

## Participant Agreement Form

### Full title of project:

Evaluating AI driven XR and mobile healthcare simulation using the DASEX framework in an international educational context.

- Name, position and contact details of researcher: [David Dasa | PhD Researcher | ddasa@bournemouth.ac.uk]
- Name, position and contact details of supervisor: [Professor Wen Tang | Professor Of Games Technology | wtang@bournemouth.ac.uk]

To be completed prior to data collection activity

### Section A: Agreement to participate in the study

You should only agree to participate in the study if you agree with all of the statements in this table and accept that participating will involve the listed activities.

I have read and understood the Participant Information Sheet (68822 version 1) and have been given access to the BU Research Participant <a href="https://www1.bournemouth.ac.uk/about/governance/access-information/data-protection-privacy">Privacy Notice</a> which sets out how we collect and use personal information ( <a href="https://www1.bournemouth.ac.uk/about/governance/access-information/data-protection-privacy">https://www1.bournemouth.ac.uk/about/governance/access-information/data-protection-privacy</a> ).	
I have had an opportunity to ask questions.	
I understand that my participation is voluntary. I can stop participating in research activities at any time without giving a reason and I am free to decline to answer any particular question(s).	
I understand that taking part in the research will include the following activity/activities as part of the research:	
<ul style="list-style-type: none"> <li>• Orientation to the study and safe use of the simulation equipment</li> <li>• Completing one or more short simulated clinical training scenarios delivered using a virtual reality headset and or a mobile phone</li> <li>• Providing feedback immediately after the simulation through</li> <li>• DASEX checklist</li> <li>• System Usability Scale</li> <li>• NASA Task Load Index</li> <li>• Short open ended questions about the simulation</li> <li>• Optionally completing a single follow up questionnaire approximately three weeks later by email, if I consent to follow up contact</li> </ul>	
I understand that, if I withdraw from the study, I will also be able to withdraw my data from further use in the study <b>except</b> where my data has been anonymised (as I cannot be identified) or it will be harmful to the project to have my data removed.	
I understand that my data may be used in an anonymised form by the research team to support other ethically approved research projects in the future, including future publications, reports or presentations.	
	<b>Initial box to agree</b>
<b>I consent to take part in the project on the basis set out above (Section A)</b>	

_____	_____	_____
Name of participant (BLOCK CAPITALS)	Date (dd/mm/yyyy)	Signature

_____	_____	_____
Name of researcher (BLOCK CAPITALS)	Date (dd/mm/yyyy)	Signature

Once a Participant has signed, **please sign 1 copy** and take 2 photocopies:

- Original kept in the local investigator's file
- 1 copy to be kept by the participant (including a copy of PI Sheet)

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