Anesthesia and Pain Management in Gynecological Procedures

Admin	
Protocol ID 2023-085	
Panel No Panel Assigned	
Student Investigator XXXXXXXXXX	
Signed 09/11/2023 6:39 PM MDT	
PI Type Student	
Faculty/Preceptor Signed 09/12/2023 7:17 AM MDT Benjamin Brooks 04/18/2023 No COI Reported	
Campus UT	
Facility/Preceptoristreptorist	
Department MSBS	
PI Institution	
External co-Pls	
Exempt Reviewer Terry Hudgins / Completed / 10/17/2023 5:00 PM MDT	
Review Type Exempt Review	
Approval Status Exemption Approved	
(2) Tests, Surveys, Interviews	
Submitted By XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
Date Received 09/12/2023	
Date of Completion 10/18/2023	
Date Approved 10/18/2023	
Approval Expires Approved Without Project Report	
Proposed Start Date 08/18/2023	
Proposed End Date 10/31/2023	
Date Closed	
Type of Research Student Research	
Funding Source	
Sponsor	
Sponsor Contact	
Sponsor Address	
Sponsor Email	
Sponsor Phone	
Consent Waived Not Requested	
Waiver of Documentation of Informed Consent Not Requested	
Regulatory Agency None	
Subjects • Minors (under age 18)	
Pregnant Women	
• RVŪ Employees	
RVU Students	
Other Subjects Type	
Total Number of Subjects 200	
Searchable Keywords	
(2) Tests, Surveys, Interviews Questions Date Last Updated: 04/18/2023 11:50 A	I MDT
What type(s) of instruments/activities will be used (Check all that apply.)	
Educational tests (cognitive, diagnostic, aptitude, achievement)	
✓ Questionnaire/survey	
Observation of public behavior in which the research <i>does not participate</i> in the activities observed (may include audio or video recording)	
Observation of public behavior in which the research <i>does participate</i> in the activities observed (may include audio or video recording)	
Will information be recorded in a manner that participants can be identified (e.g., name, social security number, license number, phone nun email address, photograph)?	ber,
Answer: Yes	
✓ No	

Will subject responses be recorded?

Digital Recording

✓ No Recording

Would disclosure of information obtained put participants at risk for civil or criminal liability or damage to their financial standing, employability or reputation (e.g., drug or alcohol use; criminal or other illegal activity)?

Answer: Yes

🖌 No

Is the information recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects <u>AND</u> disclosure of the information could place the subjects at risk of criminal or civil liability or be damaging to the subjects financial standing employability, educational advancement or reputation.

Answer: Yes

🖌 No

Will your participants include anyone under the age of 18 years old?

Answer: ✓Yes

No

Age Range of subjects to be included: <18-85+

Describe the source of the subject population:

Answer:

Anybody that has or has had a uterus

Where/How will the survey/interview occur? (describe the location and/or survey tool):

Answer:	

Qualtrics

Pre-Protocol Questionnaire	04/18/2023 Pre-Protocol Questionnaire.pdf
Reviewer Notes	10/16/2023 Exempt Reviewer Review Notes.pdf
Student Research Approval Form	n 09/11/2023 Pain in Gyn Research Approval Signed Form.pdf
Consent Form	09/11/2023 Anonymous Survey Consent Form - Form Only_No Signa
Survey Instruments	08/10/2023 Gyn pain survey.docx
Notifications	09/13/2023 Revisions Required: IRB #2023-085.pdf
	10/18/2023 Exemption Approval: IRB #2023-085.pdf
Approved Application Sections	10/18/2023 Approved Application Sections Start Here.pdf

Personnel

PI	
XXXXXXXX (04/18/2023)	
Responsibilities	

1. What is the Campus Location for the Principal Investigator?

Answer:

RVUCOM-SU

Faculty/Preceptor	
Benjamin Brooks	
Responsibilities	

1. What is the Campus Location for the Principal Investigator?

Answer:

RVUCOM-SU

Project Description

Please upload your signed Student Research Approval Form. It can be found on the RVU iNet at: https://inet.rvu.edu/home/forms-2/student-research-approval-form/

Answer:

Pain in Gyn Research Approval Signed Form.pdf 09/11/2023 (Student Research Approval Form)

Briefly state the objective(s) and procedures associated with this project in the space provided.

NOTE: Incomplete or unclear information will delay IRB review and approval.

Answer:

The survey is a 13 question survey on history of gynecologic procedures, experience with pain, and pain management. The purpose is to investigate whether or not women are facing disparities in pain management during medical procedures. The survey includes age and race, but no other identifiable questions.

DATA COLLECTION METHODS

Will a	audio taping or videotaping of subjects occur?
Answer:	Yes
	✓ No
Will a	any of the following instruments/methods be used?
Answer:	Interview
	✓Anonymous Surveys/Questionnaires
	Identifiable Surveys/Questionnaires
	Focus Groups
	Standardized (published) Tests/Assessments
	Not Applicable
for y	you planning on using RVU institutional data (e.g. student information, grades, test scores, evaluations, assessment data) our research?
for ye	Yes ✓No
for ye	Yes
for ye	Yes ✓No
for ye Answer: Will t	Yes ✓No the records or specimens be collected from RVU?
for ye Answer: Will t	Yes ✓No the records or specimens be collected from RVU? RVU only
for ye Answer: Will t	Yes ✓No the records or specimens be collected from RVU? RVU only ✓RVU and other institutions
for y Answer: Will t Answer:	Yes ✓No the records or specimens be collected from RVU? RVU only ✓RVU and other institutions Other institutions only
for y Answer: Will t Answer:	Yes ✓No the records or specimens be collected from RVU? RVU only ✓RVU and other institutions Other institutions only Study does not involve records or specimen collection

Project Details

Specific Aims – State the specific scientific objectives of the research:

Answer:

The specific aim of this project to analyze the effects on women in healthcare in gynecologic settings. It is known socially that women experience a lot of pain while getting basic medical procedures. This survey will allow us to quantify this information and hopefully move into a new era where women can receive pain management if the numbers indicate such. According to Healthy Woman.org, A US review of literature on pain management procedures encourages pain control management for patient comfort during gynecological procedures, but the general consensus in online discussions is that women's pain in general has historically been dismissed or undertreated often, leading to gynecological practices that minimize or dismiss the potential for pain during invasive procedures. There isn't a large body of research measuring pain from invasive gynecological procedures, but one UK study found that patients' ratings of pain did not match estimates from clinicians. There is a lack of research from patient perspectives on their pain levels in this setting. Many articles describe pain to be "mild to moderate", however many patients disagree with this notion. This research study is aimed to give patients a voice in their own experiences.

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Background and Significance - Briefly sketch the background leading to the present proposal. Describe the contributions that the study will make to the health of human beings and/or to the scientific data base, using documentation from the literature where appropriate. Although it is helpful for the Board to have a decent understanding of the basis for conducting a research

project, it is not necessary to have a full-blown literature review or extensive background and rationale for the proposed research plan or activity.

Answer:

Within gynecological care at this point, the main use of pain management includes NSAIDs. This route of pain control is used in procedures such as IUD insertion, colposcopies, nexplanon insertions, biopsies, ect. This type of pain control is seen nowhere else in medicine. If patients are experiencing a cutting of the skin, insertion of a foreign object, or a biopsy in any other specialty, they are properly anesthetized. With this survey we will be able to quantify this possible variant in medicine.

Preliminary Studies - Summarize preliminary studies conducted by the investigator pertinent to this proposal. State "none" if applicable.

Answer:

There are not many studies done on this topic. The main information out their is describing the pain management that is used. All of these include mostly NSAIDs.

Investigator Experience - Provide a <u>brief synopsis</u> of the Principal Investigator's (and/or faculty mentor's) expertise, experience, and capability to perform this research. Please DO NOT PASTE CV in this answer section. You may attach a copy of the curriculum vitae or research background of the principal investigator on the protocol page by uploading under "Files" at the bottom of the page.

Answer:

As a woman, I have insight on what it is like to have these procedures done without proper pain management. I also hear from many women in my life, social forums, and other communication that many women struggle with this. I have done research in the past including Manual Labor, Chronic Pain, and the Risk of Opioid Addiction. I was a research assistant in undergrad as well. I know I will be able to get this survey into the hands of many women.

Experimental Design and Methods - Detailed protocol for this project / subject-related studies.

