

Participant Information Form - Interviews (Intervention wards)

Title	Establishing the effectiveness, cost-effectiveness and student experience of simulation training for the prevention of falls amongst hospitalised inpatients
Short Title	STOP-Falls: Simulation Training On Prevention
Protocol Number	1.3
Principal Investigator	Cylie Williams
Associate Investigator(s) <i>(if required by institution)</i>	Prof Terry Haines, Dr Steve Maloney, Prof Debra Nestel, Dr Kelly-Ann Bowles, Ms Debra Kiegaldie
Location <i>(where CPI/PI will recruit)</i>	Frankston

Part 1 What does my participation involve?

1 Introduction

You are invited to take part in this research project as you indicated an interest during the final online survey.

This Participant Information Sheet/Consent Form tells you about the research project. It explains the processes involved with taking part. Knowing what is involved will help you decide if you want to take part in the research.

Please read this information carefully. Ask questions about anything that you don't understand or want to know more about. Before deciding whether or not to take part, you might want to talk about it with a relative, friend or local health worker.

Participation in this research is voluntary. If you don't wish to take part, you don't have to.

If you decide you want to take part in the research project, you will be asked to sign the consent section. By signing it you are telling us that you:

- Understand what you have read
- Consent to take part in the research project
- Consent to be involved in the research described
- Consent to the use of your personal and health information as described.

You will be given a copy of this Participant Information and Consent Form to keep.

2 What is the purpose of this research?

Prevention of falls is an Australian quality and safety priority particularly within health care services. There is little education about falls prevention strategies provided to undergraduate health professional students, either during university subjects or on orientation to Peninsula Health. The research team are interested in determining if undergraduate students are trained in falls prevention, does that impact on falls within the inpatient setting and does training improve the knowledge and falls prevention strategies of students.

This part of the project involves the interview of 12 students across medicine, nursing and allied health.

3 What does participation in this research involve?

You will be offered a phone or face-face interview at a time convenient to you. Your participation is by giving your opinion on how the falls simulation training impacted your practice and learning as a student. Only the researchers will know your opinion and identity. The researchers will then use your opinion with others opinions, to understand the effect of falls simulation training with undergraduate students. It is expected that the interview will take up to 30 minutes of your time.

This research project has been designed to make sure the researchers interpret the results in a fair and appropriate way and there is a spread of opinions across the sector. There are no costs associated with participating in this research project, and will you be offered a movie ticket in reimbursement for your participation time.

4 Do I have to take part in this research project?

Participation in any research project is voluntary. If you do not wish to take part, you do not have to. If you decide to take part and later change your mind, you are free to withdraw from the project at any stage.

If you do decide to take part, you will be given this Participant Information and Consent Form to sign and you will be given a copy to keep.

Your decision whether to take part or not to take part, or to take part and then withdraw, will not affect your relationship with the research staff or your relationship with Peninsula Health or Monash University.

6 What are the possible benefits of taking part?

We cannot guarantee or promise that you will receive any benefits from this research; however, possible benefits will include your valuable contribution to understanding the impact of falls prevention simulation training on the prevention of falls in the inpatient setting.

There may be no clear benefit to you from your participation in this research.

7 What are the possible risks and disadvantages of taking part?

It is unlikely that any of the questions are stressful or upsetting. If you do not wish to answer a question, you may skip it and go to the next question, or you may stop immediately. If you become upset or distressed as a result of your participation in the research project, the research team will be able to arrange for counselling or other appropriate support. Any counselling or support will be provided by qualified staff who are not members of the research team. This counselling will be provided free of charge through Peninsula Health.

8 What if I withdraw from this research project?

If you do consent to participate, you may withdraw at any time. If you decide to withdraw from the project, please notify a member of the research team to withdraw. If you do withdraw, you will be asked to complete and sign a 'Withdrawal of Consent' form; this will be provided to you by the research team.

If you decide to leave the research project the researchers wish to keep the information you have given within your interview. If you do not consent to this, you must tell the researchers at the time of withdrawal. Following all interviews, the data will be di-identified and collated. At this time, no withdrawal of your information will be possible.

