



Project Title: ENSE885AS Project (Braintrust)

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Purpose(s) and Objective(s) of the Research:

- The purpose is to get feedback with respect to user interface and general direction of eIDEAS projects from various eHealth employees. In addition, the received feedback will help to produce the project that eHealth employees find useful for their organizational goal of continuous improvement.

Procedures:

- The process will involve an interview where the participants will be asked to work through a series of tasks, navigating a proposed user interface for the eIDEAS application.
- The number of participants is six, with three being assigned to Braintrust team and three for Weekend Warriors team.
- For each team one group member will be assigned to one participant to facilitate the usability evaluation process.
- The expected time commitment for each participant is approximately 45 minutes.
- The usability evaluation will take place at eHealth.
- The information will be gathered through verbal communication whereby the participants' is encouraged to vocalize their thoughts while completing the presented tasks.
- Group members will write down the thoughts that are volunteered by the participants. Once the tasks are completed, the participants will be asked various questions (from Questionnaire sheet).
- The participants' responses will be written down / recorded by the assigned group member.

Potential Risks:

- There are no known or anticipated risks to you by participating in this research.
- The participants are encouraged to answer only those questions that they are comfortable with. If at any point the participants' become uncomfortable in any way, the group member will immediately discontinue the study.

Potential Benefits:

- The possible benefits are that, eIDEAS project will have improved usability and an increased likelihood that the final project will meet the needs of the organization.

Compensation: The work is a volunteer work.

Funded By: N/A

Confidentiality:

- The participants' name and any directly identifiable information will not be recorded or disclosed to any external party in any way for any reason.
- For the purpose of data collection, the participants' responses and vocalizations during the usability evaluation will only be recorded if they are relevant to the improvement of the project.
- All recorded data will be proofread by the group members and anonymized if any identifiable information is present. Once, anonymization is complete, the data will be stored on a public GitHub public repository.
- Confidentiality is inherently protected by omission of the participants' name on all recorded documents. In addition, group members will only refer (written or verbal) to the participants by an assigned code name (e.g. User1, User2 etc.).
 - **Storage of Data:** The data will be stored approximately for three years.

Right to Withdraw:

- Your participation is voluntary. Please, answer only those questions that you are comfortable with. You may withdraw from the research project for any reason, at any time without explanation or penalty of any sort.
- If you wish to withdraw, please indicate to the group member conducting the usability evaluation. All recording of data will be stopped immediately and all previously recorded data will be destroyed unless otherwise indicated by the participant.
- Your right to withdraw data from the study will apply until June 8th 2018. After this date, it is possible that some results have been analyzed, written up and/or presented or incorporated. In this case, it may not be possible to withdraw your data.

Follow up:

- At any time after the evaluation, the participants can visit the public GitHub repository to track the progress of the eIDEAS project. (Reference location: <https://github.com/rstancu/braintrust>)

Questions or Concerns:

- Contact the researcher(s) using the information at the top of page 1;
- This project has been approved by eHealth and the lecturer of ENSE 885AS Spring Term 2018 in consultation with the U of R Research Ethics Board.

Your signature below indicates that you have read and understand the description provided; I have had an opportunity to ask questions and my/our questions have been answered. I consent to participate in the research project. A copy of this Consent Form has been given to me for my records.

_____	_____	_____
<i>Name of Participant</i>	<i>Signature</i>	<i>Date</i>
_____	_____	
<i>Researcher's Signature</i>	<i>Date</i>	

A copy of this consent will be left with you, and a copy will be taken by the researcher.