Methods and Procedures - Describe the procedure (s) in sequential detail. Clearly identify any experimental element of the study. Include a thorough description of any investigational drugs, therapeutic procedures, monitoring techniques, test procedures or medical devices.

[The description of investigational medical devices should include information on each important component, ingredient, principle of operation, and anticipated developmental changes in the device. On a separate page describe and address issues associated with the device presenting "Significant Risk" or "Non-Significant Risk"]

Answer:

Create Survey Provide Survey to women of all ages Analyze the statistics of the survey Analyze the data and write an educational paper on the results and findings

Data Analysis and Data Monitoring - Describe plans for statistical analysis of data when appropriate. If a data safety monitoring committee is appropriate to protect the safety and/or welfare of subjects, describe its operation (e.g., membership, stopping rules and frequency of review).

Answer:

All information will be anonymous then processed by statistician. The survey is completely anonymous which will protect the safety and welfare of volunteer subjects.

Data Storage and Confidentiality – Describe where the research data will be stored during the study and how it will be secured. The investigator must take necessary steps to maintain confidentiality of data. This includes coding data and choosing an appropriate and secure data storage mechanism which will prevent unauthorized access to data. State who will have access to the data. If data with subject identifiers will be released, specify the person (s) or agency to whom the information will be released and the purpose of the release.

Answer:

The data will be completely confidential because the survey through Qualtrics is completely anonymous. There will be no digital footprint of volunteer subjects.

Setting - Describe briefly where the study will be conducted, e.g., private outpatient clinics, physicians offices.

NOTE: If other institutional review committees (IRBs) or approvals are required, note them by name, affiliation and contact person. Also, be aware that the approval of other involved institutions' IRBs must be obtained before initiation of the project (but are not essential for RVU IRB review to begin).

Answer:

Internet via Qualtrics

Are other IRBs involved in the approval of this project?

Answer: Yes

🖌 No

Laboratory Methods and Facilities - Indicate where specific laboratory tests will be performed; e.g., hospital chemistry laboratory, investigators' laboratory, radiology clinic, etc. If None, state N/A

Answer:

None

Estimated Period of Time to Complete the Study – Describe the stages and total time of subject participation as well as overall time for the entire study (start to completion). Also, if study involves more than one visit, describe time range estimates for each visit (e.g., 20-30 minutes; 2 – 3 hrs, etc.). Where possible use a table or "bullet-point" format to clearly illustrate the flow of activities and procedures.

Answer:

Patients will complete the survey within 5 minutes.

Human Subjects - Describe the characteristics of the research population

Description of subjects is to include the projected sample size, plans for the selection of subjects, and inclusion and exclusion criteria.

Answer:

People that have or have ever had a uterus. People of all ages that have experience with gynecologic procedures.

Sample Size: Number of subjects to be enrolled in this study at this site. Approximately _____ subjects at _____ sites in the U.S. will be enrolled in the study overall. For Clinical Trial studies, indicate number of subjects to be randomized.

Answer:

Approximately 200 subjects at the Qualtric sites in the US will be enrolled in the study overall.

Describe both Inclusion / Exclusion Criteria. BE SPECIFIC! Also, if children (persons under age 18) are excluded from this study provide scientific justification for such exclusion. Include physical, mental, cognitive, medical, and other relevant Inclusion and Exclusion criteria.

Answer:

Inclusion criteria: people with or previously with a uterus, any age Exclusion: people with no history of having a uterus, cis gendered males

Describe intended gender or sex, age range, intended racial and ethnic distribution. If any vulnerable subjects are involved in this study (e.g., those with limited autonomy or decision-making capabilities) are included, justification must be provided.

Answer:

Female: ages 1 8 -90 years old

Female: 18-90+ 10/10/2023 9:59 AM MDT

Identify the source(s) from which you will obtain your study population.

Answer:

Social Media, friends, family, large groups/platforms

Describe plans for *recruitment of subjects*. All materials (e.g., flyers, ads, emails, letters, postings, handouts, etc.) to be used for recruiting subjects must be submitted to the IRB for review. Please upload recruitment materials under the "Files" tab at the bottom of your protocol page.

Answer:

Please fill out this survey if you have or have ever had a uterus.