9 Could this research project be stopped unexpectedly?

This research project may be stopped unexpectedly for a variety of reasons however this is unlikely. These may include reasons such as illness.

10 What happens when the research project ends?

Following completion of the project, the results are aimed to be published within a peer reviewed journal and a report compiled for the Department of Health and Human Services, Victoria. A summary of the results will send out to all participants who have requested a copy.

Part 2 How is the research project being conducted?

11 What will happen to information about me?

By signing the consent form you consent to the research team collecting and using information about you for the research project. Any information obtained in connection with this research project that can identify you will remain confidential. Following your interview, all data will be de-identifiable within the transcript. De-identified data will be contained within a locked spreadsheet on the Peninsula Health computer network for 5 years. Your information will only be used for the purpose of this research project and it will only be disclosed with your permission, except as required by law.

The personal information that the research team collect and use is the information you have given us from the online questionnaire.

It is anticipated that the results of this research project will be published in a peer reviewed journal. Any publication and/or presentation, information will be provided in such a way that you cannot be identified, except with your express permission.

In accordance with relevant Australian and/or Victoria laws, you have the right to request access to the information about you that is collected and stored by the research team. You also have the right to request that any information with which you disagree be corrected. Please inform the research team member named at the end of this document if you would like to access your information.

13 Who is organising and funding the research?

This research project is being conducted by Peninsula Health and Monash University for the Department of Health and Human Services, Victoria.

No member of the research team will receive a personal financial benefit from your involvement in this research project (other than their ordinary wages).

14 Who has reviewed the research project?

The ethical aspects of this research project have been approved by Peninsula Health Human Research Ethics Committee (LRR15/PH/11)

15 Further information and who to contact

The person you may need to contact will depend on the nature of your query. If you want any further information concerning this project or if you have any problems which may be related to your involvement in the project, you can contact the Primary investigator, Cylie Williams on 03 9784 8125 or any of the following people:

If you have any complaints about any aspect of the project, the way it is being conducted or any questions about being a research participant in general, then you may contact:

Reviewing HREC name	Peninsula Health
HREC Executive Officer	Manager – Research Program
Telephone	03 9788 1473
Email	researchethics@phcn.vic.gov.au

Consent Form

Title Establishing the effectiveness, cost-effectiveness and student experience of simulation training for the prevention of falls amongst hospitalised inpatients

Short Title STOP-Falls: Simulation Training On Prevention

Protocol Number 1.3

Principal Investigator Cylie Williams

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(if required by institution)

Location (where CPI/PI will recruit) Frankston

Declaration by Participant

I have read the Participant Information Sheet or someone has read it to me in a language that I understand.

I understand the purposes, procedures and risks of the research described in the project.

I have had an opportunity to ask questions and I am satisfied with the answers I have received.

I freely agree to participate in this research project as described and understand that I am free to withdraw at any time during the project without affecting my future care.

I understand that I will be given a signed copy of this document to keep.

Name of Participant (please print) _____

Signature _____ Date _____

Declaration by Researcher[†]

I have given a verbal explanation of the research project, its procedures and risks and I believe that the participant has understood that explanation.

Name of Researcher[†] (please print) _____

Signature _____ Date _____

[†] An appropriately qualified member of the research team must provide the explanation of, and information concerning, the research project.

Note: All parties signing the consent section must date their own signature.

Form for Withdrawal of Participation - *Adult providing own consent*

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Declaration by Participant

I wish to withdraw from participation in the above research project and understand that such withdrawal will not affect my routine care, or my relationships with the researchers or institution.

Name of Participant (please print) _____

Signature _____ Date _____

In the event that the participant's decision to withdraw is communicated verbally, the Senior Researcher must provide a description of the circumstances below.

Declaration by Researcher[†]

I have given a verbal explanation of the implications of withdrawal from the research project and I believe that the participant has understood that explanation.

Name of Researcher (please print) _____

Signature _____ Date _____

[†] An appropriately qualified member of the research team must provide information concerning withdrawal from the research project.

Note: All parties signing the consent section must date their own signature.