

THE UNIVERSITY OF HONG KONG

School of Nursing

INFORMED CONSENT FORM

Official Title of Study:

**Comparing Virtual Reality CAVE and Simulated Home Experiences on
Self-Perceived Clinical Competence, Self-Confidence, and Satisfaction in
Community Health Nursing: A Crossover Randomized Controlled Trial**

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Principal Investigator:

Dr. John Tai Chun Fung

Sponsor / Institution:

The University of Hong Kong, School of Nursing

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Informed Consent Form

Comparing Virtual Reality CAVE and Simulated Home Experiences on Self-Perceived Clinical Competence, Self-Confidence, and Satisfaction in Community Health Nursing: A Crossover Randomized Controlled Trial

You are invited to participate in a research study conducted by Dr FUNG Tai Chun John (Senior Lecturer, Principal Investigator), Mr WAN Abraham (Assistant Lecturer, Co-investigator), Ms CHAU Kelly (Assistant Lecturer, Co-investigator), Dr CHAN Polly (Senior Lecturer, Co-investigator) and Mr LAI Zachary (Research Assistant, Co-investigator) in the School of Nursing at the University of Hong Kong.

PURPOSE OF THE STUDY

The aim of this study is to examine the effectiveness using VR Cave simulation in enhancing undergraduate nursing students' knowledge, self-confidence, satisfaction and cultural competency.

PROCEDURES

If you agree, you are invited to complete a questionnaire as a pre-intervention assessment. It is estimated to take approximately 20 minutes to complete. After that, you will

participate in two 2-hour sessions to experience using VR Cave in case scenarios. At the end of the intervention, you will be asked to complete the questionnaire again (approximately 20 minutes).

POTENTIAL RISKS / DISCOMFORTS AND THEIR MINIMIZATION

You should not experience discomfort or potential risks.

The potential conflict between teachers and students

To prevent any potential conflict between teachers and students, Mr LAI Man Hin (Research Assistant, Co-investigator) will handle recruitment, data collection and data entry. Only he has the right to access your completed consent forms and questionnaires. The four co-investigators (Dr John FUNG, Mr WAN Abraham, Ms CHAU Kelly, and Dr CHAN Polly) will be blinded in this study to avoid bias, unfairness, treating them differently and conflict of interest.

COMPENSATION FOR PARTICIPATION

There is no compensation for participation.

POTENTIAL BENEFITS

You will gain nursing experience through the intervention. You can practice and receive feedback from classmates, teachers and the AI. No additional benefits you will be provided in this study.

CONFIDENTIALITY

The information you provide as part of the research data. Any research data that can be used to identify you is considered as personal data. Personal data will NOT be included in any reports and publications. We will make every effort to minimise the use of personal data in this study. Only Mr LAI Man Hin (Research Assistant) will have access to your personal data. Principal investigator Dr Fung Tai Chun John and three co-investigators, Mr. Abraham Ms. Mabel LAM, will not have access to your personal data.

DATA RETENTION

Your information will be kept anonymous and confidential in accordance with the Personal Data (Privacy) Ordinance and securely stored for five years after the completion of this study. After this period, it will be permanently and securely destroyed.

PARTICIPATION AND WITHDRAWAL

Your participation is voluntary. This means that you can choose to stop at any time without facing any negative consequences

QUESTIONS AND CONCERNS

If you have any questions about the research, please feel free to contact **Ms LAM Chung Yan** (Tel. no.: 3917 9808 /Email: hemio@hku.hk). If you have any questions regarding your rights as a research participant, contact the Human Research Ethics Committee at HKU at 2241 5267.

SIGNATURE

I _____ (Name of Participant)

understand the procedures described above and agree to participate in this study.

I ** wish / do not wish to be identified. (if the procedure will involve personal interview)

(** Please delete as appropriate.)

Signature of Participant

Date of Preparation: _____

HREC Approval Expiration date:

HREC Reference Number: [The reference number is indicated in the letter of approval for ethical clearance issued by the Human Research Ethics Committee (HREC).]