|  |
| --- |
| Evaluation of an online training project- Ophelia: Online Pacific Health ExchangeThe following researchers will be conducting the study: |
| **Role** | **Name** | **Organisation** |
| Chief Investigator | Dr. Odille Chang | College of Medicine Nursing & Health Sciences, Fiji National University |
| Co Investigator | Brigid Ryan | St. Vincent’s Mental Health, St. Vincent’s Melbourne. |
| **Research funder** | This research is supported by in-kind support by Fiji National University, St. Vincent’s Mental Health, and Faculty of Child and Adolescent Psychiatrists, Royal Australian and New Zealand College of Psychiatrists. |

1. **What is the study about?**

This study is to describe the experiences of the participants and presenters in the Ophelia 2021 Training, by exploring the information collected during the training.

The Ophelia 2021 Training is a series of telehealth sessions facilitated by the Fiji National University, College of Medicine, Nursing and Health Sciences, St. Vincent’s Melbourne, and the Royal Australia and NZ College of Psychiatrists (RANZCP) Faculty of Child and Adolescent Psychiatrists.

By understanding the experiences of the people involved in the 2021 Ophelia Training, we expect to gain greater understanding of how mental health workers access and participate in online training in a workplace setting, and through this; we expect that a foundation for professional development activities can be identified.

The evaluation strategy for the training program included registration information for the participants, attendance records, feedback using Likert scale and open-ended questions. We see these as having helpful and informative observations to contribute to our understanding and knowledge.

We have collected data from all participants in the Ophelia 2021 Training. This has been feedback from zoom polls, attendance sheets, registration and comments via feedback. We would also like participants to answer a few questions about the relevance of the training at this point in time. We will use this information, without using names or identifying information, to develop a paper for conferences, publications and presentations.

If you have any concerns about your contributions or how the data will be analysed, you may withdraw your consent at any time. This will not have any impact on the relationships with Fiji National University, St. Vincent’s, Royal Australia and New Zealand College of Psychiatrists or any organisations connected with this research study.

1. **Who is being asked to participate?**

You are being asked to participate because:

* you are mental health professional involved in the 2021 Ophelia Training
* you have provided feedback and information when you registered for this training, participating in feedback polls and other feedback surveys.
1. **Do I have to participate?**

Being part of this study is voluntary. If you want to allow your feedback to be included in the study we ask that you read the information below carefully, and please ask us any questions if anything is unsure.

You can read this information in this statement and decide at the end if you do not want to participate. If you decide not to participate this won’t affect your relationship with St. Vincent’s, Fiji National University, Royal Australia and New Zealand College of Psychiatrists, or any other organisation involved in the project.

1. **What are the benefits?**

The benefit of allowing your information to be used for this study is to build knowledge about online education sessions for Pacific Island mental health workers. We believe this will provide us with the most accurate information about the possible benefits of the telehealth professional development. Your involvement through feedback on the training course will contribute to that larger body of knowledge.

1. **What are the risks?**

We do not anticipate any risks for you in your involvement.

However, with any study there are (1) risks we know about, (2) risks we do not know about, and (3) risks we don’t expect. If you experience something that you are not sure about, please contact us immediately so we can discuss the best way to manage your concerns.

|  |  |  |
| --- | --- | --- |
| **Name/Organisation** | **Position** | **Email** |
| Brigid Ryan | Project Manager | Brigid.ryan2@svha.org.au |

1. **What will happen to information about me?**

We will collect and store information from the training sessions in ways that will not reveal who you are, or, specifically which were your contributions. This means you will not be identified in any type of publication from this study.

We will keep your information for ten years after the project is completed, and it will be deleted from the electronic files at the end of the ten years. The information you provide is personal information for the purposes of the Privacy and Date Protection Act 2014 (Vic). You have the right to access personal information held about you by St. Vincent’s, the right to request correction and amendment of it, and the right to make a complaint about a breach of the Information Protection Principles as contained in the Information Privacy Act. You also have the right to access your personal information and right to privacy as outlined in the Fiji Constitution; and confidentiality of protected information by the National Research Council Act (2017).

1. **Will I hear about the results of the study?**

We will let you know about the results of the study through the Chief Investigator, Dr. Odille Chang.

1. **What if I change my mind?**

At any time you can choose to no longer be part of the study. You can let us know by:

1. Completing the ‘Withdrawal of Consent Form’ and sending to us (provided at the end of this document);
2. Emailing us directly

Your decision to withdraw at any point will **not** affect your relationship with Fiji National University, St. Vincent’s or any other organisation listed on this form.

When you withdraw we will stop asking you for information, and any identifiable information about you will be withdrawn from the research study.

1. **Who can I contact for questions or want more information?**

If you would like to speak to us, please use the contact details below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name/Organisation** | **Position** | **Telephone** | **Email** |
| St. Vincent’s  | International Unit Project Manager | +61 3 9231 3685 | Brigid.ryan2@svha.org.au |

1. **What if I have a complaint?**

If you have a complaint about any part of this study, please contact:

|  |  |
| --- | --- |
| Position | CMNHS Research Committee Officer |
| Telephone | (679)3311700 Ext 3020 |
| Email | cmnhs-rco@fnu.ac.fj |

**Reviewing HREC Approving this Research and HREC Executive Officer Details**

|  |  |
| --- | --- |
| Reviewing HREC Name | CMNHS CHREC |
| Position | CMNHS Research Committee Officer |
| Telephone | (679)3311700 Ext 3020 |
| Email | cmnhs-rco@fnu.ac.fj |

**Consent Form – Declaration by Participant**

I ……………………………………………………………………………………….have read and understood the participant information statement, and any questions have been answered to my satisfaction. I agree to participate in the study, I know I can withdraw at any time. I agree information provided by me or with my permission during the project may be included in a presentation and published in journals on the condition that I cannot be identified.

I would like my information collected for this research study to be:

[ ]  Only used for this specific study;

[ ]  Used for future related studies;

[ ]  Used for any future studies

[ ]  I would like to receive a copy of the results via email or post. I have provided my details below and ask that they only be used for this purpose and not stored with my information or for future contact.

|  |  |  |
| --- | --- | --- |
| **Name** | **Email (optional)** | **Postal address (optional)** |
|  |  |  |

**Participant Signature**

**[ ]** I have received a signed copy of the Participant Information Statement and Consent Form to keep

|  |  |
| --- | --- |
| Participant’s printed name |  |
| Participant’s signature |  |
| Date |  |

\* All parties must sign and date their own signature

**Withdrawal of Consent**

I wish to withdraw my consent for my data to be used in this study. I understand withdrawal will not affect my relationship with St. Vincent’s or any other organisation or professionals listed in the Participant Information Statement.

 **I understand my information will be withdrawn as outlined below:**

* Any identifiable information about me will be withdrawn from the study
* The researcher will withdraw my contact details so I cannot be contacted by them in the future studies.

**Participant Signature**

|  |  |
| --- | --- |
| Participant’s printed name |  |
| Participant’s signature |  |
| Date |  |

**Please forward this form to:**

|  |  |
| --- | --- |
| Co Investigator | Ms. Brigid Ryan |
| Email | Brigid.ryan2@svha.org.au |
| Phone | +61 39231 3685 |
| Postal Address | 41 Victoria Parade, Fitzroy, 3065, Australia |