lower screening rates for PAP compared to other countries of Asian origin (Menon et al., 2012). Another study reports that the cervical cancer screening test was the lowest among Asian Indians compared to many other countries (Shoemaker & White, 2016). Length of stay in the United States plays a role in the screening test pattern; females who have been in the country for more than ten years have more chances of getting any screening test done, especially screening PAP (Shoemaker & White, 2016).

A systematic review of the barriers among South Asian females regarding screening tests, including cervical cancer, reveals that many had an abysmal understanding of cancer and the screening tests compared to the women in their host country (Anderson de Cuevas et al., 2018). Many believed that cancer could not be cured or feared diagnosing something unwanted during a screening test (Anderson de Cuevas et al., 2018). The role of the men in their life also made it difficult for some females to get screening tests as they wanted to avoid any internal conflicts in the family (Anderson de Cuevas et al., 2018).

One of the few studies done about cervical cancer trends among the Bhutanese population in the US states Bhutan as the fourth leading country for cervical cancer diagnosis (Haworth et al., 2014). The same study reports that most participants had never heard about cervical cancer or screening (Haworth et al., 2014). A study in New York reveals that participants with some education, proficiency in English, or more income or who have a job had an increased rate of breast and cervical screening tests compared to other female participants (Islam et al., 2006). Medical insurance or the increased length of stay in the US also contributed to better adherence to the screening recommendations (Islam et al., 2006). The same study reports that married women were more open to screening tests than unmarried females of South Asian origin (Islam et al., 2006).

A systematic review of Asian Indians in the United States reports that the cervical cancer screening tendency among the population falls behind the target of “Healthy People 2020” compared to non-Hispanic whites (Jillapalli & Radhakrishnan, 2021). The HPV vaccination rate is also the lowest among Asian Indians, which makes the need for education significant (Jillapalli & Radhakrishnan, 2021). Many reported different or multiple barriers to not getting cervical screening tests, such as “cultural barriers,” unmarried status or not being sexually active, having an opposite sex provider, and lack of access to care and transportation issues (Jillapalli & Radhakrishnan, 2021). Another study conducted among Asian Indians in New Jersey and Chicago area reports that only 40% of the participants had cervical screening tests done in the past (Mehrotra et al., 2011).

Health Education and Screening PAP

Data suggests that half of all invasive cervical cancer diagnosis was among females who never had any PAP test in their life or within five years of their diagnosis (Freeman & Wingrove,

2005). Increasing awareness to improve the screening rate is vital, especially among migrants and the low-income population (Freeman & Wingrove, 2005). Primary care providers can play a critical role in identifying females who never had any PAP smear test done and identifying barriers, including lack of screening and early detection knowledge. Patients' race, ethnicity, and cultural beliefs must be considered while determining their needs (Freeman & Wingrove, 2005). Effective use of screening tests or other services can be negatively affected by not addressing cultural aspects or language issues (Perera & Chang, 2018). Health education plays a substantial aid in promoting cancer screening and health promotion, especially among immigrants in the United States, to help tackle personal barriers to seeking care (Adunlin et al., 2018). A literature review published in 2018 reports systemic barriers such as lack of access to screening services, unavailability of interpreter services, or overall insensitivity towards patient needs (Adunlin et al., 2018). Increased knowledge about the disease process, access to get tests, provider recommendations, etc., influences the person's chance of getting the necessary screening done promptly (Adunlin et al., 2018).

A systematic review from 2017 using thirty-seven articles mentioning about 15658 females worldwide reported that educational interventions to change health behaviors could be used effectively to prevent cervical cancer (Naz et al., 2018). The same review used 38.8% of the total studies from Asia (Naz et al., 2018). Effective methods such as phone calls, video calls, group education, printed materials, radio broadcast, PowerPoints, and direct interview methods can successfully improve cervical cancer screening rates in females (Naz et al., 2018). A study done among South Asians in the New Jersey area to educate them about colorectal cancer screening showed improved results regarding the knowledge level of the population and a

reduced rate of perceived barriers to the screening test (Manne et al., 2018). Similar interventions and educational sessions can enhance the knowledge about screening PAP tests among South Asian females.

Many current educational designs in the United States are designed to use the population born there. They may lack insight into the specifics of the South Asian population (Anderson de Cuevas et al., 2018). There is always room for more well-planned research and interventions specific to the selected population (Anderson de Cuevas et al., 2018). A better understanding of the cultural aspects, beliefs, and barriers of South Asian patients regarding cancer screening will allow providers to provide culturally sensitive care or education in a more acceptable way (Crawford et al., 2015). Providing consistent health promotion education along with other public health strategies will improve the screening test rate among South Asians (Crawford et al., 2015). In addition to health education, the patient must have access to the test affordably and be educated about approaching any available resources (Crawford et al., 2015). Being sensitive to ethnic and cultural preferences and religious beliefs must also be considered while planning educational sessions for South Asian females, as the community is unique in many ways (Islam et al., 2006). Education must include information about the disease process, guidelines, preventive methods, and what needs to be expected during the test (Nardi et al., 2016).

Using Educational Videos for Patient Education

Using videos in local languages for patient education is ideal for patients, especially foreign-speaking patients. Many might be embarrassed to acknowledge their inability to read English or speak if any other educational method is used. The “One-on-one” method of educating patients in healthcare settings or on other platforms should reduce misconceptions or lack of awareness about the screening test (Sabatino et al., 2012). The use of media such as

videos can be used effectively to educate patients who do not speak English as a first language (Sabatino et al., 2012). A waiting room TV or portable iPad can play educational videos (Montealegre et al., 2014). This will also reduce any extra burden on the clinical staff to spend more time individually and avoid unnecessary patient flow delays (Montealegre et al., 2014). Educational videos can be played to effectively utilize patient waiting time and create an opportunity for the patient to verbalize any concerns or questions during their visit time with the provider (Montealegre et al., 2014). Language concordance in a clinical setting is proven to positively impact the patient's quality of care and adherence (Diamond et al., 2019). Videos in local languages will better understand the patients learning about cervical screening tests. This will also bring a sense of inclusion to the patient. The literature review demonstrates the need for targeted health education among South Asian. Video-assisted and one-on-one education can be effectively utilized to increase awareness and adherence of South Asian females toward cervical cancer screening tests.

Purpose/ PICO Clinical Questions/ Objectives

Purpose

The project aims to improve the current knowledge level of south Asian females at a selected Community Clinic in Miami, which serves the uninsured population regarding cervical cancer screening. The selected site is a perfect platform for the project as it serves many uninsured South Asian populations. Data collected from the project will improve the cancer screening rates among South Asian females and be used as a baseline for further studies.

PICO Clinical Question

PICO Question: Will a video-assisted education on the prevention of cervical cancer in the native language of South Asian women improve their understanding by scheduling an appointment for a free Pap test?

P: Uninsured South Asian females between the ages of twenty-one to sixty-five.

I: Targeted education for the selected population by using videos in selected South Asian languages

C: Assess the current knowledge level and perception of the patients about cervical cancer screening

O: Increased number of South Asian females getting cervical cancer screening tests as recommended

Objectives

The main objective of the Quality Improvement project is to improve the knowledge level of the South Asian females at the selected clinic about cervical cancer screening, thus increasing the screening rate. Evidence and findings from the project will be used as a foundation for future studies or similar studies among other ethnicities. SMART Objectives are formulated for the specificity using the acronym S- specific, M- measurable, A-achievable, R-realistic, and T-time-specific (Tones & Tilford, 2001).

Video-based educational materials made in languages of Urdu and Bengali were used to educate South Asian females at the selected Clinic about cervical cancer screening and prevention. IRB guidelines are followed to ensure the protection of human subjects. After implementing the project, the findings and recommendations are discussed with faculty and

stakeholders at the Community Clinic. The quality improvement project will be analyzed and evaluated by November 2022. The final report submission will be made by November 2022.

Definition of Terms

Important terms related to the quality improvement project are defined as follows:

Cervical cancer: Cancer is a state of body cells growing uncontrollably. Cervical cancer affects the cervix of the female body(Centers for Disease Control and Prevention [CDC], n.d.).

Cervix: Cervix is the part of the female body where it connects the uterus(womb) to the vagina(birth canal)(CDC, n.d.).

Cancer screening: Screening looks for cancer before a person becomes symptomatic (National Cancer Institute, 2020). Early diagnosis increases the survival rate of the person. The main goal of cervical cancer screening is to identify any abnormal cells/ precancerous lesions (National Cancer Institute, 2019).

Pap test/ Pap smear/ Papanicolaou test: This procedure collects cells from the cervix surface to be checked microscopically (National Cancer Institute, 2019).

Human papillomavirus/ HPV: HPV is a virus that leads to abnormal growth of the tissues. Infection with certain types of HPV can lead to cervical cancer (National Cancer Institute, 2019).

HPV/PAP co-test: Co-testing is a procedure where Pap and HPV test is done together (National Cancer Institute, 2019).

Health Education: A coordinated discipline that delivers a learning opportunity about health using the communication between the learner and educator, which encourages behavioral modifications (Modeste & Tamayose, 2004).

Conceptual Underpinning and Theoretical Framework for the Project

Pender's health promotion model is an excellent theoretical framework for the selected Quality Improvement Project. The project is focused on health promotion and changing behavior for positive outcomes in a culturally competent way. Pender's model is based on the social cognitive theory that cognitive-perceptual factors such as perceived benefits, barriers, and self-efficacy influence a person's health promotion behaviors (Khodaveisi et al., 2017). This model focuses on three categories such as individual characteristics and experiences, behaviors-specific cognition and affect, and behavior outcome (Butts & Rich, 2017). The patient or individual will be the model's focus (Butts & Rich, 2017). Pender considers health promotion a vital goal globally for the twenty-first century (Butts & Rich, 2017). Applying Pender's theory guided the investigator in implementing the selected quality improvement project at the Community Clinic.

According to Pender's health promotion theory, individuals can adapt their health promotion behaviors; nursing interactions are vital to health promotion (Chakrabarty, 2021). A person's characteristics are essential in achieving the goal of health promotion and illness prevention. Encouragement from the provider will strengthen the person's behavior change, as such changes need determination and commitment (Chakrabarty, 2021). Based on Pender's theory, a few factors, such as thinking, external environment, family dynamics, and other relations, must be considered for health promotion behavior (Chakrabarty, 2021). Pender's theory is ideal for implementing the project at the selected Community Clinic.

Methodology

Setting and Participants

The selected site for the quality improvement project is a community clinic in Miami, Florida. The Clinic provides primary care and other services free of cost to the uninsured and underprivileged population of South Florida. The clinic offers high-quality care to its patients through a multidisciplinary team of providers. In addition to providing quality care for the uninsured population of South Florida, the clinic is committed to health education, mentorship to students, and as a site for clinical training for healthcare programs. This clinic works with different organizations to research minorities and underserved people by providing vital data and other information.

The clinic is run by a Board of Directors and a medical director. Other providers include Nurse Practitioners, Volunteer specialist doctors, and faculties from a reputed College of Medicine. The selected site offers diabetic education, preventive services, and health education to its patients daily. Patients are referred to low-cost places or other resources when necessary. The site offers health fairs at community events and organizations to promote the community's wellness. The clinic serves many uninsured Hispanic, African American, and South Asian populations.

The clinic prioritizes preventive services and health education for its population to prevent unwanted outcomes. While primary care is provided on-site, screening tests are unavailable on-site. Patients get referred to apply for county financial assistance programs offered. Many often do not meet the eligibility criteria due to financial and immigration status. Females are referred to use other services that offer free screening for PAP and mammograms if eligible. Despite having resources provided for screening tests, a gap is identified when the

percentage of the test done is assessed. The selected quality improvement project focus on how cervical screening tests can be increased among South Asian patients at the selected Clinic. This topic is significant because the clinic sees an average of 75 patients of South Asian origin per month or more.

Participants are female patients of South Asian origin between 21 and 65 years who never had a Pap test done or are below the recommended guidelines. The quality improvement project educates the selected group about screening Pap tests to improve the participation of South Asian female patients at the clinic. The student recruited patients directly during the primary care encounter or any other patient-provider interaction. Patients who met the inclusion criteria and agreed to participate signed a consent to be a part of the study.

