

## **INFORMED CONSENT FORM**

Managing Aggression! Evaluating the Effectiveness of Model-Based Standardized Patient Simulation: A Parallel Mixed-Methods Randomized Controlled Trial

Sponsor / Responsible Party: Reyhan Doğan, PhD, RN

Yuksekt İhtisas University, Faculty of Health Sciences

Study Type: A Parallel Mixed-Methods Randomized Controlled Trial

Document Type: Informed Consent Form

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You have been invited to participate in a study titled “Managing Aggression! Evaluating the Effectiveness of Model-Based Standardized Patient Simulation: A Parallel Mixed-Methods Randomized Controlled Trial” Participation in the study is voluntary. No intervention will be performed on you as part of this research; however, this form has been prepared to obtain your consent as we wish to collect certain information about you. If you agree to participate in the study, you will not incur any financial burden, and you will not be paid. You have the right to withdraw from the study at any time. If you consent to the use of your information for scientific purposes, provided that your identity remains confidential, you will be asked to sign this form. This research is an academic study conducted under the responsibility of Ph.D. Reyhan DOĞAN, Assistant Professor at the Faculty of Health Sciences, Yüksek İhtisas University.

(Participant's Statement)

I was informed that an academic research study would be conducted by Ph.D. Reyhan DOĞAN, Assistant Professor at the Faculty of Health Sciences, Yüksek İhtisas University, and the above information regarding this research was conveyed to me. I have read the relevant text. Following this information, I was invited to participate in this research as a “participant.”

I have not encountered any coercive behavior regarding my participation in the research. I also know that if I refuse to participate, this will not cause me any harm. I may withdraw from the research at any time during the project without giving any reason (however, I am aware that it would be appropriate to inform the researchers in advance of my withdrawal so as not to put them in a difficult position). I do not assume any financial responsibility for the expenses incurred for the research. I will not be paid.

Video recordings will be made during the simulation to support the learning and debriefing process. Video recordings will only be viewed by the research team, will not be shared with third parties, and will not be used in scientific presentations. Recordings will be deleted within 6 months after the research is completed. Participants have the right to refuse to be video recorded. This will not negatively affect their participation in the research or the training process.

I consent to the recording of this video: ( ) Yes ( ) No

I fully understand all explanations provided to me. I voluntarily agree to participate in this academic research under these conditions, without any pressure or coercion.

Participant's

Address:

Phone:

Signature:

Date:

Principal investigator

Name, title: Ph.D. Reyhan DOĞAN, Assistant Professor

Address: Faculty of Health Sciences, Yüksek İhtisas University

Phone: 0507 864 04 08

Signature:

Date: