STANFORD UNIVERSITY Research Consent Form

Protocol Director: *Jesse Cirimele*

Protocol Title: Electronic Cognitive Aids Supporting Crisis in the Operating Room and Hospital Wing

DESCRIPTION: You are invited to participate in **a research study** on electronic cognitive aids. The goal of this study is to design electronic cognitive aids and evaluate how they can support medical care in simulated operating room and hospital wing crises. In the design process we will be interviewing doctors about their responsibilities during crisis and about how a computer system might support them. Using existing paper cognitive aids and checklists we will use lessons learned to design a computer support system. In the evaluation process we will be studying how doctors and student doctors use our system during simulated crisis scenarios. You will be asked to engage in simulated crisis scenarios. These scenarios will include using realistic mannequin and full medical staff simulations, screen-based simulations, and written scenarios. You should be familiar with the methods involved and may have to perform tasks similar to what you are trained to do during real crisis scenarios.

TIME INVOLVEMENT: Your participation will take approximately 60 minutes.

RISKS AND BENEFITS: The risks associated with this study are feelings of stress during the simulation. Videos may have identifiable information regarding participants. Participants may make mistakes that are recorded by video (these videos will be kept confidential to the study staff). The benefit which may reasonably be expected to result from this study is that you may learn better skills for how to successfully respond to crisis situations. Simulation provides a safer way to practice and receive feedback. You may also become aware of new tools, such as checklists and cognitive aids, that can aid you in your future practice. **We cannot and do not guarantee or promise that you will receive any benefits from this study.** Your decision whether or not to participate in this study will not affect your employment or grades in school.

PAYMENTS: You will receive payment for your participation. Medical students will receive $80, medical residents $90, and medical professionals $100.

PARTICIPANT'S RIGHTS: If you have read this form and have decided to participate in this project, please understand your **participation is voluntary** and you have the **right to withdraw your consent or discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled**. **The alternative is not to participate.** You have the right to refuse to answer particular questions. The results of this research study may be presented at scientific or professional meetings or published in scientific journals.

CONTACT INFORMATION:

Questions: If you have any questions, concerns or complaints about this research, its procedures, risks and benefits, contact the Protocol Director, Jesse Cirimele at (650) 336-5471.

Independent Contact: If you are not satisfied with how this study is being conducted, or if you have any concerns, complaints, or general questions about the research or your rights as a participant, please contact the Stanford Institutional Review Board (IRB) to speak to someone independent of the research team at (650)-723-2480

or toll free at 1-866-680-2906. You can also write to the Stanford IRB, Stanford University, MC 5579, Palo Alto, CA 94304.

Appointment Contact: If you need to change your appointment, please contact checklist-study@cs.stanford.edu.

I give consent to be audiotaped during this study.
Please initial: ___Yes___No

I give consent to be videotaped during this study:
Please initial: ___Yes___No

I give consent for tapes resulting from this study to be used for Presentation purposes at a research conference or talk.
Please initial: ___Yes___No

The extra copy of this consent form is for you to keep.

SIGNATURE _____ DATE _____