SWOT Analysis

A SWOT analysis was conducted to determine the strength, weaknesses, opportunities, and threats that might be encountered at the selected Clinic while implementing the quality improvement project. SWOT analysis offers a better understanding of a problem regarding the selected population and the site, thus providing insight for implementing and planning a project (Bonnel & Smith, 2021).

Strengths

The main strength is that the selected clinic promotes education, research, and data availability for the research about minorities and the underprivileged they serve. As the clinic serves many South Asian females, the selected project is ideal for the setting. The literature review supports implementing health education and behavioral changes to enhance a positive outcome. The clinic team, including administrators and providers, showed great interest in implementing the selected project and firmly believed that the findings would positively impact

the underserved groups. Another strength is that a free resource is available for interested patients to seek screening PAP tests.

Weakness

There are some weaknesses identified along with strengths. There are identified potential barriers to implementing the project or a change in behavior after the education, considering the cultural barriers and modesty of most of the population served. Marital status and family dynamics could be barriers to implementing the project. Some patients have encountered transportation issues and lack time to schedule the screening test while struggling with other life needs. Staff at the facility might find it difficult to accommodate extra time for the patient to watch educational videos during busy days to focus on a specific population. Any gaps in follow-ups can make the data collection and post-test challenging.

Opportunities

The project paves the baseline for similar educational plans among other ethnicities the clinic serves. The project, once successfully implemented, can lead to improved access to care and an increased number of patients seeking cervical cancer screening. The outcome promotes both patient and provider satisfaction. Early prevention and screening avoid any unnecessary mental and financial burden to the population, considering that they are uninsured. The collected data can be used as a baseline for future studies as not many studies or data are available about the South Asian population living in the United States.

Threats

Some of the perceived barriers are that some providers may not be familiar with the cultural practices of the specific population. Patients' hesitancy to change their health habits can be problematic while implementing the project. Another significant threat is the lack of resources

and financial constraints to the patients if any follow up warranted or with any abnormal findings.

SWOT Analysis

Strengths	Weakness
<ul style="list-style-type: none"> • The clinic promotes education, research, and data collection • The site serves a significant number of South Asians • Team supports the project • Findings will positively impact other underserved groups and minorities • Free resource is available for interested patients to get screening Pap done 	<ul style="list-style-type: none"> • Potential barriers- cultural, family, modesty, marital status • Transportation issues, lack of time • Staff may find it hard to find extra time to educate using videos • Gaps in follow-ups can challenge the data collection and post-test
Opportunities	Threats
<ul style="list-style-type: none"> • Opportunities for similar studies among other groups • Improved access to care • Increased number of cervical cancer screening 	<ul style="list-style-type: none"> • Some providers may be unfamiliar with the cultural practices • Patient's hesitancy to change health habits

<ul style="list-style-type: none"> • Early prevention avoids the unnecessary burden • Provides data for future studies 	<ul style="list-style-type: none"> • Lack of resources and financial burden if any abnormal findings as the population are uninsured
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Description of Approach and Project Procedures

Potential participants were contacted directly during the provider-patient interactions. The student investigator directly approached the patients during every possible encounter at the clinic. Exclusion and inclusion criteria were used to screen the potential samples. The participants signed a consent which was translated into three main South Asian languages: Hindi, Urdu, and Bengali, for better understanding. Many participants were bilingual and spoke their native language and English; a HIPAA-compliant language line was also used for communication during the study. The study was implemented after collecting consent. All the volunteer participants received targeted video-assisted education which details cervical cancer, prevention, Pap test procedure, and benefits in their local language. Before playing the educational video on the clinic iPad, a presurvey was conducted to identify the person's knowledge level. Ample time was provided to clarify any concerns or questions, followed by the educational session.

Resource information was provided for the selected females to get a free Pap test along with referrals. The selected group was contacted six weeks after the educational encounter to see if they had already done the test or had an appointment at the facility. An Estimated number of samples between 10-25 was predicted for the proposed QI project. A total of fifteen participants within the selected time frame matched the inclusion criteria and agreed to participate in the study. All participants were contacted six weeks after the educational session to follow up on the

status of the Pap test if most participants either had a Pap test done or had an appointment, planning to make an appointment in comparison to the test status before the session is considered as a positive impact of the study and evaluated as a success.

Protection of Human Subjects

The Institutional Review Board of Florida International University approved the quality improvement project before implementing the project. The project's primary goal is to educate the selected group about cervical cancer screening and ultimately increase the screening rates among South Asian females. Participation was voluntary, and no penalty for not participating or withdrawing from the project at any time. Patients were provided a written copy of the consent in their native language and English. A HIPAA-compliant translation service was used for anyone who needed translation. The language line was used for the consent process and during the study to ensure complete understanding and comfort of the participants.

There is only minimal risk of adversely affecting the participants physically, mentally, or economically. Participation was voluntary. Withdrawal from the project or refusal to participate was acceptable for the selected group at any time during the project participation. No financial risk was involved as the patient was referred for a free PAP test. Patients will be responsible for treatments for any abnormal findings; however, patients are referred to low-cost county hospitals for low-cost care if any follow-up is necessary for any abnormal findings, including a cervical cancer diagnosis. Free mental health services are available at the clinic to help with any mental stress related to abnormal findings after the PAP test is done if necessary. No patient identifiers were used for data analysis. No patient identifiers are published in the final report.

Data Collection

After obtaining the participant's consent, a pre-survey was conducted orally to tackle the participants' ability to read and write. Many participants were bilingual. A HIPAA-compliant language line was used during the project implementation when necessary. The simple survey identifies the patients' knowledge level and the number of Pap tests they have received in their lifetime. All South Asian females who are up to date with the test were excluded from participating in the project. South Asian females who had a hysterectomy were also excluded. All participants are females between the ages of twenty-one and sixty-five of South Asian origin.

Video-assisted education was provided during regular visits for acute or chronic care management, annual checkups, or any other encounters. All the volunteer participants received targeted video-assisted education which details cervical cancer, prevention, Pap test procedure, and benefits in their local language. Two selected languages in the videos for the project were Urdu and Bengali. Video in Urdu was also used for Hindi-speaking patients, as Hindi and Urdu are mutually intelligible. The targeted educational video was played on clinic IPADs that the clinic uses for patient encounters. The video was played, followed by a chance to clarify questions and concerns. The patient was provided a referral for screening PAP and information to contact a resource to schedule their free PAP test. The patients were contacted after six weeks over the phone for follow-up/ post-test and to see the status of the screening tests. The number of tests or appointments scheduled was totaled to know the increment percentage. An increased number of tests or appointments were evaluated as an improvement after implementing video-assisted education regarding cervical cancer screening.

The pretest survey assesses the demographics of the patient, understanding of cervical cancer screening, and the reasons for not getting the Pap test done or for underutilization of the

screening tests. The oral survey was conducted among the participants in selected languages. A language line was used as needed for patients who only spoke their native languages—the post-test checks the cervical cancer screening rate status after the educational intervention.

Pre-test questions

1. How old are you?
a) 21-30 b) 31-40 c) 41-50 d) 51-60 e) 60-65
2. What is your primary language?
a) Hindi b) Urdu c) Bengali
3. How long have you been in the United States?
a) Since birth b) less than ten years c) More than ten years
4. Have you ever had a Pap smear test for cervical cancer screening?
a) Yes
b) No
c) Not sure
5. If answered “ yes” to question 4, when was your last Pap smear test?
a) Within the past three years
b) More than five years ago
c) More than ten years ago
d) Only during pregnancy
6. If answered “ No” to question 4, what is the reason for not getting a screening Pap done in the past?
a) I have never heard about the test

- b) No cervical cancer history in my family
 - c) Fear
 - d) Lack of insurance
 - e) I do not want to do it
 - f) I do not think that the test is necessary
 - g) I am healthy, and I do not have any gynecological complaints
7. Have you had any abnormal Pap tests in the past?
- a) Yes
 - b) No
 - c) Not sure
8. Have you ever had a hysterectomy to remove your uterus
- a) Yes
 - b) No
 - c) Not sure

Post-test Questions

1. How old are you?
a) 21-30 b) 31-40 c) 41-50 d) 51-60 e) 60-65
2. What is your primary language?
a) Hindi b) Urdu c) Bengali
3. How long have you been in the United States?
a) Since birth b) less than ten years c) More than ten years

4. Have you ever had a Pap smear test for cervical cancer screening before watching the educational video about screening Pap?
 - a) Yes
 - b) No
 - c) Not sure
5. Do you believe the educational video improved your knowledge of cervical cancer and screening?
 - a) Yes
 - b) No
 - c) Not sure
6. Have you contacted the number given for a free Pap test?
 - a) Yes, I have an appointment
 - b) yes, I already got the Pap test done
 - c) No, I am planning to contact the place to get a free Pap test done
 - d) No, I refuse to get the screening Pap test currently

Data Management and Analysis Plan

Patient data are confidential and kept at the selected site of the project. A list of South Asian females was generated from the HIPAA-compliant EMAR database, which is already used at the Clinic. Patient identifiers are not used for the final report or any publications. Collected data will be only used to improve cervical cancer screening among South Asian females at the selected site. Pre-test and post-test will be stored in a secure place at the clinic with signed informed consent. Data analysis is done at the clinic. No patient records or data were transferred

manually or electronically outside the Clinic. No data analysis was done at Florida International University.

Data Analysis

Pretest

Q1 - How old are you?

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	How old are you?	1.00	5.00	3.20	1.42	2.03	15

#	Answer	%	Count
1	21-30	26.67%	4
2	31-40	0.00%	0
3	41-50	13.33%	2
4	51-60	46.67%	7
5	60-65	13.33%	2
	Total	100%	15

Q2 - What is your primary language?

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	What is your primary language?	1.00	3.00	2.07	0.68	0.46	15

#	Answer	%	Count
1	Hindi	20.00%	3
2	Urdu	53.33%	8
3	Bengali	26.67%	4
	Total	100%	15

#	What is your primary language?	Mean
1	What is your primary language?	2.07

Q3 - How long have you been in the United States?

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	How long have you been in the United States?	1.00	3.00	2.33	0.70	0.49	15

#	Answer	%	Count
1	Since birth	13.33%	2
2	Less than 10 years	40.00%	6
3	More than 10 years	46.67%	7
	Total	100%	15

Q4 - Have you ever had a Pap smear test for cervical cancer screening?

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Have you ever had a Pap smear test for cervical cancer screening?	1.00	2.00	1.40	0.49	0.24	15

#	Answer	%	Count
1	Yes	60.00%	9
2	No	40.00%	6
3	Not sure	0.00%	0
	Total	100%	15

Q5 - If answered “ yes” to question 4, when was your last Pap smear test?

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	If answered “ yes” to question 4, when was your last Pap smear test?	2.00	4.00	2.78	0.92	0.84	9

#	Answer	%	Count
1	Within the past 3 years	0.00%	0
2	More than 5 years ago	55.56%	5
3	More than 10 years ago	11.11%	1
4	Only during pregnancy	33.33%	3
	Total	100%	9

Q6 - If answered “ No” to question 4, what is the reason for not getting a screening Pap done in the past?

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	If answered “ No” to question 4, what is the reason for not getting a screening Pap done in the past?	1.00	7.00	4.93	2.49	6.20	15

#	Answer	%	Count
1	I have never heard about the test	20.00%	3
2	No cervical cancer history in my family	0.00%	0
3	Fear	20.00%	3
4	Lack of insurance	0.00%	0
5	I do not want to do it	0.00%	0
6	I don't think that the test is necessary	6.67%	1
7	I am healthy, I do not have any gynecological complaints	53.33%	8
	Total	100%	15

Q7 - Have you had any abnormal Pap tests in the past?

