

**Dear Colleagues,**

**We are contacting you about a new dental Research study being conducted by the UCSF Schools of Dentistry and Medicine.**

**We are looking for dental hygienist and dentists as volunteers for the study (see below), AND we are also looking to employ on a part-time basis a dental hygienist to help us with recruitment for our study.**

**Please see the details below and if you are interested or have any questions, don't hesitate to contact myself, Peter Loomer, at 415-531-8985, [Peter.Loomer@ucsf.edu](mailto:Peter.Loomer@ucsf.edu) or Dr. Rempel at the number listed below.**

**Thank you for your time!**  
**Peter Loomer, DDS, PhD**  
UCSF Division of Periodontology

We are writing to determine your interest in participating in a study evaluating the effects of new dental tools on hand and arm pain. There is some evidence that tool design may affect hand pain in dentists and dental hygienists who perform dental scaling. We are looking for 120 dentists and dental hygienists in the Bay Area who perform dental scaling for at least 10 hours per week. Participants would be given a new set of periodontal tools to use as part of their instrument kit. During a 4 month period they would complete a 5 minute questionnaire by email or phone every week. Details of the study are laid out in the attached Consent Form.

The study is funded by the National Institute of Health. There are no commercial parties involved in the study and we have no commercial interests in the outcome.

You will be paid \$50 if you complete the study.

If you have questions or are interested in participating, please fill out and return the consent or call 510-665-3403.

**Consent to Participate in a Research Study** at UCSF

**Study Title: UCSF Dental Study**

This is a research study. Dr. David Rempel, Dr. Peter Loomer, and their research colleagues (University of California, San Francisco) are conducting a study of dental hygiene work.

Research studies include only people who choose to take part. Take your time to make your decision about participating. You may discuss your decision with your family and friends and with your health care team. If you have any questions, you may ask your study doctor.

You are being asked to take part in this study because you perform dental scaling at your workplace.

**Why is this study being done?**

The purpose of this study is to evaluate the effects of newly designed periodontal scaler handles on hand and wrist symptoms among dental hygienists and dentists who regularly perform dental scaling tasks. The study is being funded by the Centers for Disease Control.

**How many people will take part in this study?**

About 120 dental hygienists and dentists will take part in the study.

### **What will happen if I take part in this research study?**

1. I will complete a baseline demographic questionnaire (10 minutes)
2. I will complete one questionnaire per week (5 minutes) at the end of the week, for 1 month concerning my hand and wrist symptoms prior to receiving the new instruments. The questionnaire can be completed by email or by telephone – the choice is mine.
3. When the questionnaires are properly completed, I will receive a set of new dental scaling instruments and be trained in their use (20 minutes).
4. I will use and maintain these instruments to perform my normal dental scaling tasks in the clinic for 3 months.
5. During the 3 months, I will complete a questionnaire at the end of each week (5 minutes), by email or telephone, concerning my hand and arm symptoms.
6. At the end of the study, I will complete an exit questionnaire (15 minutes) about my evaluation of the instruments.
7. At the end of the study I may be asked to perform a 15 minute scaling task on mannequin teeth while my pinch force is measured.

### **How long will I be in the study?**

Participation in the study will take a total of about 3 hours over a 4 month period.

### **Can I stop being in the study?**

Yes. You can decide to stop at any time. Tell the study coordinator if you are thinking about stopping or decide to stop. The study doctor may stop you from taking part in this study at any time if he/she believes it is in your best interest, if you do not follow the study rules, or if the study is stopped.

### **What side effects or risks can I expect from being in the study?**

There are no known increased risks for participating in this study. Your colleagues and employer are likely to know whether you participating in the study.

**Unknown Risks:** The interventions to be studied may have side effects that no one knows about yet. The researchers will let you know if they learn anything that might make you change your mind about participating in the study.

### **Are there any benefits to taking part in the study?**

There is no direct benefit from taking part in this study. The study may help improve the design of dental instruments. You may keep the instruments upon completion of the study.

### **What other choices do I have if I do not take part in this study?**

You do not have to participate in the study and you can continue doing your work as you do now.

### **Will my medical information be kept private?**

We will do our best to make sure that the personal information in your medical record is kept private. However, we cannot guarantee total privacy. Your personal information may be given out if required by law. If information from this study is published or presented at scientific meetings, your name and other personal information will not be used. Organizations that may look at and/or copy your medical records for research, quality assurance, and data analysis include the study sponsor, the Centers for Disease Control, and UCSF's Committee on Human Research.

### **What are the costs of taking part in this study?**

You will not be charged for any of the study activities.

**Will I be paid for taking part in this study?**

You will be given a \$50 gift card when your participation in the study is done.

**What happens if I am injured because I took part in this study?**

It is important that you tell your study doctor, Dr. Rempel, if you feel that you have been injured because of taking part in this study. You can tell the doctor in person or call him/her at 510-665-3403.

**Treatment and Compensation for Injury:** If you are injured as a result of being in this study, treatment will be available. The costs of the treatment may be covered by the University of California or the study sponsor, the Centers for Disease Control, depending on a number of factors. The University and the study sponsor do not normally provide any other form of compensation for injury. For further information about this, you may call the office of the Committee on Human Research at 415- 476-1814.

**What are my rights if I take part in this study?**

Taking part in this study is your choice. You may choose either to take part or not to take part in the study. If you decide to take part in this study, you may leave the study at any time. We will tell you about new information or changes in the study that may affect your health or your willingness to continue in the study.

In the case of injury resulting from this study, you do not lose any of your legal rights to seek payment by signing this form.

**Who can answer my questions about the study?**

You can talk to the study coordinators or Dr. Rempel about any questions or concerns you have about this study. Contact them at 510-665-3403.

**For questions about your rights while taking part in this study,** call the office of the **Committee on Human Research,** UCSF's Institutional Review Board (a group of people who review the research to protect your rights) at **415-476-1814.**

**CONSENT**

You have been given copies of this consent form and the Experimental Subject's Bill of Rights to keep.

**PARTICIPATION IN RESEARCH IS VOLUNTARY.** You have the right to decline to participate or to withdraw at any point in this study without penalty or loss of benefits to which you are otherwise entitled.

If you wish to participate in this study, you should sign below.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature for Consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person Obtaining Consent