

APPENDIX B

PARTICIPANT CONSENT FORMS



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Informed Consent Sheet for Students and Tutors in the PBL classes

Name of Project: Learning and Using the Language of Collective Clinical Reasoning

I, _____ have read and understood the information given about the study, and any questions I have asked have been answered to my satisfaction. I agree to participate in this research, which involves audio and videotape records, knowing that I can withdraw at any time without consequence. I have been given a copy of this form to keep.

Participant's Name: _____
 (block letters)

Participant's Signature: _____ Date: _____

Investigator's Name: S. LOFTUS _____

Investigator's Signature: _____ Date: _____

To be completed after data collection phase:

Now that the data has been collected, I confirm that I am happy for my contribution to be included in this study. I have informed the researchers of any specific parts I wish to have erased, and have been assured that this will be done.

Participant's signature _____ Date _____

The ethical aspects of this study have been approved by the Human Ethics Committees of the University of Sydney and Royal North Shore Hospital. Should you ever wish to make a comment or complaint about the conduct of the research then you may contact the Manager, Ethics and Biosafety Administration, University of Sydney on (ph 9351 4811). Any complaint you make will be treated in confidence and investigated, and you will be informed of the outcome.



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Informed Consent Sheet for Participants from RNSH Pain Management Centre

Name of Project: Learning and Using the Language of Collective Clinical Reasoning

I, _____ have read and understood the information given about the study, and any questions I have asked have been answered to my satisfaction. I agree to participate in this research, which involves audio and videotape records, knowing that I can withdraw at any time without consequence. I have been given a copy of this form to keep.

Participant's Name: _____
 (block letters)

Participant's Signature: _____ Date: _____

Investigator's Name: S. LOFTUS _____

Investigator's Signature: _____ Date: _____

To be completed after data collection phase:

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