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Have you had any abnormal Pap tests in the past?	2.00	3.00	2.07	0.25	0.06	15

#	Answer	%	Count
1	yes	0.00%	0
2	no	93.33%	14
3	Not sure	6.67%	1
	Total	100%	15

Q8 - Have you ever had a hysterectomy to remove your uterus

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Have you ever had a hysterectomy to remove your uterus	2.00	2.00	2.00	0.00	0.00	15

#	Answer	%	Count
1	yes	0.00%	0
2	no	100.00%	15
3	Not sure	0.00%	0
	Total	100%	15

Post-test

The student researcher was able to follow up with all the samples that were used for the pre-test. Questions 1-3 from the pretest were repeated on the post-test, and the information remains the same as all the samples were contacted for the post-test.

Q4 - Have you ever had a Pap smear test for cervical cancer screening before watching the educational video about screening Pap?

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Have you ever had a Pap smear test for cervical cancer screening before watching the educational video about screening Pap?	1.00	2.00	1.40	0.49	0.24	15

#	Answer	%	Count
1	yes	60.00%	9
2	No	40.00%	6
3	Not sure	0.00%	0
	Total	100%	15

Q5 - Do you believe the educational video improved your knowledge of cervical cancer and screening?

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Do you believe the educational video improved your knowledge of cervical cancer and screening?	1.00	1.00	1.00	0.00	0.00	15

#	Answer	%	Count
1	Yes	100.00%	15
2	No	0.00%	0
3	Not sure	0.00%	0
	Total	100%	15

Q6 - Have you contacted the number given to get a free Pap test?

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Have you contacted the number given to get a free Pap test?	1.00	4.00	2.40	0.95	0.91	15

#	Answer	%	Count
1	Yes, I have an appointment	20.00%	3
2	Yes, I already got the test done	33.33%	5
3	No, I am planning to contact the place to get a free Pap test done	33.33%	5
4	No, I refuse to get the screening Pap test currently	13.33%	2
	Total	100%	15

Discussion**Limitations**

The estimated sample size was between 10-25, while the actual size was limited to fifteen due to the delayed approval from Institutional Review Board (IRB). The project was initially submitted for Exempt Review but later required an Expedited Review as the project involved human subjects. The projected time to start the project was July 2022, but the data collection was started on September 1st, 2022, as the researcher experienced unexpected delays in IRB approval from the university.

As the selected population included only uninsured South Asian females, a more significant representation might be missing to provide a larger picture of the problem. The selected topic brings scope for further research among the same population on a larger scale. Another limitation is that only three main South Asian languages are selected for the educational

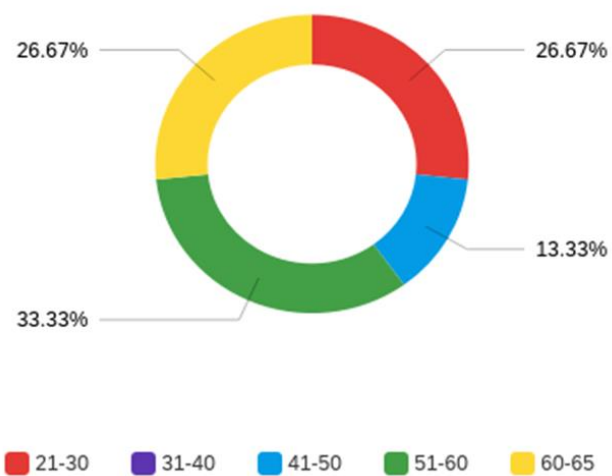
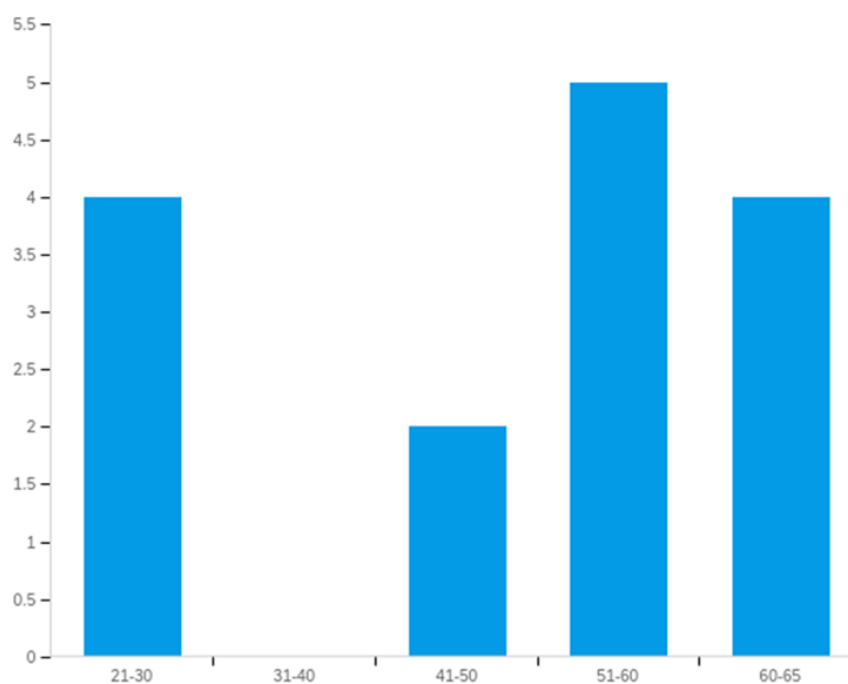
sessions, excluding other South Asian female populations. Limited self-funding by the student to produce videos in more languages and to use a certified translation agency to have consent and other documents to be translated into multiple languages was another obstacle to involving other language-speaking patients. Studies demonstrate that educational videos using real people are more effective in behavior modification than graphical videos (Abu Abed et al., 2014). A PowerPoint was used in Urdu and Bengali as a cost-effective method for creating a professionally designed video.

After the educational sessions, patients were referred for a free Pap smear test. Patients are responsible for the financial burden if any positive findings after the tests are done. The clinic refers the patients to county hospitals for financial assistance and low-cost care. Nevertheless, another barrier is that many may not qualify for such programs due to their immigration status and not meeting other qualifying criteria.

Findings

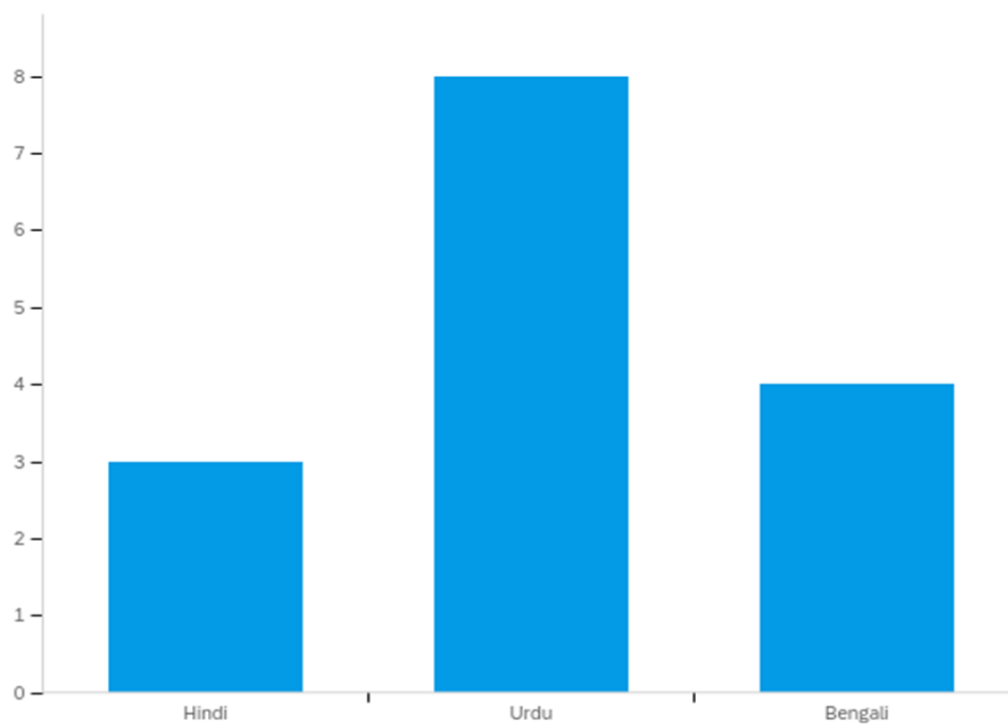
Number

The total number of participants is fifteen between the ages of twenty-one and sixty-five.

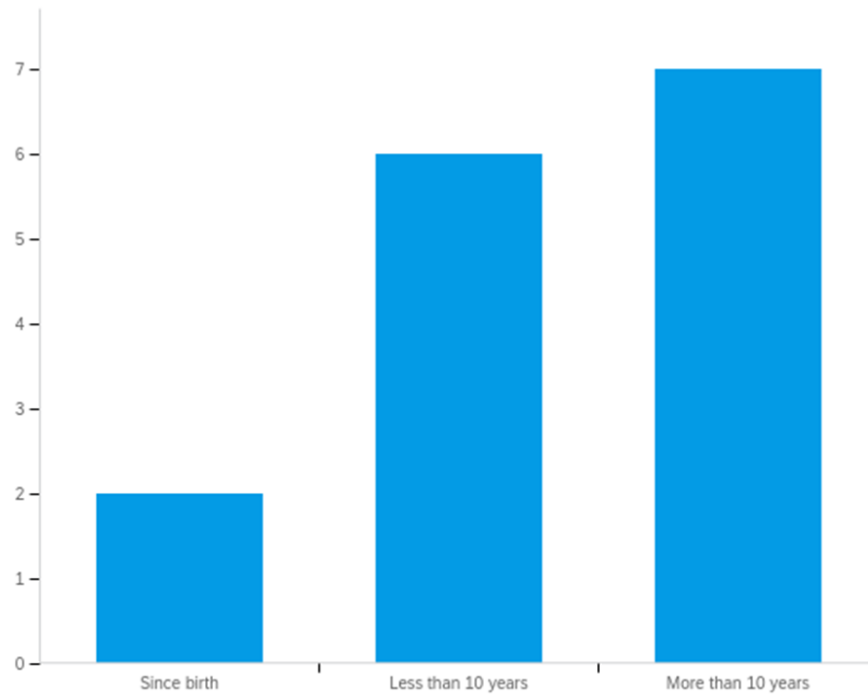


Language:

Most of the participants speak Urdu as their first language.

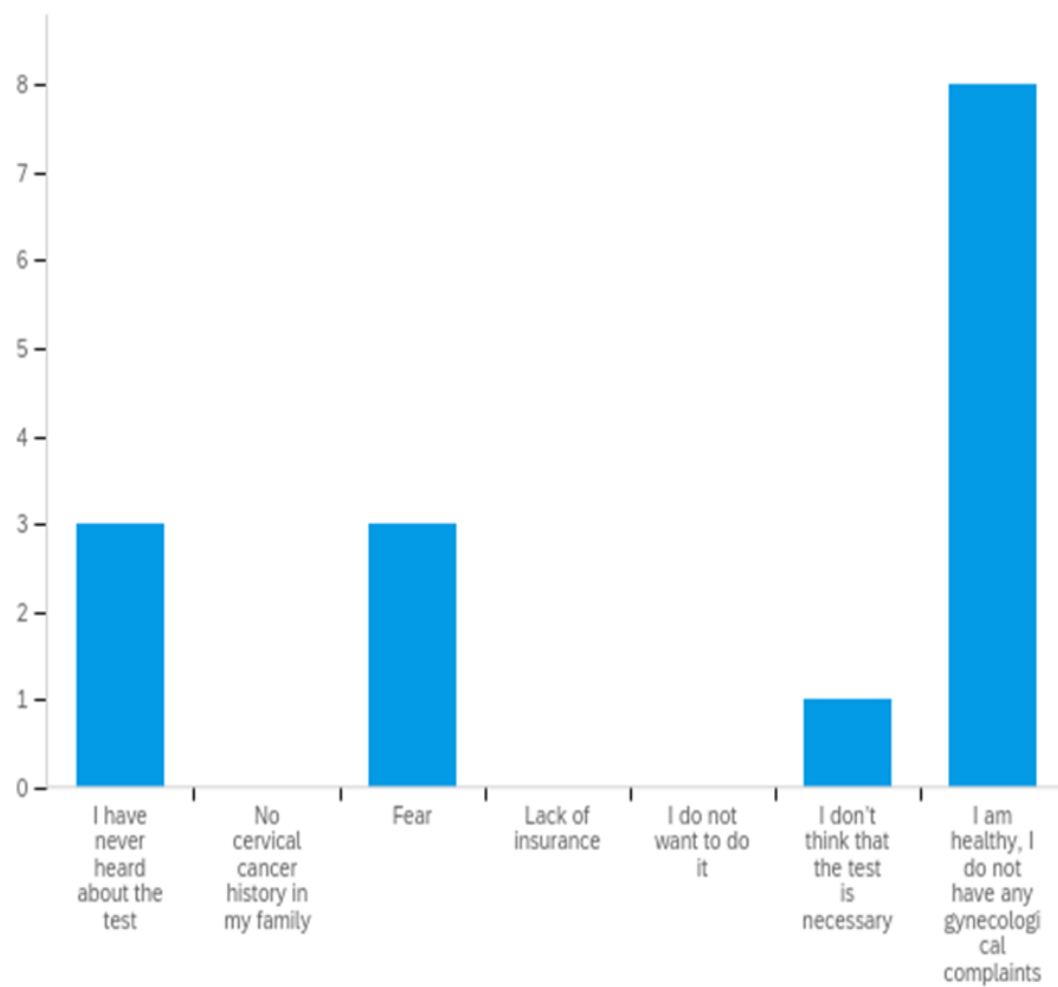


Hindi 20.00% Urdu 53.33% Bengali 26.67%

Length of stay in the United States:**Status of Pap smear test before the educational session:**

