Medical Professional/Patient Ethics and Consent Form

For **both** medical professionals and patient:

- I ____Bingling Chen_____ voluntarily agree to take part in this study.
- I understand that if I agree to participate, I can withdraw or refuse to answer any question.
- I understand that I can withdraw my raw data (such as the audio recordings) at any time.
- I understand that interview data will be stored securely on the researcher's local device.
- I have had the purpose and nature of the study explained to me and I can ask any questions surrounding it.
- I understand that I will not benefit (i.e. no incentives) for participating in this research.
- I agree to my interviews being audio-recorded.
- I understand that all information I provide for this study will be treated confidentially – with no personal details such as name, attached. I will instead be a patient or medical professional.
- I understand that my opinions will be anonymised and written into the research.
- I understand that if I inform the researcher that myself or someone else is at risk of harm, they may have to report this to the relevant authorities - they will discuss this with me first but may be required to report with or without my permission.
- I understand that I am free to contact any of the people involved in the research to seek further clarification and information. Relevant details of the researcher and supervisor's contact details have been provided to me.
- I understand that I am free to access any of my data stored.
- I understand that my data will be retained for [specific relevant period – for students this will be two years from the date of the exam board], unless I request removal prior to this.

For **only** medical professionals :

- I understand that I will be presented with a patient's data via a screenshare with the researcher. I cannot share what I saw, or take any recordings of it during my analysis.
- I will not share any data surrounding age, medicine taken, etc., by the patient.
- I consent to giving my own experiences working in healthcare.
- I understand that this is an experiment, and the inferences about a patient's data are trivial and will not be shared back to them and have no consequences on their healthcare.

For only **patient**:

- I understand that my data will be stored on the application but can be deleted at any time I request.
- I consent to storing my data on the application's backend.

- I understand that some personal data will be shared with the medical professional such as age, medicine I am taking, to simulate a healthcare setting experience.
- I consent to the medical professional reviewing my data anonymously.
- I understand that I can ask for my data to be deleted from the website backend at any time.
- I understand that this application will not change my osteoporosis condition.

Participant Signature: _*Bingling Chen*_

Date: 13/10/23

Supervisor Signature: _____

Supervisor Work Email: sharon.ding@glasgow.ac.uk

Date: 27/09/23

Researcher Signature: _____

Researcher Personal Email: lcornwall7@gmail.com

Date: 27/09/23