PARTICIPANT INFORMATION SHEET AND CONSENT FORM

Impact of virtual reality training on allied health professional's knowledge and perception of dementia.

Invitation
You are invited to participate in a research study into the use of Virtual Reality (VR) training to improve the knowledge and perception of allied health and nursing staff treating older patients with dementia.

The study is being conducted by:
Dr Lindsey Brett, Department of Health Professions at Macquarie University.
Professor Julia Hush, Department of Health Professions at Macquarie University.
Dr Daniel Treacy, Physiotherapy Department at Prince of Wales Hospital.
Mr Matthew Webb from the South Eastern Local Health District.
Mrs Katherine Hood, Occupational Therapy Department at Prince of Wales Hospital.

The study is part of a collaborative study between South Eastern Local Health District and Macquarie University.

Before you decide whether or not you wish to participate in this study, it is important for you to understand why the research is being done and what it will involve. Please take the time to read the following information carefully and discuss it with others if you wish.

1. **What is the purpose of this study?**
   Dementia Australia have developed a virtual reality (VR) training experience called Enabling EDIE (Educational Dementia Immersive Experience). This is a virtual reality experience that enables participants to see the world through the eyes of a person living with dementia.

   The purpose is to:
   - Determine the appropriateness of using VR training for allied health, nursing staff and students
   - Assess whether the EDIE training changes awareness, knowledge or treatment practice in allied health staff or students that partake in the training.
   - Utilise feedback to improve current dementia training delivery

2. **Why have I been invited to participate in this study?**
   You have been identified as eligible to participate in this study because you:
   - Work regularly (either in a paid position or on placement as a student) with individuals with dementia
   - Are Employed as either an allied health profession, allied health assistant or nursing staff within South-East Sydney Local Health District or a current student at Macquarie University's Doctorate of Physiotherapy program.

- Have not previously attended the Enabling EDIE workshop delivered by Dementia Australia.

3. What does participation in this study involve?

If you agree to participate in this study you will then be asked to attend the Enabling EDIE workshop delivered by Dementia Australia (free of charge). In order to determine how beneficial this program is, you will be asked to complete 3 short online surveys (less than 10 minutes long) at various time points:

- 1 week prior to your attendance at the workshop
- Immediately after the workshop has completed
- Approximately 3 months after the workshop

These questionnaires will broadly ask questions about your occupation or student status, years of experience, knowledge of dementia, dementia training received to date, changes in attitudes or management of dementia patients following the workshop and general feedback or comments related to VR training and the Enabling EDIE program.

If you agree to participate in this study, you will be asked to sign the Participant Consent Form.

4. What if I don't want to take part in this study, or if I want to withdraw later?

Participation in this study is voluntary. It is completely up to you whether or not you participate. Whatever your decision, it will not affect your relationship with SESLHD or Macquarie University now or in the future.

If you wish to withdraw from the study once it has started, you can do so at any time without having to give a reason. However, it may not be possible to withdraw your data from the study results if these have already had your identifying details removed.

5. How is this study being paid for?

The study is being paid for by a combination of funding from grants received from the Prince of Wales Hospital Foundation Trust (application number: SEICS4) and the Allied Health Cross Boundary Grant Program (application number: WPL19-00279), and internal district funding from the SESLHD Social Work Department.

6. Are there risks to me in taking part in this study?

The only foreseeable risk/s in taking part in this study is the small chance that the VR training can cause feelings of nausea or disorientation in some users whilst using the headset and associated technology. If this occurs, you are encouraged to remove the headset and a member of the research team will be present to monitor you. There is no need to walk whilst wearing the headset, however the immersive nature sometimes means participants walk without intention – although a space will be cleared, there is a small chance of trip hazards or a fall. Once again, a member of the research team will be present to minimize the likelihood of this occurring.

7. **What happens if I suffer injury or complications as a result of the study?**
   Any injuries or complications will be managed as per the SESLHDPR/276 Injury Management and Recovery Procedure.

8. **Will I benefit from the study?**
   This study aims to further medical knowledge and it is anticipated that the enabling EDIE workshop will be beneficial to participants and the costs associated will be entirely covered by the research team, meaning it is provided to participants free of charge. It may also indirectly benefit the care received by patients with dementia.

9. **Will taking part in this study cost me anything, and will I be paid?**
   Participation in this study will not cost you anything, nor will you be paid.

