



An evidence-based approach to addressing digital competency in primary medical degree curricula

CONSENT FORM FOR PARTICIPANTS

I have read the Information Sheet concerning this project and understand what it is about. All my questions have been answered to my satisfaction. I understand that I am free to request further information at any stage.

I know that:

1. My participation in the project is entirely voluntary.
2. I am invited to participate in one or more focus group and/or individual interview meetings to discuss the introduction of digital health educational interventions for medical students.
3. I am free to withdraw from the project before its completion (FEB 2024). However, my contribution recorded as part of the Zoom meeting may not be able to be completely deleted. My anonymity will be maintained wherever possible.
4. Personal identifying information from the video-recorded Zoom meeting will be destroyed after the PhD research project but any raw data on which the results of the project depend will be retained in secure storage for at least five years.
5. The meetings will involve open questions. The general line of enquiry is to explore how medical education can provide the opportunity for future doctors to learn how to become effective in a digital health care environment. It aims to address the research question: 'what works for whom and in what context for medical students to acquire digital competence?' The precise nature of the questions which will be asked has not been determined in advance but will depend on how the meeting develops and if the line of questioning or discussion develops in such a way that I feel hesitant or uncomfortable I may decline to answer any particular question(s) and/or may withdraw from the project without any disadvantage of any kind.
6. The results of the project may be published and will be available in the University of Otago Library (Dunedin, New Zealand) but every attempt will be made to preserve my anonymity.

I agree to take part in this project.

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(Signature of participant)

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(Date)

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(Printed Name)