Risk/Benefit Assessment and Informed Consent:

Describe the level of risk, and if more than minimal, describe how this research holds the prospect of a direct benefit for the subjects. If there is NO direct benefit to subjects, state such in protocol and in the consent documents.

Answer:

A minimal risk of breach of privacy with utilizing online anonymous survey. Survey participants should be aware of possible triggering questions dealing with past history of pain and medical trauma.

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Describe how the anticipated benefit justifies the risk.

Answer:

This research is aimed to provide better pain management in gynecologic procedures. Therefore the benefit out weighs the minimal risk of possible breach in privacy and possible triggering questions regarding previous trauma.

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	ibe how the anticipated benefit of this research is at least as favorable to the subjects as that to be received by available ative approaches for the subjects.
Answer:	
NO risk The anticipa	ted benefit is favorable in that with participants help, this research could lead to better outcomes regarding pain in medical settings.
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of pote reactio direct relatio	ibe any potential <i>RISKS OR DISCOMFORTS</i> in detail. Use evidence from clinical and/or animal studies to evaluate the level ential hazards associated with participation in the research protocol. Indicate the methods for detecting adverse ons. Describe the procedures for protecting against or minimizing potential risks (e.g., confidentiality, reputational injury, injury or harm to subject, etc.) and assess their effectiveness. Discuss why the risks to the subjects are reasonable in on to proposed benefits to mankind. Be sure to describe any anticipated adverse events that might occur during the e of the study.
Answer:	
Risks include trauma	e possible privacy breach utilizing Qualtrics survey program and possible triggering content with questions regarding previous medical
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Payme Indicat	<i>Int/Compensation</i> - Describe any financial payments for subject participation (e.g. compensation for time and travel). te any partial payment schedule for less than complete study participation. Recall that payments cannot be perceived as ive (overpayment for time and effort). Remember: payments are NOT benefits.
Payme Indicat coerci	<i>ent/Compensation</i> - Describe any financial payments for subject participation (e.g. compensation for time and travel). te any partial payment schedule for less than complete study participation. Recall that payments cannot be perceived as
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Payme Indicat coerci Answer: No payments	<i>ent/Compensation</i> - Describe any financial payments for subject participation (e.g. compensation for time and travel). te any partial payment schedule for less than complete study participation. Recall that payments cannot be perceived as ive (overpayment for time and effort). Remember: payments are NOT benefits.
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Payme Indicat coerci Answer: No payments Subject Answer:	ont/Compensation - Describe any financial payments for subject participation (e.g. compensation for time and travel). te any partial payment schedule for less than complete study participation. Recall that payments cannot be perceived as ive (overpayment for time and effort). Remember: payments are NOT benefits.
Payme Indicat coerci Answer: No payments Subject Answer: No costs	<i>Exercised</i> – If any, the references should be limited to relevant and current literature pertinent to the proposed
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Payme Indicat coerci Answer: No payments Subjec Answer: No costs Literat resear Answer: N/A	<i>Exercised</i> – If any, the references should be limited to relevant and current literature pertinent to the proposed
Payme Indicat coerci Answer: No payments Subjec Answer: No costs Literat resear Answer: N/A	ent/Compensation - Describe any financial payments for subject participation (e.g. compensation for time and travel). te any partial payment schedule for less than complete study participation. Recall that payments cannot be perceived as tive (overpayment for time and effort). Remember: payments are NOT benefits. S ct Costs - Describe any anticipated costs to research subject. If none, state such. ture Cited – If any, the references should be limited to relevant and current literature pertinent to the proposed rch.

Indicate the category of the sponsor:

State Governm	ent		
Federal Gover	nment		
Industry or Pha	rmaceutical Company		
Non-Profit Fou	ndation/Institution		
RVU Intramural	Grant		
ned Consent			

Is a signed Informed Consent document being used?

Answer: Yes

✔No

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above, enter your consent script information into that file and then upload that file here:
Answer:

Anonymous Survey Consent Form - Form Only_No Signa... 09/11/2023 (Consent Form)

Will a Certificate of Confidentiality be requested from NIH?
Answer: Yes
✓No
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Correspondences

Publicationss

Project Reports

Modifications

Adverse Events

No Adverse Events Fo	
	bund.
viations File/Comments	Submitted By
No Deviations Four	nd

- no review text -