

Informed Consent Form

For Committee Used Only
Consent Form No:

Screening Number:

Date:

Purpose of Study

The purpose of this study is to evaluate the effect of educational program on skill and accuracy of triage decision-making among registered nurses and medical officer assistants.

Study Procedures

You (Registered nurses and medical officer assistants) who have had experienced of triage roles and agreed to participate in this study will be provided with a set of questionnaires (which in phase 1). You will be invited to participate in phase 2 when necessary. You may refuse to take part in the study or stop participation in the study at anytime, without a penalty or loss of benefits to which you are otherwise entitled.

Benefits

Study procedures will be provided at no cost on you. We hope that the outcome and information regarding this research will be beneficial to future registered nurses and medical officer assistants' in performing triage decision-making and quality of emergency care provided to the community and institution enhancement.

Risks

There is no possibility of risk if you participate in this study.

Complication Anticipated

There was no complication will be encountered.

Compensation

No compensation will be paid for you.

Confidentiality

All information collected in this study will be kept confidential. You will not be identified individually by name when the results of study are published.

Right to Participate

Participation in the study is voluntary and you are allow to drawback when there are possibility of breach of rights or leak of confidentiality or whenever you feel like not to give contribution. If at any time during the course of study, you have questions or concerns related to the study, you can contact investigator as the following:

I, the undersigned have explained to you in the language that you understand to follow the procedure of the study.

Name of Investigator: Dr Siti Aishah Hj. Ghazali

Signature of investigator:

Contact Information: Universiti Sains Malaysia

Telephone Number: +6 0129644232

Signature:

Date: