

## **Consent To Participate In Audio-Visual Recording For Medical Education**

The St. Paul Hospital Millennium Medical College is producing audio-visual teaching materials to help in the education of **medical students and residents in Ethiopia and around the world**. The teaching materials will be made available all students and postgraduates of the medical college, partner institutions, and will be shared publicly on the Internet. In order to produce this publicly available material, the help of patients reporting for care or of some healthy individuals will be required. The production will require the filming of the procedure that needs to be performed for the patient and some aspects of the clinical examination. Wherever possible, the recording will not include patient faces, names, voices, or other identifiable features. No confidential information about the volunteer will be revealed.

Participation in the recording is voluntary. Acceptance or refusal to participate will not affect the quality or recommendation of care received in any way. Volunteers may request to review the recording to determine if it is acceptable to them.

### **Personal Consent**

I \_\_\_\_\_ hereby document that the procedure that is about to be carried out, the reason for filming and the eventual use of the material produced has been explained to me in a language that I understand. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this project.

Signature / Thumbprint \_\_\_\_\_ Date\_\_\_\_\_

### **Guardian Consent for Minors**

I \_\_\_\_\_ hereby document that the procedure that is about to be carried out, the reason for filming and the eventual use of the material produced has been explained to me in a language that I understand. I therefore consent for my ward to be a volunteer for the use in the production of this material.

Signature / Thumbprint \_\_\_\_\_ Date\_\_\_\_\_

### **Confirmation by Health Professional**

I confirm that the participant was given an opportunity to ask questions about the project, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

Signature / Thumbprint \_\_\_\_\_ Date\_\_\_\_\_

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