

Supplemental File 3: Consent forms

UCD School of Nursing, Midwifery and Health Systems
UCD College of Health and Agricultural Sciences

PARTICIPANT CONSENT FORM

Project: Evaluating the impact of Measurement for Improvement training

Participant Number:

Principal Investigator: Prof Eilish McAuliffe¹

Researchers: Ms. Zuneera Khurshid¹, Dr Aoife De Brun¹, Dr. Jennifer Martin², Dr. Philip Crowley²

Please tick each

I have read the information sheet and understand that I will be involved in this research to explore the impact of measurement for improvement training on work practices.	<input type="checkbox"/>
I understand that my participation in this study is voluntary and that I am free to withdraw my participation at any time without giving a reason.	<input type="checkbox"/>
I understand that I will be taking part in a 40-minute one-on-one interview with a member of the research team, but that this is voluntary, and I can decline to take part if I wish. If I choose to take part, I know I can withdraw at any point up to or during the interview and can receive a copy of my transcript for my review after the interview.	<input type="checkbox"/>
I understand that all data collected during the study will remain confidential, and I consent to my responses and personal information being stored in a locked filing cabinet and on password protected and encrypted computers located in the School of Nursing, Midwifery and Health Systems, University College Dublin.	<input type="checkbox"/>
I understand that if any disclosures are made that would indicate malpractice or misconduct at any point during the study or suggest that any individual was in danger of harm, this information will be disclosed to the appropriate personnel and the researcher would be obliged to report this to the unit manager at the earliest opportunity.	<input type="checkbox"/>
My queries have been addressed to my satisfaction by the research team and I consent to take part in this study.	<input type="checkbox"/>

Name of participant

Date

Signature

Name of person taking consent

Date

Signature

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| <p>1. School of Nursing, Midwifery & Health Systems, University College Dublin</p> <p>2. National Quality Improvement Team, Health Service Executive</p> |
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