

The impact of robotic surgery on teamwork (Phase 2)
Staff consent form

Name of Researcher:

Study ID:

Please read this form carefully and initial the box next to each statement.

I confirm that I have read and understand the information sheet dated 28/03/14 (version 2) for the above study.

I have had an opportunity to consider the information, ask questions and clarify anything that I do not understand.

I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.

I understand that a member of the research team will observe and video record operations that I am involved in.

I understand that I will be asked to complete a brief questionnaire at the end of each operation that is observed.

I understand that a member of the research team may interview me about my work.

I understand that still images and clips from the videos of operations

that I am involved in may be used in presentations, publications, and training materials.

I understand that data collected during the study may be looked at by the research team for analysis, and by responsible individuals from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research.

I agree to take part in the above study.

The following point is OPTIONAL

Even if you agree to take part in this study, you do not have to agree to the following point.

I agree to still images and clips from the videos of operations that I am involved in being used in presentations, publications, and training materials without the use of techniques to ensure that it will not be possible to identify me.

Signature: _____ Date: _____

Full name: _____

Researcher signature: _____ Date: _____