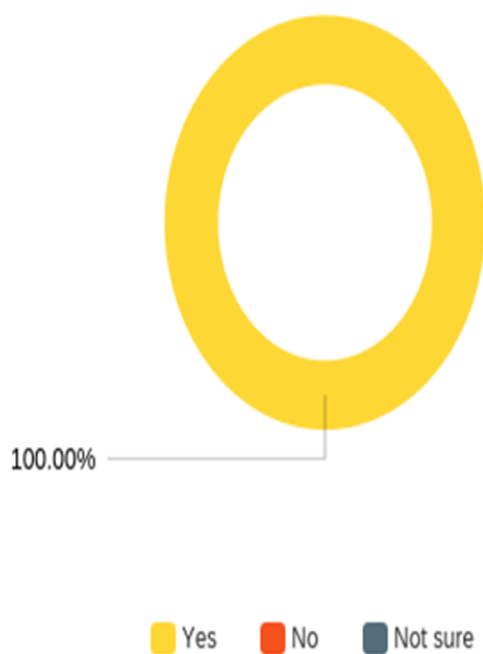
Forty percent of the participants had never had a test done in the past, while the remaining 60% had underutilized the pap test during the recommended age period. Some of the participants only had a Pap test done during their pregnancy.

Reasons for not getting the screening test

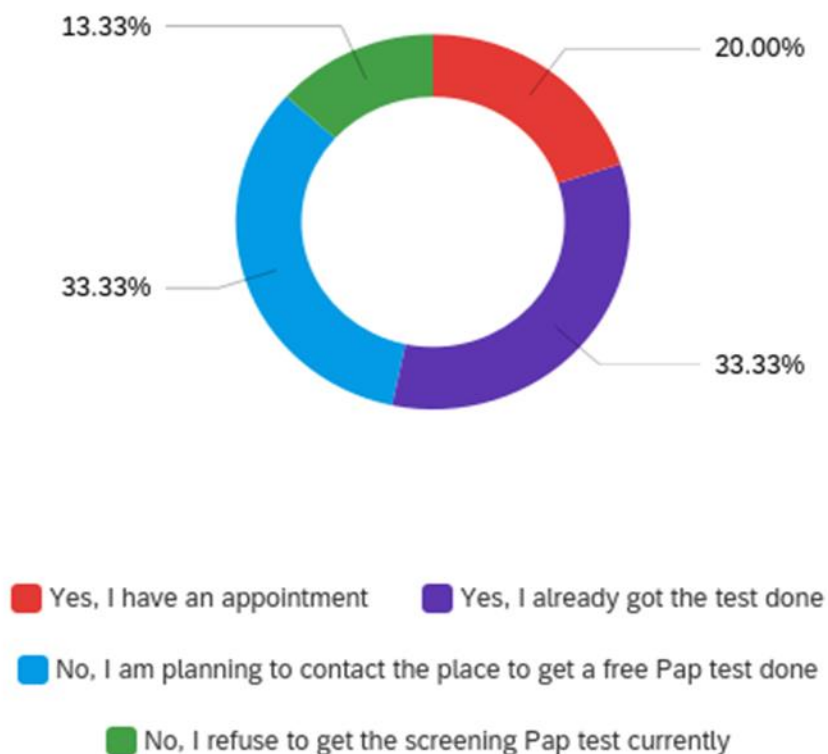


Impact of the educational video in native languages:

One hundred percent of the participants reported an improved knowledge level regarding cervical cancer screening after watching the educational video in their local languages.



Status of the screening test after the educational intervention:



The video-assisted patient educational intervention shows an improved knowledge level, as evidenced by the number of tests and appointments done post-intervention. A total of 20% of the samples made an appointment within six weeks of implementing the project, while another 33.33% had already completed the screening test, as referred to. Another 33.33% reported planning to make an appointment at their earliest convenient time. Only two samples refused a screening pap test as recommended after watching the educational video, which accounts for 13.33% of the samples.

Discussion of the Results with Implications for Advanced Nursing Practice

Promoting cervical cancer screening is crucial as it is the second most dominant cancer among females. Screening is a successful strategy to prevent mortality from cervical cancer or any unnecessary complications (Perks et al., 2018). Identifying barriers to screening and promoting the screening is essential, especially among minorities and the underprivileged. As Nurse Practitioners are becoming more involved in primary care and health promotion, identifying the best practices for inclusion is critical in providing patients with culturally sensitive services and health education. Nurse Practitioners can effectively use the results from the proposed project to be used on a broader scale or among other ethnicities and minorities. The improved outcome also promotes both patient and provider satisfaction.

The Quality Improvement project implemented at the selected site shows an improvement in understanding South Asian females about cervical cancer screening and Pap smears. Most of the females who participated either had the PAP test done after watching the educational videos in their native languages or made an appointment to get the test done. This proves the effectiveness of educational videos in local languages. The findings are discussed with the clinic management, and recommendations for sustaining the change are made. The project can be used as a baseline for similar projects implemented for other underused screening tests and among other ethnicities. The education videos will be kept at the site for future use. Videos will be available for translation into other preferred languages if the clinic requests. Findings will be discussed with other providers, management, and staff to encourage routine screening and referral for age-appropriate screening tests.

Conclusions

Theory-assisted patient education using videos in the native languages of South Asians demonstrates improved knowledge and Pap smear rate at the selected site. Video-assisted educational intervention can successfully improve patient knowledge, especially about screening tests. Promoting educational content in different languages ensures understanding and a sense of belonging to the patient. Most of the participants demonstrated a change in behavior after the educational session. Sustainability is the key to behavior modification, and it is crucial to effectively utilize the strategy to improve the patient's overall wellness. Similar studies can include multiple topics to improve underutilized and underexplored areas of healthcare. Culturally sensitive and inclusive care guarantees equity and reduces disparities. Similar videos and projects can be implemented to improve other underutilized areas of health education, other screening tests, or among other ethnic groups. A conscious effort from the provider side is also essential to break any provider barrier and avoid disparity. The selected Quality Improvement only focuses on the uninsured population of South Asian origin. However, the data serves as a baseline for more extensive studies among the same population or other similar topics.

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Appendices

Appendix A: Internal Review Board Approval letter



FLORIDA
INTERNATIONAL
UNIVERSITY

Office of Research Integrity
Research Compliance, MARC 414

MEMORANDUM

To: Dr. Dana Sherman
CC: Husna Oleed
From: Maria Melendez-Vargas, MIBA, IRB Coordinator *WV*
Date: August 30, 2022
Protocol Title: "Increasing cervical cancer screening rate among uninsured South Asian females between ages of twenty-one and sixty-five: A quality improvement project to evaluate the effectiveness of video-assisted targeted education in a South Florida clinic"

The Social and Behavioral Institutional Review Board of Florida International University has approved your study for the use of human subjects via the **Expedited Review** process. Your study was found to be in compliance with this institution's Federal Wide Assurance (00000060).

IRB Protocol Approval #: IRB-22-0398 **IRB Approval Date:** 08/30/22
TOPAZ Reference #: 112180 **IRB Expiration Date:** 08/30/25

As a requirement of IRB Approval you are required to:

- 1) Submit an IRB Amendment Form for all proposed additions or changes in the procedures involving human subjects. All additions and changes must be reviewed and approved by the IRB prior to implementation.
- 2) Promptly submit an IRB Event Report Form for every serious or unusual or unanticipated adverse event, problems with the rights or welfare of the human subjects, and/or deviations from the approved protocol.
- 3) Utilize copies of the date stamped consent document(s) for obtaining consent from subjects (unless waived by the IRB). Signed consent documents must be retained for at least three years after the completion of the study.
- 4) **Receive annual review and re-approval of your study prior to your IRB expiration date.** Submit the IRB Renewal Form at least 30 days in advance of the study's expiration date.
- 5) Submit an IRB Project Completion Report Form when the study is finished or discontinued.

HIPAA Privacy Rule: Satisfied

Special Conditions: N/A

For further information, you may visit the IRB website at <http://research.fiu.edu/irb>.

Appendix B: Letter of Support



May 29, 2022

To whom it may concern:

I am writing to express UHI CommunityCare Clinic's support for the proposed project by Husna Oloed: *Increasing Cervical Cancer Screening Rate Among Uninsured South Asian Females Between Ages of 21 and 65*. A quality improvement project to evaluate the effectiveness of video-assisted targeted education in a South Florida clinic. We will provide the necessary contact data as well as administrative support for the proposed project.

This letter confirms that I, as an authorized representative of UHI Community Clinic, allow Husna Oloed to implement the proposed quality improvement project or evidence-based project activities at UHI Clinic. These activities may commence after the DNP student has consulted with Florida International University IRB about the proposed project.

UHI Clinic provides free healthcare to the uninsured and under-served population of South Florida. The mission of UHI Clinic is "to provide free healthcare services to the underserved population of South Florida regardless of their ethnicity, national origin, sexual orientation, or religious and political affiliations". The clinic is committed to health education, mentorship to students, and as a site for clinical training for healthcare programs. UHI Clinic also works with different organizations to research minorities and underserved people by providing vital data and other information.

Please contact me if you have any questions. I can be reached at syeda@uhiclinic.org or at (305) 620-7797.

Sincerely,

Syeda Baig
UHI CommunityCare Clinic
Operations Manager

18441 NW 2nd Avenue, Miami Gardens, FL 33169 (305) 620-7797 www.uhiclinic.org

Appendix C: Timeline

[illegible]

Appendix D: Informational Letter



INFORMATIONAL LETTER

Increasing cervical cancer screening rate among uninsured South Asian females between ages of twenty-one and sixty-five: A quality improvement project to evaluate the effectiveness of video-assisted targeted education in a South Florida clinic

My name is Husna Oleed, ARNP, MSN, DNP student. You have been chosen randomly to be in a Quality Improvement project to evaluate the effectiveness of video-assisted targeted education among South Asian females at UHI Community Clinic in increasing the cervical cancer screening rate. This study aims to increase the cervical cancer screening rate among uninsured South Asian females between the ages of twenty-one and sixty-five.

If you decide to be in this study, you will be one of approximately 10-25 people in this quality improvement project. Participation in this study will take six weeks of your time. If you agree to be in the study, I will ask you to do the following things:

1. A presurvey will be administered orally to assess your current knowledge about cervical cancer screening and the PAP smear test. A video-assisted education in the local language of Urdu or Bengali will be provided to you, followed by a brief session to clarify any questions that may arise. You will be given a referral to get a screening PAP smear and a number to contact a resource to get a free PAP smear done.
2. You will be contacted six weeks after the educational encounter to check if you have made an appointment to get your free PAP smear done or if the test is already done. The number of tests done, or appointments made will be used to assess the effectiveness of the educational session in local languages.

