# Participant Consent Form

**Project Title: eIDEAS**

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**Supervisor:** Dr. Tim Maciag, University of Regina/Course Instructor, [tim.maciag@uregina.ca](mailto:tim.maciag@uregina.ca)

Ms. Janice Wilby, eHealth Saskatchewan, Continuous Improvement Specialist janice.wilby@ehealthsask.ca

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

* To develop a tool which enables sharing ideas, the visibility of individual, and collaborative work within eHealth Saskatchewan.
* Data will be gathered to enhance the user experience of this tool, and to meet the requirements of eHealth.

**Procedures:**

This project development life cycle consists of multiple stages. The outcome will be delivered over time-framed predefined milestones. Data gathering including but not limited to (employees feedback, managers opinions, teams working flow) will take place in eHealth Saskatchewan head office by using questionnaire forms and in site interviewing. Participant in data gathering phase would spend around 30 minutes of their time.

**Funded by: *Not applicable***

**Potential Risks:**

There are no known or anticipated personal risks from participating in this research.

**Potential Benefits:**

* Employee engagement and satisfaction is enhanced by their input and voicing their expertise which will reflect in a better tool matching their needs, easy to use, and effective helping them to enhance their work.

**Compensation:**

* The work is totally a volunteer workand there isn’t any mean of compensation**.**

**Confidentiality:**

* Participation is voluntary, data collected will be anonymously, although the participant will be known by the tester, the uploaded responses results will be titled as User-1, User-2 ,… etc.
* After your interview, and prior to the data being included in the final report, you will be given the opportunity to review the transcript of your interview, and to add, alter, or delete information from the transcripts as you see fit

**Right to Withdraw:**

* Your participation is voluntary and you can 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. In case you decided to withdraw you have the full choice to delete your data.

**Follow up:**

* Results will be reflected on the next prototype version in order to enhance the overall design and meet employees needs.
* To obtain results from the study, please contact Dr. Tim Maciag, University of Regina/Course Instructor, tim.maciag@uregina.ca

**Questions or Concerns:**

* Contact the project stakeholder(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.

**Consent**

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.

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|  |  |  |  |  |
| *Name of Participant* |  | *Signature* |  | *Date* |

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*Researcher’s Signature Date*

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