APPENDIX D — EXAMPLE INFORMED CONSENT FORM

INFORMED CONSENT

Title: The Effects of Using a Computer Simulation in Geriatric Nursing on the Knowledge and Attitudes of Nursing Students

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Description: This study will investigate what effect using a computer simulation in geriatric nursing has on student knowledge and attitudes. You will be assigned to one of two groups. You will be asked to complete a short survey of attitudes toward learning about and working with computers. You may be assigned to a group which will complete a computer simulation in geriatric nursing using the computers in one of the University computer labs. If you are assigned to this group, you will complete the computer attitude survey a second time. All participants will then complete a 20-item multiple choice exam on a case study in geriatric nursing. Those participants who did not complete the computer simulation as part of the experiment will then have the opportunity to do so.

Risks and Benefits: The benefits include contributing to the knowledge base of the effects of computers on knowledge and attitudes. Use of the computer simulation will also give you experience reviewing information included in the Geriatric Nursing course. There are no anticipated risks to participating in the study.

Voluntary Participation: Your participation in the research is completely voluntary. There are no payments for college credits for participating.

Confidentiality: You will be assigned a code number that will be used to match the knowledge and attitudes surveys. All information will be recorded anonymously. Only the researcher will know your name but will not divulge it or identify your answers to anyone. All information will be held in the strictest of confidence. Results from the research will be reported as aggregate data.

Right to Withdraw: You are free to refuse to participate in the research and to withdraw from this study at any time. Your decision to withdraw will result in no penalty to you.

Informed Consent: I, _____, have read the description, including
(please print)
the purpose of the study, the procedures to be used, the potential risks and side effects, the confidentiality, as well as the option to withdraw from the study at any time. Each of these items has been explained to me by the investigator. The investigator has answered all of my questions regarding the study, and I believe I understand what is involved. My signature below indicates that I freely agree to participate in this experimental study and that I have received a copy of this agreement from the investigator.

_____ _____
Signature Date

Research Study Representative

_____ _____
Signature Date