The study has the following possible benefits for you: Improved knowledge regarding cervical cancer and screening. The timely screening will prevent further suffering, death, and financial risks. Finding from the project will serve as a baseline for similar projects among other minorities and ethnicities

There is only minimal risk of adversely affecting you physically, mentally, economically, or societally by getting the screening test done as referred. There is no financial risk involved as you will be referred for free PAP. However, you will be responsible for follow-up in case of any abnormal findings during the PAP test. You may find it emotionally difficult in case of any abnormal finding because of the test. However, free mental health services are available if required.

If you have questions while taking part, please stop me and ask. You *will* remain anonymous.

If you have questions for one of the researchers conducting this study, you may contact the primary investigator, Dr. Dana Sherman, DNP, ARNP, ANP-BC, FNP-BC at (305) 348-2247, or Husna Oleed, ARNP, MSN, DNP student at (305) 620-7797.

If you would like to talk with someone about your rights of being a subject in this research study or about ethical issues with this research study, you may contact the FIU Office of Research Integrity by phone at 305-348-2494 or by email at ori@fiu.edu.

Participation in this research is voluntary, and you will not be penalized or lose benefits if you refuse to participate or decide to stop. You may keep a copy of this form for your records.

Appendix E: Informed consent English

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ADULT CONSENT TO PARTICIPATE IN A QUALITY IMPROVEMENT PROJECT

Increasing cervical cancer screening rate among uninsured South Asian females between ages of twenty-one and sixty-five: A quality improvement project to evaluate the effectiveness of video-assisted targeted education in a South Florida clinic

SUMMARY INFORMATION

Things you should know about this study:

- **Purpose:** The purpose of the study is to improve the current knowledge level of South Asian females regarding cervical cancer screening
- **Procedures:** If you choose to participate, you will be asked to watch an educational video regarding cervical cancer screening, you will be referred for screening if indicated after a presurvey. You will be contacted over the phone after 6 weeks to follow up on the status of your potential appointment for cervical cancer screening.
- **Duration:** This will take about seven weeks including follow-up.
- **Risks:** There is only minimal risk to you mentally, physically, or economically to participating. You will be referred for free PAP. There is no financial risk unless there is a positive finding after the screening.
- **Benefits:** The main benefit to you from this project is improved knowledge regarding cervical cancer and prevention.
- **Alternatives:** There are no known alternatives available to you other than not taking part in this study.
- **Participation:** Taking part in this quality improvement project is voluntary.

Please carefully read the entire document before agreeing to participate.

PURPOSE OF THE STUDY

The purpose of this study is to improve the current knowledge level of South Asian females regarding cervical cancer screening and to improve the cervical cancer screening rate.

NUMBER OF STUDY PARTICIPANTS

If you decide to be in this study, you will be one of the 10-25 people in this quality improvement project

DURATION OF THE STUDY

Your participation will involve approximately 7 weeks. You will be contacted over the phone for a follow-up call 6 weeks after watching the educational video.

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PROCEDURES

If you agree to be in the study, we will ask you to do the following things:

1. A pretest will be administered orally to assess the status of your cervical screening test and knowledge about the test. An educational video about cervical cancer and a screening test in your native language will be played on a clinic iPad or laptop to you followed by a chance for clarification of any questions and concerns. A referral for screening PAP will be provided to you if indicated along with information to contact a resource to schedule a free PAP test.
2. You will be contacted over the phone 6 weeks after watching the educational video. A post-test will be administered over the phone to evaluate the effectiveness of the educational video regarding cervical cancer screening.
3. The expected time to watch the video is about 5 minutes followed by time to clarify any questions and concerns. Pretest and a telephonic post-test will take approximately 15 minutes each.

RISKS AND/OR DISCOMFORTS

The study has the following possible risks for you:

There is only minimal risk of adversely affecting the participants physically, mentally, economically, or societally by getting the screening test done as referred.

There is no financial risk involved as you will be referred for free PAP. However, you will be responsible for follow-up in case of any abnormal findings during the PAP test.

You may find it emotionally difficult in case of any abnormal finding because of the test. However, free mental health services are available if required.

BENEFITS

The study has the following possible benefits for you:

Improved knowledge regarding cervical cancer and screening

The timely screening will prevent further suffering, death, and financial risks.

Finding from the project will serve as a baseline for similar projects among other minorities and ethnicities

ALTERNATIVES

There are no known alternatives available to you other than not taking part in this study. Any significant new findings developed during the research which may relate to your willingness to continue participation will be provided to you.

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CONFIDENTIALITY

The records of this study will be kept private and will be protected to the fullest extent provided by law. In any sort of report, we might publish, we will not include any information that will make it possible to identify you. Research records will be stored securely, and only the researcher team will have access to the records. However, your records may be inspected by an authorized University or other agents who will also keep the information confidential.

USE OF YOUR INFORMATION

- Your information collected as part of the project will not be used or distributed for future research studies even if identifiers are removed.

COMPENSATION & COSTS

You will not receive payment for your participation. There are no costs to you for participating in this study.

MEDICAL TREATMENT

Routinely, FIU, its agents, or its employees do not compensate for or provide free care for human subjects if any injury results from participation in a research project. If you become ill or injured as a direct result of participating in this study, contact your regular medical provider. If you have insurance, your insurance company may or may not pay for these costs. If you do not have insurance, or if your insurance company refuses to pay, you will be billed. Funds to compensate for pain, expenses, lost wages, and other damages caused by injury are not routinely available.

RIGHT TO DECLINE OR WITHDRAW

Your participation in this study is voluntary. You are free to participate in the study or withdraw your consent at any time during the study. You will not lose any benefits if you decide not to participate or if you quit the study early. The investigator reserves the right to remove you without your consent at such time that he/she feels it is in the best interest.

RESEARCHER CONTACT INFORMATION

If you have any questions about the purpose, procedures, or any other issues relating to this research study you may contact Husna Oloed at UHI Clinic. Phone number: 305 620 7797.

IRB CONTACT INFORMATION

If you would like to talk with someone about your rights of being a subject in this Quality Improvement project or about ethical issues with this study, you may contact the FIU Office of Research Integrity by phone at 305-348-2494 or by email at ori@fiu.edu.

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PARTICIPANT AGREEMENT

I have read the information in this consent form and agree to participate in this study. I have had a chance to ask any questions I have about this study, and they have been answered for me. I understand that I will be given a copy of this form for my records.

Signature of Participant

Date

Printed Name of Participant

Signature of Person Obtaining Consent

Date

Appendix F: Informed Consent Hindi



गुणवत्ता सुधार परियोजना में भाग लेने के लिए वयस्क की सहमति

इक्कीस और पैंसठ वर्ष की आयु के बीच की अभीमाकृत दक्षिण एशियाई महिलाओं में गर्भाशय ग्रीवा (सर्वाइकल) कैंसर की स्क्रीनिंग दर को बढ़ाना: दक्षिण फ्लोरिडा क्लिनिक में वीडियो-सहायता प्राप्त लक्षित शिक्षा की प्रभावशीलता का मूल्यांकन करने के लिए गुणवत्ता सुधार परियोजना

जानकारी का सारांश

इस अध्ययन के बारे में आपके लिए महत्वपूर्ण जानकारी:

- **उद्देश्य:** यह अध्ययन का उद्देश्य सर्वाइकल कैंसर स्क्रीनिंग के संबंध में दक्षिण एशियाई महिलाओं के वर्तमान ज्ञान स्तर में सुधार लाना है।
- **प्रक्रियाएं:** यदि आप सहभागिता पसंद करते हैं, तो आपको सर्वाइकल कैंसर स्क्रीनिंग के संबंध में शैक्षिक वीडियो देखने के लिए कहा जाएगा, यदि पूर्व सर्वेक्षण के बाद ऐसा संकेत दिया जाता है तो आपको स्क्रीनिंग के लिए शामिल किया जाएगा। सर्वाइकल कैंसर स्क्रीनिंग के लिए आपकी संभावित नियुक्ति की स्थिति पर अनुवर्ती कार्रवाई के बाद 6 सप्ताह के बाद आपसे फोन के द्वारा संपर्क किया जाएगा।
- **अवधि:** इस प्रक्रिया में अनुवर्ती कार्रवाई सहित लगभग सात सप्ताह का समय लगेगा।
- **जोखिम:** इसमें भाग लेने से आपको मानसिक, शारीरिक या आर्थिक रूप से न्यूनतम जोखिम है। आपको निःशुल्क PAP के लिए रेफर किया जाएगा। स्क्रीनिंग के बाद सकारात्मक निष्कर्ष नहीं निकलता है तब तक अप पर कोई वित्तीय जोखिम नहीं है।
- **लाभ:** इस परियोजना से आपको सर्वाइकल कैंसर और उसके रोकथाम के बारे में बेहतर जानकारी मिलती है।
- **विकल्प:** इस अध्ययन में भाग न लेने के अलावा आपके पास अन्य कोई ज्ञात विकल्प उपलब्ध नहीं है।
- **सहभागिता:** इस गुणवत्ता सुधार परियोजना में भाग लेना आपके लिए स्वैच्छिक है।

कृपया सहभागिता के लिए सहमत होने से पहले संपूर्ण दस्तावेज़ को ध्यान से पढ़ें।

अध्ययन का उद्देश्य

इस अध्ययन का उद्देश्य दक्षिण एशियाई महिलाओं में सर्वाइकल कैंसर स्क्रीनिंग के संबंध में वर्तमान ज्ञान स्तर में सुधार करना और सर्वाइकल कैंसर स्क्रीनिंग दर में सुधार करना है।

अध्ययन प्रतिभागियों की संख्या

यदि आप इस अध्ययन में सहभागी होने का निर्णय लेते हैं, तो आप इस गुणवत्ता सुधार परियोजना में भाग लेने वाले 10-25 लोगों में से एक होंगे

अध्ययन की अवधि

आपकी सहभागिता लगभग 7 सप्ताह की होगी। शैक्षिक वीडियो देखने के 6 सप्ताह बाद आपसे फोन के द्वारा संपर्क किया जाएगा।

प्रक्रियाएं

यदि आप अध्ययन में शामिल होने के लिए सहमत हैं, तो हम आपको निम्नलिखित कार्य करने के लिए कहेंगे:

1. आपके सर्वाइकल स्क्रीनिंग टेस्ट की स्थिति और परीक्षण के बारे में आपके ज्ञान का आकलन करने के लिए मौखिक रूप से एक प्रीटेस्ट लिया जाएगा। आपकी मूल भाषा में सर्वाइकल कैंसर के बारे में शैक्षिक वीडियो और स्क्रीनिंग टेस्ट के बारे में क्लिनिक के आईपैड या लैपटॉप पर दिखाया जाएगा, जिसके बाद कोई भी प्रश्न और चिंताओं के स्पष्टीकरण का समय दिया जाएगा। यदि सूचना के साथ निःशुल्क PAP परीक्षण निर्धारित करने के लिए संसाधन से संपर्क करने के लिए संकेत दिया गया है तो आपको PAP की जांच के लिए रेफरल प्रदान किया जाएगा।
2. शैक्षिक वीडियो देखने के 6 सप्ताह के बाद आपका फोन के द्वारा संपर्क किया जाएगा। सर्वाइकल कैंसर स्क्रीनिंग के संबंध में शैक्षिक वीडियो की प्रभावशीलता का मूल्यांकन करने के लिए फोन पर पोस्ट-टेस्ट लिया जाएगा।
3. वीडियो देखने का अपेक्षित समय लगभग 5 मिनट है और इसके बाद किसी भी प्रश्न और चिंताओं को के बारे में स्पष्टीकरण करने का समय है। प्रीटेस्ट और टेलीफोनिक पोस्ट-टेस्ट प्रत्येक के लिए लगभग 15 मिनट का समय लगेगा।

जोखिम और/या असुविधा

यह अध्ययन में आपको निम्नलिखित संभावित जोखिम हो सकते हैं:

संदर्भित स्क्रीनिंग टेस्ट करवाने से प्रतिभागियों को शारीरिक, मानसिक, आर्थिक या सामाजिक रूप से प्रतिकूल रूप से प्रभावित करने का न्यूनतम जोखिम होता है।

इसमें कोई वित्तीय जोखिम शामिल नहीं है क्योंकि आपको निःशुल्क PAP के लिए भेजा जाएगा। हालांकि, PAP परीक्षण के दौरान किसी भी असामान्य निष्कर्ष के मामले में अनुवर्ती कार्रवाई के लिए आप जिम्मेदार होंगे।

परीक्षण के कारण किसी असामान्य खोज के मामले में आप पर भावनात्मक रूप से असर हो सकता है। हालांकि, यदि आवश्यक हो तो मानसिक स्वास्थ्य सेवाएं निःशुल्क उपलब्ध हैं।

लाभ

अध्ययन से आपको निम्नलिखित संभावित लाभ हो सकते हैं:

सर्वाइकल कैंसर और स्क्रीनिंग के बारे में बेहतर जानकारी प्राप्त हो सकती है

समय पर जांच हो जाने से पीड़ा, मृत्यु और वित्तीय जोखिमों को रोका जा सकता है।

परियोजना से मिली जानकारी से अन्य अल्पसंख्यकों और जातियों के बीच समान परियोजनाओं के लिए आधार रेखा के रूप में कार्य करने का अवसर मिल सकता है।

विकल्प

इस अध्ययन में भाग न लेने के अलावा आपके लिए अन्य कोई ज्ञात विकल्प उपलब्ध नहीं हैं। शोध के दौरान विकसित कोई भी महत्वपूर्ण नया निष्कर्ष जो सहभागिता जारी रखने की आपकी इच्छा से संबंधित हो, वह आपको प्रदान किया जाएगा।

गोपनीयता

इस अध्ययन के रिकॉर्ड को गुप्त रखा जाएगा और कानून द्वारा प्रदान की गई संपूर्ण सीमा तक संरक्षित किया जाएगा। अगर किसी भी प्रकार की रिपोर्ट हम प्रकाशित कर सकते हैं, तो हम ऐसी कोई भी जानकारी शामिल नहीं करेंगे जिससे आपकी पहचान करना संभव हो सके। अनुसंधान रिकॉर्ड सुरक्षित रूप से संग्रहीत किए जाएंगे, और केवल शोधकर्ता टीम ही यह रिकॉर्ड देख सकेगी। हालांकि, आपके रिकॉर्ड का निरीक्षण अधिकृत विश्वविद्यालय या अन्य एजेंटों द्वारा किया जा सकता है जो आपकी व्यक्तिगत जानकारी को गोपनीय रखेंगे।

आपकी जानकारी का उपयोग

- परियोजना के हिस्से के रूप में आपकी जानकारी जो एकत्र की गई है उसका भविष्य की शोध अध्ययनों के लिए उपयोग या वितरित नहीं किया जाएगा, भले ही पहचानकर्ताओं की जानकारी हटा दी जाए।

मुआवजा और लागत

आपको अपनी सहभागिता के लिए कोई भुगतान प्राप्त नहीं होगा। इस अध्ययन में भाग लेने के लिए आपके पास से कोई शुल्क नहीं लिया जाएगा।

चिकित्सा उपचार

नियमित रूप से, FIU, उसके एजेंट, या उसके कर्मचारी किसी शोध परियोजना में भाग लेने के परिणामस्वरूप किसी भी चोट के परिणामस्वरूप मानव सहभागी के लिए क्षतिपूर्ति या निःशुल्क देखभाल प्रदान नहीं करते हैं। यदि आप इस अध्ययन में भाग लेने के प्रत्यक्ष परिणाम से बीमार या घायल हो जाते हैं, तो अपने नियमित चिकित्सा प्रदाता से संपर्क करें। यदि आपके पास बीमा है, तो आपकी बीमा कंपनी भी इन लागतों का भुगतान कर सकती है और नहीं भी कर सकती है। यदि आपके पास बीमा नहीं है, या यदि आपकी बीमा कंपनी भुगतान करने से इंकार करती है, तो आपको बिल भेजा जाएगा। सामान्य रूप से दर्द, खर्च, मजदूरी कम होना, और चोट के कारण होने वाले अन्य नुकसान की भरपाई के लिए धन उपलब्ध नहीं है।

अस्वीकार करने या सहमति वापस लेने का अधिकार

इस अध्ययन में आपकी सहभागिता स्वैच्छिक है। आप अध्ययन में भाग लेने या अध्ययन के दौरान किसी भी समय अपनी सहमति वापस लेने के लिए स्वतंत्र हैं। यदि आप भाग नहीं लेने का निर्णय लेते हैं या यदि आप अध्ययन को जल्दी ही छोड़ देते हैं तो आपको कोई लाभ नहीं होगा। यदि अन्वेषक को लगता है कि यह आपके सर्वोत्तम हित में है तो उसे आपकी सहमति के बिना ऐसे समय में आपको हटाने का अधिकार सुरक्षित है।

शोधकर्ता की संपर्क जानकारी

यदि इस शोध अध्ययन के उद्देश्य, प्रक्रियाएं, या किसी अन्य मुद्दे के बारे में आपके कोई प्रश्न हैं, तो आप UHI क्लिनिक में हुस्ना ओलेड से फोन नंबर: 305 620 7797 पर संपर्क कर सकते हैं।

IRB संपर्क जानकारी

यदि आप इस गुणवत्ता सुधार परियोजना में सहभागी होने के अपने अधिकारों के बारे में या इस अध्ययन के साथ नैतिक मुद्दों के बारे में किसी से बात करना चाहते हैं, तो आप FIU ऑफिस ऑफ रिसर्च इंटिग्रिटी से फोन पर 305-348-2494 पर संपर्क कर सकते हैं या @fiu.edu पर ई-मेल से संपर्क कर सकते हैं।

प्रतिभागी समझौता

मैंने इस सहमति फॉर्म में दी गई जानकारी को पढ़ लिया है और इस अध्ययन में भाग लेने के लिए सहमत हूँ। मुझे इस अध्ययन के बारे में सभी प्रश्न पूछने का अवसर मिला है, और उनका उत्तर मुझे दिया गया है। मैं समझता/समझती हूँ कि मेरे रिकॉर्ड के लिए मुझे इस फॉर्म की एक प्रति दी जाएगी।

प्रतिभागी के हस्ताक्षर

तारीख

प्रतिभागी का मुद्रित नाम

सहमति प्राप्त करने वाले व्यक्ति के हस्ताक्षर

तारीख

Appendix G: Informed Consent Urdu



کوالٹی میں اصلاح کے پروجیکٹ میں شرکت کے لیے بالغ فرد کی منظوری

اکیس سال اور پینسٹھ سال کی درمیانی عمر کی غیر بیمہ شدہ جنوب ایشیائی خواتین میں عنق رحم کے کینسر کی اسکریننگ کی پڑھتی شرح، ساؤتھ فلوریڈا کلینک میں ویڈیو سے اعانت یافتہ تعلیم کی تاثیر کا جائزہ لینے کے لیے کوالٹی میں اصلاح کا ایک پروجیکٹ

خلاصہ معلومات

مطالعہ کے بارے میں آپ کے جاننے لائق معلومات:

- **مقصد:** مطالعہ کا مقصد عنق رحم کے کینسر کی اسکریننگ کے سلسلے میں جنوب ایشیائی خواتین کی موجودہ جانکاری کی سطح میں بہتری لانا ہے
 - **طریقہ کار:** اگر آپ شرکت کرنے کا فیصلہ کرتی ہیں تو، آپ سے عنق رحم کے کینسر کی اسکریننگ کے سلسلے میں ایک تعلیمی ویڈیو دیکھنے کو کہا جائے گا، پری سروے کے بعد اگر غنیمت ملتا ہے تو آپ کو اسکریننگ کے لیے بھیجا جائے گا۔ عنق رحم کے کینسر کی اسکریننگ کے مدنظر آپ کی امکانی ایانٹشمنٹ کی حالت پر فالو آپ کرنے کے لیے 6 ہفتے کے بعد فون پر آپ سے رابطہ کیا جائے گا۔
 - **مدت:** اس میں فالو آپ سمیت لگ بھگ سات ہفتے لگیں گے۔
 - **خطرات:** شرکت کرنے سے آپ کے لیے ذہنی، جسمانی، یا جذباتی لحاظ سے صرف برائے نام خطرہ ہے۔ آپ کو مفت PAP کے لیے بھیجا جائے گا۔ اس میں کوئی مالی خطرہ نہیں ہے الا یہ کہ اسکریننگ کے بعد کوئی مثبت نتیجہ آئے۔
 - **فوائد:** اس پروجیکٹ سے آپ کو اصل فائدہ عنق رحم کے کینسر اور اس کی روک تھام کے سلسلے میں بہتر جانکاری حاصل ہونا ہے۔
 - **متبادلات:** اس مطالعہ میں حصہ نہیں لینے کے علاوہ آپ کے لیے کوئی معلوم متبادل دستیاب نہیں ہے۔
 - **شرکت:** اس کوالٹی میں اصلاح کے پروجیکٹ میں حصہ لینا رضاکارانہ ہے۔
- براہ کرم شرکت کرنے پر اتفاق کرنے سے پہلے پوری دستاویز بخور پڑھیں۔

مطالعہ کا مقصد

اس مطالعہ کا مقصد عنق رحم کے کینسر کی اسکریننگ کے سلسلے میں جنوب ایشیائی خواتین کی موجودہ جانکاری کی سطح میں بہتری لانا اور عنق رحم کے کینسر کی اسکریننگ کی شرح میں اصلاح کرنا ہے۔

شرکاء مطالعہ کی تعداد

اگر آپ اس مطالعہ میں حصہ لینے کا فیصلہ کرتی ہیں تو، آپ اس کوالٹی میں اصلاح کے پروجیکٹ میں حصہ لینے والے 10-25 افراد میں سے ایک ہوں گی

مطالعہ کا دورانیہ

آپ کی شرکت لگ بھگ 7 ہفتے پر مشتمل ہوگی۔ تعلیمی ویڈیو دیکھنے کے 6 ہفتے بعد فالو اپ کال کے لیے آپ سے فون پر رابطہ کیا جائے گا۔

طریق کار

1. اگر آپ مطالعہ میں شامل ہونے پر متفق ہوئی ہیں تو، ہم آپ سے درج ذیل کام کرنے کو کہیں گے:
1. آپ کے عنق رحم کے اسکریننگ ٹیسٹ کی حالت اور ٹیسٹ کے بارے میں جانکاری کی تشخیص کرنے کے لیے زبانی طور پر ایک پری ٹیسٹ کا بندوبست کیا جائے گا۔ عنق رحم کے کینسر اور اسکریننگ ٹیسٹ کے بارے میں آپ کی آبائی زبان میں ایک تعلیمی ویڈیو آپ کے سامنے کلینک کے iPad پر یا لیب ٹاپ پر چلایا جائے گا جس کے بعد کسی سوالات یا تشویشات کی وضاحت کا موقع ملے گا۔ اگر عذیبہ ملے تو اسکریننگ PAP کے لیے ایک حوالہ نیز مفت PAP ٹیسٹ سٹیٹول کرنے کی خاطر وسیلے سے رابطہ کرنے کے لیے معلومات آپ کو فراہم کی جائیں گی۔
2. تعلیمی ویڈیو دیکھنے کے 6 ہفتے بعد آپ سے فون پر رابطہ کیا جائے گا۔ عنق رحم کے کینسر کی اسکریننگ کے سلسلے میں تعلیمی ویڈیو کی تاثیر کا جائزہ لینے کے لیے فون پر ایک پوسٹ ٹیسٹ کا بندوبست کیا جائے گا۔
3. ویڈیو دیکھنے کے لیے متوقع وقت لگ بھگ 5 منٹ اور اس کے بعد کسی سوالات یا تشویشات کی وضاحت کرنے کا وقت ہے۔ پری ٹیسٹ اور ٹیلیفون پر ہونے والے پوسٹ ٹیسٹ ہر ایک میں لگ بھگ 15 منٹ لگیں گے۔

