

## **Appendix A- Consent Form**



### **Program for Educational Research & Development**

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November 17<sup>th</sup>, 2014

### **LETTER OF INFORMATION / CONSENT**

## **Observational Practice and Educational Networking: Extending the Simulation-based Education beyond the Simulation Laboratory**

### **Investigators:**

#### **Principal Investigator**

Dr. Lawrence Grierson  
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#### **Student Investigator**

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### **Purpose of the Study**

This study will generate theoretical knowledge concerning the optimal application of video-based observational practice and educational networking approaches to simulation-based learning. It will also further develop, expand and improve the OPEN system. Finally this will expand our knowledge of simulation-based education and its impact in a distributed health profession education context.

### **Procedures involved in the Research**

If you choose to participate in this study, you will be asked to complete a pre-test. Participate in a 14 day learning period which will occur online using the OPEN system. This will be followed by an immediate and one month retention test.

You will view a standard and error-free instructional video performed by a general surgeon that will demonstrate the correct elliptical excision (EE) procedure. Then you will perform an EE on a skin pad. You will then be allocated to an experimental group. You will then be given access to the OPEN system for 14 days where you will be expected to view and rate 8 videos attempts of the EE procedure (one every other day). At the end of the 14 days you will return to once again perform the EE procedure on a skin pad and then again after a one month period.

At the end of the study you will be given an opportunity to participate in an EE workshop which will be run by a senior resident.

### **Potential Harms, Risks or Discomforts:**

There are very minimal risks involved in this study as there are no invasive measures being used. As well the psychological distress that may be posed in the study is no larger than that of your daily life.

### **Potential Benefits**

The benefits of this study to the scientific community are that it will further our understanding of observational learning. It will contribute to the development of an effective and flexible observational practice and education networking learning environment. This study can extend the applications of simulation-based education beyond the confines of the simulation laboratory; our work also has the potential to create new intra- and inter-professional learning opportunities, to place the simulation community importantly within discussions of distributed education, and influence the culture of simulation-based skills education province-wide.

### **Payment or Reimbursement**

There will be no payment or reimbursement for the study. However a workshop on the EE procedure will be provided.

### **Confidentiality**

You are participating in this study confidentially. I will not use your name or any information that would allow you to be identified. Your data will not be shared with anyone, except with your consent. All electronic data will be anonymized, coded and stored on a password protected computer. This computer and all hard copy documentation (i.e., signed consent forms) will be kept secure in Dr. Grierson's office (MDCL 3522) for 3 years following the completion of the project, after which time it will be destroyed. The data will only be seen by Arthur Welscher and Dr. Grierson. As soon as consent forms are signed and data is collected it will be immediately taken to Dr. Grierson's office and appropriately stored. If the results are published, no names or identifying information will be released or published.

## **Participation and Withdrawal**

Your participation in this study is voluntary and it is your choice to be part of the study or not. If you decide to be part of the study, you can decide to stop (withdraw), at any time, even after signing the consent form or part-way through the study. If you decide to withdraw, there will be no consequences to you. In cases of withdrawal, any data you have provided will be destroyed unless you indicate otherwise. Withdrawal must be done before the completion of the study, which is expected to be March 20<sup>th</sup>, 2015.

## **Information about the Study Results**

I expect to have this study completed by approximately March 2015. If you would like a brief summary of the results, please let me know how you would like it sent to you.

## **Questions about the Study**

If you have questions or need more information about the study itself, please contact me at:

Arthur Welsher (student investigator): [arthur\\_welsher10@hotmail.com](mailto:arthur_welsher10@hotmail.com) or 289 922-9232

For further information, contact Geoff Norman, Principal Investigator at 905-525-9140 ext 22119 or, co-investigator Kelly Dore at 905-525-9140 ext 22956 or 26690.

If you have any questions regarding your rights as a research participant you can contact the Office of the Chair of the Hamilton Health Sciences/Faculty of Health Sciences Research Ethics Board at 905 521-2100, Ext. 42013.

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## **CONSENT**

I have read the information presented in the information letter about a study being conducted by \_\_\_\_ of McMaster University.

I have had the opportunity to ask questions about my involvement in this study and to receive additional details I requested.

I understand that if I agree to participate in this study, I may withdraw from the study at any time. I have been given a copy of this form. I agree to participate in the study.

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Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**Consent form administered and explained in person by:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date