

RECORDING AND OBSERVATION OF 3D CONSULTATION – PARTICIPANT CONSENT FORM

Title of Project: The 3D Study: Improving whole person care
Principal Investigator: Prof Chris Salisbury, University of Bristol

As part of the 3D study, we would like to observe and make audio or video recordings of some of the 3D consultations between patients and doctor/nurse..... whom you are seeing today. We would like to ask your permission for the researcher to record your consultation and/or to be present to observe the consultation. This is to see how care is provided for people with several long-lasting health problems. The recording is ONLY of you and your doctor/nurse talking together. Intimate examinations will not be recorded or observed and you can ask for the recorder to be switched off and/or for the researcher to leave the room at any time.

All recordings are carried out according to General Medical Council guidelines, and will be stored securely at the University of Bristol in accordance with the Data Protection Act.

If you agree to your consultation being recorded / observed please complete the form below:

Delete options 1a, 1b, or 1c as applicable and only initial those you agree to

Please Initial
EACH box

1a. I confirm that I have read and understood the <participant information sheet version, date> and give my permission for my consultation to be audio-recorded.

(Your Initials)

1b I confirm that I have read and understood the <participant information sheet version, date> and give my permission for my consultation to be video-recorded

(Your initials)

1c I confirm that I have read and understood the <participant information sheet version, date> and give my permission for my consultation to be observed by the researcher.

(Your Initials)

2. I understand that my participation is voluntary and that I am free to stop the recording/observation any time without giving any reason and without there being any negative consequences.

(Your Initials)

3. I understand that sound files from the recording will be transcribed by a transcription company approved by the University of Bristol. Files and transcripts will be stored securely at the University of Bristol.

(Your Initials)

4. I understand that my responses will be kept strictly confidential. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the reports that result from the research.

(Your Initials)

5. I give permission for anonymised quotes and observations taken from my consultation to be used in reports, publications and research articles.

(Your Initials)

6. I give permission for clips of the audio or video-recording to be used in presentations to researchers and health professionals for demonstration and training purposes.

(Your Initials)

7. I am willing to be approached to be interviewed about this consultation (optional).

(Your Initials)

Name of Patient

Date

Signature

After seeing the nurse/doctor, I am still willing/I no longer wish my consultation to be used for the above purpose (Delete as applicable).

AFTER CONSULTATION:

Name of Patient

Date

Signature

Name of researcher taking consent

Date

Signature

To be signed and dated in presence of the participant