CONSENT FORM

I have been asked to participate in a research study that researches nurse educator faculty perceptions of their support needs relative to the use of high-fidelity patient simulation. The research is part of degree requirements towards a Doctorate Degree in Education. I was asked to be a possible participant because I am a nurse educator teaching undergraduate baccalaureate nursing students in a college setting, and I have access to the use of high-fidelity patient simulation at my institution. The purpose of this study is better understand nurse educators’ perceptions of their support needs and how those needs are prioritized. Understanding the hindrances and their relative importance to nurse educators can potentially provide resource information to amend current practices and facilitate effective planning for future faculty development and program initiatives.

Research questions seek to answer the questions of nurse educators’ perceptions of barriers to high-fidelity patient simulation HPS, what is perceived as facilitating HPS use, and how those perceptions are prioritized in the nurse educators’ view.

If I agree to be in this study, I will be asked to complete an anonymous online survey. This survey will be a one time submission of an anonymous survey that will take approximately 15-20 minutes. There are no foreseeable risks to participants. There may be no direct benefit to participation.

I will receive no monetary compensation. This study is anonymous. The records of this study will be kept private. No words linking me to the study will be included in any sort of report that might be published. Research records will be stored securely and only accessible by the principal researcher Margaret Clifton, the Dissertation Chair Dr. Ruth Rucker, and Dr. R. DeLoge.

I have the right to get a summary of the results of this research if I would like to have them. I understand that my participation is strictly voluntary. My decision regarding my participation will not affect my current or future relations with Argosy University. If I decide to participate, I am free to refuse to answer any of the questions that may make me uncomfortable. I can withdraw at any time without my relations with the university, job, benefits, etc., being affected. I can contact Margaret Clifton at: macclif78@gmail.com, Dr. R. Rucker at RRucker@argosy.edu, and Dr. R. DeLoge at RDeloge@argosy.edu with any questions about this study. I understand that this research study has been reviewed and Certified by the Institutional Review Board, Argosy University - Sarasota, Fla. For research-related problems or questions regarding participants' rights, I can contact the Institutional Board at 941 379-0404.

I have read and understand the explanation provided to me. I have had all my questions answered to my satisfaction, and I voluntarily agree to participate in this study. I have been given a copy of this consent form. By clicking 'yes' I consent to participate in the study.

Clicking on the 'yes' button will open the survey.

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If you have any trouble with the above links,

Please use the following link to *take* the survey <http://www.snapsurveys.com/swh/surveylogin.asp?k=133096642285&i=16B4BE17504242C1912EDA08871246A5C88E5E6A>,