خطرات اور ریا تکالیف

مطالعہ میں آپ کے لیے درج ذیل امکانی خطرات ہیں:

حسب حوالہ اسکریننگ ٹیسٹ کروانے سے جسمانی، ذہنی، معاشی، یا سماجی لحاظ سے شرکاء پر ناموافق طریقے سے اثر پڑنے کا صرف برائے نام خطرہ ہے۔

اس میں کوئی مالی خطرہ نہیں ہے کیونکہ آپ کو مفت PAP کے لیے بھیجا جائے گا۔ تاہم، PAP ٹیسٹ کے دوران کسی خلاف معمول نتیجے کی صورت میں فالو اپ کے لیے آپ ذمہ دار ہوں گی۔

ٹیسٹ کی وجہ سے کسی خلاف معمول نتیجے کی صورت میں یہ آپ کو جذباتی لحاظ سے مشکل معلوم پڑ سکتا ہے۔ تاہم، اگر مطلوب ہو تو مفت ذہنی صحت کی خدمات دستیاب ہیں۔

فوائد

مطالعہ میں آپ کے لیے درج ذیل امکانی فوائد ہیں:

عنق رحم کے کینسر اور اسکریننگ کے سلسلے میں اصلاح یافتہ جانکاری

بروقت اسکریننگ مزید ابتلاء، موت، اور مالی خطرات کو روکے گی۔

پروجیکٹ سے ماخوذ نتائج دیگر اقلیتوں اور نسلیتوں کے بیچ ملتے جلتے پروجیکٹوں کے لیے اساسی لائن کا کام کریں گے

متبادلات

اس مطالعہ میں حصہ نہیں لینے کے علاوہ آپ کے لیے کوئی معلوم متبادل دستیاب نہیں ہے تحقیق کے دوران فروغ یافتہ کوئی بھی نمایاں نتیجہ جس کا ربط شرکت جاری رکھنے کی آپ کی خواہش سے ہو سکتا ہو آپ کو فراہم کرایا جائے گا۔

رازداری

اس مطالعہ کے نتائج نجی رکھے جائیں گے اور قانون کی رو سے فراہم کردہ مکمل ترین حد تک ان کا تحفظ کیا جائے گا۔ کسی بھی قسم کی رپورٹ میں، جسے ہم شائع کر سکتے ہیں، ہم کوئی ایسی معلومات شامل نہیں کریں گے جو آپ کو شناخت کرنا ممکن بنائیں گی۔ تحقیقی ریکارڈوں کو بحفاظت اسٹور کیا جائے گا، اور صرف محققین کی ٹیم کو ہی ریکارڈوں تک رسائی حاصل ہوگی۔ تاہم، کسی مجاز یونیورسٹی یا دیگر ایجنٹوں کے ذریعے آپ کے ریکارڈوں کا معائنہ کیا جا سکتا ہے جو خود بھی معلومات کو خفیہ رکھیں گے۔

آپ کی معلومات کا استعمال

- یروجیکٹ کے حصے بطور اکٹھا کردہ آپ کی معلومات مزید تحقیقی مطالعوں کے لیے استعمال یا تقسیم نہیں کی جائیں گے، جبے شناخت کاران ہٹا دیے گئے ہوں۔

معاوضہ اور لاگتیں

آپ کی شرکت کے عوض آپ کو ادائیگی موصول نہیں ہوگی۔ اس مطالعہ میں شرکت کے لیے آپ پر کوئی لاگت نہیں آتی ہے۔

طبی علاج

معمول کے مطابق، FIU، اس کے ایجنٹ، یا اس کے ملازمین تحقیقی مطالعہ میں شرکت کے نتیجے میں کوئی ضرر پہنچنے پر انسانی زیر تحقیق افراد کے لیے کوئی معاوضہ نہیں دیتے ہیں یا مفت نگہداشت فراہم نہیں کرتے ہیں۔ اگر آپ اس مطالعہ میں شرکت کے براہ راست نتیجے کے طور پر بیمار یا زخمی ہو جاتی ہیں تو، اپنے باقاعدہ طبی فراہم کنندہ سے رابطہ کریں۔ اگر آپ کے پاس بیمہ ہے تو، آپ کی بیمہ کمپنی ان لاگوں کی ادائیگی کر سکتی ہے یا نہیں بھی کر سکتی ہے۔ اگر آپ کے پاس بیمہ نہیں ہے، یا اگر آپ کی بیمہ کمپنی ادائیگی کرنے سے انکار کرتی ہے تو، آپ کو بل بھیجا جائے گا۔ ضرر کی وجہ سے ہونے والے درد، اخراجات، چھوٹی ہوئی اجروں، اور دیگر نقصانات کی تلافی کرنے کے لیے فنڈ معمول کے مطابق دستیاب نہیں ہیں۔

مسترد کرنے یا مستبردار ہونے کا حق

اس مطالعہ میں آپ کی شرکت رضاکارانہ ہے۔ آپ مطالعہ میں شرکت کرنے یا مطالعہ کے دوران کبھی بھی اپنی منظوری واپس لینے کو آزاد ہیں۔ اگر آپ شرکت نہیں کرنے کا فیصلہ کرتی ہیں یا اگر آپ مطالعہ وقت سے پہلے چھوڑ دیتی ہیں تو آپ کسی فوائد سے محروم نہیں ہوں گی۔ تفتیش کار ایسے وقت میں آپ کی منظوری کے بغیر آپ کو نکالنے کا حق محفوظ رکھتے ہیں جب انہیں لگے کہ یہ آپ کے بہترین مفاد میں ہے۔

محقق کے رابطے کی معلومات

گر اس تحقیق کے مقصد، طریق کار، یا اس سے تعلق رکھنے والے کسی دیگر امور کے بارے میں آپ کے کوئی سوالات ہوں تو آپ حسنہ ولید (Husna Oleed) سے UHI کلینک میں رابطہ کر سکتی ہیں۔ فون نمبر: 305 620 7797۔

IRB کے رابطے کی معلومات

اگر آپ اس کوالٹی میں اصلاح کے پروجیکٹ میں زیر تحقیق فرد ہونے کے اپنے حقوق کے بارے میں یا اس مطالعہ کے ساتھ اخلاقی امور کے بارے میں کسی سے بات کرنا چاہیں تو آپ FIU آفس آف ریسرچ انٹیگریٹی سے 305-348-2494 پر بذریعہ فون یا ori@fiu.edu پر بذریعہ ای میل رابطہ کر سکتی ہیں۔

شرکت کنندہ کا معاہدہ

میں نے اس منظوری فارم میں منکور معلومات پڑھ اور سمجھ لی ہیں اور میں اس مطالعہ میں شرکت کرنے پر متفق ہوں۔ مجھے اس مطالعہ کے بارے میں خود کو درپیش کوئی سوالات یوجھنے کا موقع ملا تھا اور مجھے ان کا جواب دیا گیا ہے۔ میں سمجھتی ہوں کہ مجھے اس فارم کی ایک نقل میرے ریکارڈوں کے لیے دی جائے گی۔

_____ تاریخ

_____ شرکت کنندہ کے دستخط

_____ شرکت کنندہ کا نام جلی حروف میں

_____ تاریخ

_____ منظوری حاصل کرنے والے فرد کے دستخط

Appendix H: Informed Consent Bengali



কোয়ালিটি ভালো করার প্রজেক্টে অংশগ্রহণের জন্য প্রাপ্তবয়স্কদের সম্মতি

একশ থেকে পঁয়ষট্টি বছর বয়সের মধ্যে ইন্সুরেন্স নেই এমন দক্ষিণ এশীয় মহিলাদের মধ্যে সার্ভিকাল ক্যান্সার স্ক্রিনিং হার বাড়ছে: দক্ষিণ ফ্লোরিডা ক্লিনিক, ভিডিও-এর মাধ্যমে শিক্ষার উপযোগিতা মূল্যায়ন করার লক্ষ্যে কোয়ালিটি ভালো করার প্রকল্প তৈরি করা হয়েছে।

তথ্যের সংক্ষিপ্তসার

এই গবেষণা সম্পর্কে আপনার এগুলি জানা প্রয়োজন:

- **উদ্দেশ্য:** গবেষণার উদ্দেশ্য হল দক্ষিণ এশীয় মহিলাদের জন্য সার্ভিকাল ক্যান্সার স্ক্রিনিং এই বিষয় সম্পর্কে জ্ঞান বাড়ানো উদ্দেশ্যে করা হয়েছে।
- **পদ্ধতি:** আপনি যদি অংশগ্রহণ করতে চান, তাহলে আপনাকে সার্ভিকাল ক্যান্সার স্ক্রিনিং সংক্রান্ত একটি শিক্ষামূলক ভিডিও দেখতে বলা হবে, আপনাকে স্ক্রিনিং এর জন্য রেফার করা হবে যদি কোনো পূর্বাভাসের পরে নির্দেশিত হয়। সার্ভিকাল ক্যান্সার স্ক্রিনিং-এর জন্য আপনার সম্ভাব্য অ্যাপয়েন্টমেন্টেরে স্ট্যাটাস অনুসরণ করতে 6 সপ্তাহ পরে আপনার সাথে ফোন যোগাযোগ করা হবে।
- **সময়কাল:** ফোন-আপ সহ এটি প্রায় সাত সপ্তাহ সময় নেবে।
- **ঝুঁকি:** অংশগ্রহণ করার জন্য মানসিক, শারীরিক বা অর্থনৈতিকভাবে আপনার জন্য শূন্যমাত্রার ন্যূনতম ঝুঁকি আছে, কনি পরীক্ষা করা হবে। এর জন্য আপনার বিনিমূল্যে প্রথম PAP করানো হবে। স্ক্রিনিং এর পর ইতিবাচক ফলাফল না পাওয়া পর্যন্ত কোন আর্থিক ঝুঁকি নেই।
- **সুবিধা:** এই প্রকল্প থেকে আপনি প্রধান যে সুবিধা পাবেন তা হল সার্ভিকাল ক্যান্সার এবং প্রতিরোধ সংক্রান্ত এক সম্মত ধারণা।
- **বিকল্প:** এই গবেষণায় অংশ না নেওয়া ছাড়া আপনার কাছে কোনো পরিচিতি বিকল্প নেই।
- **অংশগ্রহণ:** এই কোয়ালিটি ভালো করার প্রকল্পে অংশ নেওয়া আপনার ইচ্ছার উপর নির্ভর করে।

অংশগ্রহণের জন্য সম্মত হওয়ার আগে দয়া করে সম্পূর্ণ ডকুমেন্ট সাবধানে পড়ুন।

গবেষণার প্রধান উদ্দেশ্য

এই গবেষণার উদ্দেশ্য হল সার্বভিকাল ক্যান্সার স্ক্রিনিং সম্পর্কিত দক্ষিণ এশীয় মহিলাদের বর্তমান ধারণা সম্পর্কে আরও ভালো জ্ঞান প্রদান করা এবং সার্বভিকাল ক্যান্সার স্ক্রিনিং হার আরও ভালো করা।

অংশগ্রহণকারীদের সংখ্যা

আপনি যদি এই গবেষণায় থাকার সিদ্ধান্ত নেন, তাহলে আপনি এই কেন্দ্রগুলি ভালো করার প্রকল্পে 10-25 জনের একজন হবেন।

গবেষণার সময়কাল

আপনার অংশগ্রহণের জন্য প্রায় 7 সপ্তাহ সময় দিতে হবে। শিক্ষামূলক ভিডিওটি দেখার 6 সপ্তাহ পরে আপনার সাথে একটি ফোন-আপ কলের জন্য ফোন মারফৎ যোগাযোগ করা হবে।

পদ্ধতি

আপনি যদি গবেষণা থাকতে সম্মত হন তাহলে আমরা আপনাকে এগুলি করতে বলব:

