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| **HREC Project Number:** | 35078 | | |
| **Research Project Title:** | Cognitive aids for airway cart set-up in preparation for emergency intubation | | | |
| **Principal Researcher:** | Dr Elliot Long, Paediatric Emergency Consultant | | | | |
| **Version Number:** | 2 | **Version Date:** | 06/04/2015 | | |

Dear Participant

Thank you for taking the time to read this **Participant Information Statement and Consent Form**. We would like to invite you to participate in a research project that is explained below. This document is 4 pages long. Please make sure you have all the pages.

This project aims to determine whether cognitive aids help reduce omissions during airway trolley set-up for emergency intubation.

The project has received no funding.

You are being asked to participate in this project because your normal job description includes preparing for emergency intubation.

You will be randomized to one of three groups: control (no cognitive aid), use of an airway checklist, or use of an airway template. The study will be performed in the resuscitation bays in the Emergency Department of The Royal Children’s Hospital. You will be given a simulated clinical vignette and asked to prepare the airway trolley in preparation for intubation. You will inform the study investigator when you are ready to begin airway trolley set-up. When you have finished setting up the airway trolley, you will inform the study investigator and complete a short questionnaire (for example: “how quickly did you feel you were able to set up the airway trolley”). The study will take less than 10 minutes to complete. You may ask questions of the study investigator during the study.

Participation in a research project is voluntary. It is your choice to take part in this research. You do not have to agree if you do not want to.

If you give your consent and change your mind, you can withdraw from the project. You do not need to tell us the reason why you want to stop being in the project. However, please tell us if you plan to leave the research study so we can let you know if there are any health risks or special requirements linked to withdrawing. If you leave the study, we will use any information already collected unless you tell us not to.

Whatever your decision, it will not affect your employment or relationship with The Royal Children’s Hospital.

This study may provide evidence for the use / non-use of checklists and templates for incorporation into daily clinical practice.

We do not expect there to be any risks with participation in the study.

The information recorded by the study investigator is anonymous.

The results of the study will be published in a peer-reviewed journal. The results will be disseminated through departmental education regardless of the study findings.

If you would like more information about the project or if you need to speak to a member of the research team in an emergency please contact:

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| **Name: Elliot Long**  Yours Sincerely  **Principal Investigator**  Dr Elliot Long  Consultant  Emergency Department | **Contact telephone: 9345 7901**  **Associate Investigator** **Associate Investigator**  Dr Michael Barrett Dr Paddy Fitzpatrick  Fellow Fellow  Emergency Department Emergency Department |  |
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If you have any concerns and/or complaints about the project, the way it is being conducted or your rights as a research participant, and would like to speak to someone independent of the project, please contact:

Director, Research Ethics & Governance, The Royal Children’s Hospital Melbourne on telephone: (03) 9345 5044.

**CONSENT FORM**

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* I have read, or had read to me in my first language, the information statement version listed above and I understand its contents.
* I believe I understand the purpose, extent and possible risks of my involvement in this project.
* I voluntarily consent to take part in this research project.
* I have had an opportunity to ask questions and I am satisfied with the answers I have received.
* I understand that this project has been approved by The Royal Children’s Hospital Melbourne Human Research Ethics Committee and will be carried out in line with the National Statement on Ethical Conduct in Human Research (2007) – updated December 2013.
* I understand I will receive a copy of this Information Statement and Consent Form.

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| Participant Name |  | Participant Signature |  | Date |

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| Name of Witness to Participant’s Signature |  | Witness Signature |  | Date |

Declaration by researcher: I have explained the project to the participant who has signed above, and believe that they understand the purpose, extent and possible risks of their involvement in this project.

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| Research Team Member Name |  | Research Team Member Signature |  | Date |