10. **How will my confidentiality be protected?**
    Any identifiable information that is collected about you in connection with this study will remain confidential and will be disclosed only with your permission, or except as required by law. Only the researchers named above will have access to your details and results that will be held securely on password protected files on South Eastern Sydney Local Health District Physiotherapy secure drive and the Macquarie University secure network.

    Non-identifiable, group results obtained from this study may also be used in future research that extends the work of this study to develop dementia-specific training for health professionals and students.

11. **What happens with the results?**
    If you give us your permission by signing the consent document, we plan to discuss/publish the results in peer-reviewed journals, presentation at conferences or other professional forums.

    In any publication, information will be provided in such a way that you cannot be identified.

12. **What should I do if I want to discuss this study further before I decide?**
    When you have read this information, the researcher team will discuss it with you and address any queries you may have. If you would like to know more at any stage, please do not hesitate to contact either:
    - Dr Daniel Treacy: Daniel.Treacy@health.nsw.gov.au or (02) 9382 2850
    - Matthew Webb: Matthew.Webb@health.nsw.gov.au or 0431 944 084

13. **Who should I contact if I have concerns about the conduct of this study?**
    This study has been approved by the South Eastern Sydney Local Health District Human Research Ethics Committee. Any person with concerns or complaints about the conduct of this study should contact the Research Support Office which is nominated to receive complaints from research participants. You should contact them on 02 9382 3587, or email SESLHD-RSO@health.nsw.gov.au and quote 2019/ETH12158.

The conduct of this study at the Prince of Wales hospital and the War Memorial hospital has been authorised by the South Eastern Sydney Local Health District. Any person with concerns or complaints about the conduct of this study may also contact the Research Support Office which is nominated to receive complaints from research participants. You should contact them on 02 9382 3587, or email SESLHD-RSO@health.nsw.gov.au and quote 2019/ETH12158

Thank you for taking the time to consider this study.
If you wish to take part in it, please sign the attached consent form.
This information sheet is for you to keep.

CONSENT FORM

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1. I,.....
of.....
agree to participate in the study described in the participant information statement set out above ***(or: attached to this form).***

2. I acknowledge that I have read the participant information statement, which explains why I have been selected, the aims of the study and the nature and the possible risks of the investigation, and the statement has been explained to me to my satisfaction.

3. Before signing this consent form, I have been given the opportunity of asking any questions relating to any possible physical and mental harm I might suffer as a result of my participation and I have received satisfactory answers.

4. I understand that I can withdraw from the study at any time without prejudice to my relationship to the **([insert or delete as necessary]** ***University [name] and the .....Hospital, Research Institute).***

5. I agree that research data gathered from the results of the study may be published, provided that I cannot be identified.

6. I understand that if I have any questions relating to my participation in this research, I may contact Dr .....on telephone....., who will be happy to answer them.

7. I acknowledge receipt of a copy of this Consent Form and the Participant Information Statement.

Complaints may be directed to the Research Support Office, South Eastern Sydney Local Health District, Prince of Wales Hospital, Randwick NSW 2031 Australia (phone 02-9382 3587, fax 02-9382 2813, email SESLHD-RSO@health.nsw.gov.au .

Signature of participant [*or person responsible*] *(insert or delete as necessary)*	**Please PRINT name**	**Date**
_____	_____	_____
Signature of witness	**Please PRINT name**	**Date**
_____	_____	_____
Signature of investigator	**Please PRINT name**	**Date**
_____	_____	_____

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REVOCATION OF CONSENT

I hereby wish to **WITHDRAW** my consent to participate in the study described above and understand that such withdrawal **WILL NOT** jeopardise any treatment or my relationship with the (*University...[insert name of university], Hospital or my medical attendants)*.

Signature of participant [*or person responsible]*	**Please PRINT name** *(insert or delete as necessary)*	**Date**
_____	_____	_____

The section for Revocation of Consent should be forwarded to **(INSERT name and address of Principal Investigator).**

Available Workshop Times

Please rate in order your preferred workshop times. Unfortunately, due to a limited availability of sessions, we cannot guarantee you will receive your preference – but will try to accommodate as best we can. Thank you for your understanding.

You will be notified of the session in which you are enrolled as early as possible to the mobile number and email address you provide below.

Rate (1-10)	Session Details	Rate (1-10)	Session Details
	Session 1: TBC		Session 6: TBC
	Session 2: TBC		Session 7: TBC
	Session 3: TBC		Session 8: TBC
	Session 4: TBC		Session 9: TBC
	Session 5: TBC		Session 10: TBC

Name: _____

Email: _____

Mobile: _____