1. আপনার সার্বভিকাল স্ক্রিনিং পরীক্ষার স্ট্যাটাস এবং পরীক্ষা সম্পর্কে জ্ঞান মূল্যায়ন করার জন্য একটি প্রতিস্টেট মৌখিকভাবে পরিচালিত হবে। সার্বভিকাল ক্যান্সার সম্পর্কে একটি শিক্ষামূলক ভিডিও এবং আপনার মাতৃভাষায় একটি স্ক্রিনিং পরীক্ষা আপনার কাছে একটি ক্লিনিকের আইপ্যাড বা ল্যাপটপে চালানো হবে এবং তারপর যেকোনো প্রশ্ন এবং উদ্বেগের ব্যাখ্যার সুযোগ থাকবে। একটি বিনামূল্যে PAP পরীক্ষার সময়সূচী করার জন্য একটি সম্পদে সাথে যোগাযোগ করার জন্য তথ্য সহ নির্দেশিত হবে PAP স্ক্রিনিং করার জন্য আপনাকে রফোরলে প্রদান করা হবে।
2. শিক্ষামূলক ভিডিও দেখার 6 সপ্তাহ পরে আপনার সাথে ফোনে যোগাযোগ করা হবে। সার্বভিকাল ক্যান্সার স্ক্রিনিং সংক্রান্ত শিক্ষামূলক ভিডিওটির কার্যকারিতা মূল্যায়ন করার জন্য একটি পোস্ট-টেস্ট ফোনে পরিচালিত হবে।
3. ভিডিওটি দেখার প্রত্যাশিত সময় প্রায় 5 মিনিটের পরে যেকোনো প্রশ্ন এবং উদ্বেগে স্পষ্ট করার জন্য সময়। প্রতিস্টেট এবং একটি টেলিফোনিক পোস্ট-টেস্ট প্রত্যাশিত প্রায় 15 মিনিট সময় লাগবে।

ঝুঁকি এবং/অথবা সমস্যা

গবেষণায় আপনার জন্য নমিনলখিত সম্ভাব্য ঝুঁকি রয়েছে:

উল্লেখিত হিসাবে স্ক্রিনিং পরীক্ষা করিয়ে অংশগ্রহণকারীদের শারীরিক, মানসিক, অর্থনৈতিক বা সামাজিকভাবে প্রতিকূলভাবে প্রভাবিত করার ন্যূনতম ঝুঁকি রয়েছে।

এতে কোনো আর্থিক ঝুঁকি নেই কারণ আপনাকে বিনামূল্যে PAP-এর জন্য রফোর করা হবে। যাইহোক, PAP পরীক্ষার সময় কোনো অস্বাভাবিক ফলাফলে ক্ষেত্রে ফলো আপের জন্য আপনি দায়ী থাকবেন।

পরীক্ষার কারণে কোনো অস্বাভাবিক সন্ধানের ক্ষেত্রে আপনি এটি মানসিকভাবে কঠিন বলে মনে করতে পারেন। তবে প্রয়োজনে বিনিমূল্যে মানসিক স্বাস্থ্য সেবা পাওয়া যায়।

সুবিধা

গবেষণার থেকে আপনার এইসব সম্ভাব্য সুবিধা রয়েছে:

সার্বভৌমত্ব কমান্ডার এবং স্ক্রিনিং সংক্রান্ত উন্নত জ্ঞান

সময়মত স্ক্রিনিং আরও কষ্ট, মৃত্যু এবং আর্থিক ঝুঁকি প্রতিরোধ করবে।

প্রকল্প থেকে প্রাপ্ত ধারণা অন্যান্য সংখ্যালঘু সম্প্রদায় এবং জাতিগতদের একই রকমের প্রকল্পের জন্য একটি বেসলাইন হিসাবে কাজ করবে।

বকিল্প

এই প্রকল্পে অংশগ্রহণ না করাই আপনার জন্য একমাত্র বকিল্প, গবেষণার সময় যেকোন উল্লেখযোগ্য নতুন আবশ্যিকতা যা আপনার অংশগ্রহণ করে থাকতে চান কিনা তা আপনার ইচ্ছার উপর নির্ভরশীল যা আপনাকে প্রদান করা হবে।

গোপনীয়তা

এই গবেষণার রেকর্ড গোপন রাখা হবে এবং আইন অনুযায়ী সম্পূর্ণ পরমাণে নিরাপদ থাকবে। যেকোনো ধরনের প্ররপির্টে, আমরা রিজি করতে পারি, আমরা এমন কোনো তথ্য অন্তর্ভুক্ত করব না যার মাধ্যমে আপনাকে শনাক্ত করা সম্ভব হবে। গবেষণার রেকর্ড নিরাপদে সংরক্ষণ করা হবে এবং শুধুমাত্র গবেষক টিমেরই সেই রেকর্ডে অ্যাক্সেস থাকবে, যাইহোক, আপনার রেকর্ড অনুমোদিত বিশ্ববিদ্যালয় বা অন্যান্য এজেন্টদের মাধ্যমে দেখানো হতে পারে যার তথ্য গোপন রাখা হবে।

আপনার তথ্য ব্যবহার করুন

• প্রোজেক্টের অংশ হিসাবে আপনার সংগৃহীত তথ্য ভবিষ্যৎ গবেষণা গবেষণার জন্য ব্যবহার বা দেওয়া করা হবে না, এমনকি যদি শনাক্তকারী বিবরণও সরিয়ে দেওয়া হয়।

কমতিপূরণ এবং খরচ

আপনি অংশগ্রহণের জন্য টাকা পাবেন না। এই গবেষণায় অংশগ্রহণের জন্য আপনার কোনো খরচ নেই।

চকিঁসা করা

নিয়মিতভাবে, FIU, এর এজেন্ট বা এর কর্মচারীরা কোনো গবেষণা প্রকল্পে অংশগ্রহণ করার ফলে কোনো আঘাতের ফলে শারীরিক কমতিপূরণ প্রদান বা বিনিমূল্যে কয়েক করবে।

না। আপনি যদি এই গবেষণায় অংশগ্রহণের সরাসরি ফলাফল হিসাবে অসুস্থ বা আহত হন, আপনার ন্যূনতম চিকিৎসা প্রদানকারীর সাথে যোগাযোগ করুন। আপনার যদি ইন্সুরেন্স থাকে তাহলে আপনার ইন্সুরেন্স কোম্পানি এই খরচের জন্য টাকা দিতে করতে পারে বা নাও করতে পারে। যদি আপনার ইন্সুরেন্স না থাকে, অথবা যদি আপনার ইন্সুরেন্স কোম্পানি অর্থ প্রদান করতে অস্বীকার করে, তাহলে আপনাকে বলি করতে বলা হবে। আঘাতের কারণে ব্যথা, খরচ, হারানো মজুরি এবং অন্যান্য ক্ষতির জন্য ক্ষতিপূরণের জন্য তহবিল ন্যূনতমভাবে পাওয়া যায় না।

প্রত্যাখ্যান করার বা নজিরে নাম তুলে নেওয়ার অধিকার

এই গবেষণায় আপনার অংশগ্রহণ ইচ্ছামূলক। আপনি গবেষণা চলাকালীন যেকোনো সময় গবেষণাতে অংশগ্রহণ করতে বা আপনার সম্মতি প্রত্যাহার করতে পারেন। আপনি যদি অংশগ্রহণ না করার সিদ্ধান্ত নেন বা আপনি যদি তাড়াতাড়ি গবেষণা ছেড়ে দেন তাহলে আপনি কোনো সুবিধা হারাবেন না। এছাড়াও গবেষণামূলক তদন্তকারী টিম আপনার সম্মতি ছাড়াই আপনাকে অপসারণ করার অধিকার সংরক্ষণ করে যদি তারা মনে করেন তাহলে এটি কাজে স্বার্থে করতেও পারেন।

গবেষণাকারীর যোগাযোগের তথ্য

এই গবেষণার উদ্দেশ্য, পদ্ধতি বা অন্য কোন সমস্যা সম্পর্কে আপনার কোন প্রশ্ন থাকলে আপনি UHI ক্লিনিকে Husna Oleed (হুসনা অলিড)-এর সাথে যোগাযোগ করতে পারেন। ফোন নম্বর: 305 620 7797।

আইআরবি-এর যোগাযোগের তথ্য

আপনি যদি এই কোয়ালিটি ভালো করার প্রকল্পে আপনার অধিকার সম্পর্কে বা এই গবেষণার নৈতিক সমস্যা সম্পর্কে কারো সাথে কথা বলতে চান, তাহলে আপনি 305-348-2494 নম্বরে ফোনে বা ori-এ ইমেলের মাধ্যমে FIU অফিস অফ রিসার্চ ইন্টগ্রিটি'র সাথে যোগাযোগ করতে পারেন। @fiu.edu।

অংশগ্রহণকারীর চুক্তি

আমি এই সম্মতি ফর্মের তথ্য পড়েছি এবং এই গবেষণায় অংশগ্রহণ করতে সম্মত। এই গবেষণার সম্পর্কে আমার সব প্রশ্নন জিজ্ঞাসা করার সুযোগ পেয়েছি এবং সগৌলি উত্তর আমাকে দেওয়া হয়েছে। আমি জানি যে আমার রেকর্ডের জন্য আমাকে এই ফর্মের একটি কপি দেওয়া হবে।

অংশগ্রহণকারীর স্বাক্ষর

তারিখ

অংশগ্রহণকারীর প্রিন্ট করা নাম

যিনি সম্মতি দিচ্ছেন তার সম্মতি

তারিখ

Appendix I: Certificate of Translation Urdu



Miami-Dade: 660 NW 119 St, Suite G, Miami, FL 33168
 Phone: (305) 653-4357 Fax: (305) 506-2149
Broward: 3440 Hollywood Blvd, Suite 415, Hollywood, FL 33021
 Phone: (954) 860-4357
Palm Beach: 980 N Federal Hwy #110, Boca Raton, FL 33432
 Phone: (561) 291-9580
 Email: info@shileillc.com www.shileillc.com

Certificate of Translation

I, Kaushar Balapariya, am a professional translator deemed competent in Urdu and ENGLISH Languages. I hereby certify that I have translated the following, which is attached to this Affidavit:

File name: Consent English (4 PAGES) which is Florida University's ADULT CONSENT TO PARTICIPATE IN A QUALITY IMPROVEMENT PROJECT

I further certify that, to the best of my knowledge, the attached document written in Urdu is a true and accurate translation of the attached document written in ENGLISH.

Kaushar Balapariya

Professional Urdu Translator
 ATA Member: # 269594
 Proz Certified Translator
 11 Years of Experience in Translation.

CAGE: 6SQR1 - WOSB, EDWOSB certified – E&O Insured



Appendix J: Certificate of Translation Hindi



Miami-Dade: 660 NW 119 St, Suite G, Miami, FL 33168
 Phone: (305) 653-4357 Fax: (305) 506-2149
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 Phone: (954) 860-4357
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 Email: info@shileillc.com www.shileillc.com

Certificate of Translation

I, Kaushar Balapariya, am a professional translator deemed competent in Hindi and ENGLISH Languages.
 I hereby certify that I have translated the following, which is attached to this Affidavit:

File name: Consent English (4 PAGES) which is Florida University's ADULT CONSENT TO PARTICIPATE IN A QUALITY IMPROVEMENT PROJECT

I further certify that, to the best of my knowledge, the attached document written in Hindi is a true and accurate translation of the attached document written in ENGLISH.

Kaushar Balapariya

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 ATA Member: # 269594
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 11 Years of Experience in Translation.

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Appendix K: Certificate of Translation Bengali



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Certificate of Translation

I, Kaushar Balapariya, am a professional translator deemed competent in Bengali and ENGLISH Languages. I hereby certify that I have translated the following, which is attached to this Affidavit:

File name: Consent English (4 PAGES) which is Florida University's ADULT CONSENT TO PARTICIPATE IN A QUALITY IMPROVEMENT PROJECT

I further certify that, to the best of my knowledge, the attached document written in Bengali is a true and accurate translation of the attached document written in ENGLISH.

Kaushar Balapariya

Professional Bengali Translator
 ATA Member: # 269594
 Proz Certified Translator
 11 Years of Experience in Translation.

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