



# UNIVERSITY OF ALBERTA

## PARTICIPANT CONSENT FORM

**Title of Study:** Assessing Senior Experiences with Virtual Communication

### Contact Information

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You are being invited to take part in a research study. Before you take part, a member of the study team is available to explain the project and you are free to ask any questions about anything you do not understand. You will be given a copy of this form for your records.

### Why am I being asked to take part in this research study?

You are being invited to participate in this study because you are above the age of 65. We are investigating the experience of virtual communication among seniors.

### What is the reason for doing the study?

The onset of the COVID-19 pandemic has seen a swift increase in the adoption of virtual communication modality. Even after the pandemic, video-conferencing remains a popular method of communication in entertainment, business meetings, family, medical appointments, and more. However, the level of usage and satisfaction with virtual communication varies across different age groups and different individuals.

In this study, we aim to investigate the effects of various factors, such as screen size, speakers, internet quality, and age on the experience and satisfaction of individuals with video-conferencing compared to in-person communication. The findings of this study will be helpful in figuring out the full nature of some of the existing problems people have with virtual communication and in improving the experience.

### What will I be asked to do?

You are being invited to take part in two ways. First, we would like to administer a cognitive assessment and an audiometry test to establish your cognitive level and baseline hearing threshold. We have included this in the study because communication satisfaction can be impacted by cognitive and hearing

levels, and these tests are important because different participants will have different cognitive and hearing levels. The cognitive assessment will be the Montreal Cognitive Assessment, in which you will be asked to recall words, draw shapes, name animals, etc. This will take approximately 10 minutes. The audiometry test will take about 30 minutes.

This section can take 40-60 minutes to complete.

The second part of the study will take place on a different day, and will consist of in-person and Zoom interactions. In the first part, you will be seated across a desk from a lab member who will read sentences aloud and ask you to repeat them. You will then be asked to repeat the conversation with your close partner being in the place of the lab member. The setting will then switch to a Zoom call with both a lab member and your close partner, with a 10 minute break in between. There will be three short questionnaires (with 4-5 elements) that you will be asked to fill out throughout the study.

This section can last between 60 and 90 minutes.

Please note that the Zoom sessions will be recorded for data analysis purposes. Recordings made in Zoom create audio and video files automatically. After each session, the video recording will be deleted as we are only investigating the quality of sound transmission. Neither your name nor any other identifying information will be associated with the audio recordings.

### **What are the risks and discomforts?**

While it is unlikely that any physical or emotional risks might be present in participating in this study, there is the possibility of experiencing 'Zoom fatigue' due to the length of the time you will be in the Zoom call. To minimize the fatigue that this might create, you will be taking short breaks and will switch to filling out questionnaires. It is not possible to know all of the risks that may happen in a study, but we have taken all reasonable safeguards to minimize any known risks to a study participant.

### **What are the benefits to me?**

You will receive \$25.00 in cash at the end of each testing day. While not a direct benefit to you, results from this study will also help us learn more about the experiences of seniors who use virtual communication and may help improve the video-conferencing experience for the senior population. Additionally, you will receive the results of your audiometry test, which can often be expensive to receive outside of research.

### **Do I have to take part in the study?**

Being in this study is your choice. If you decide to be in the study, you can change your mind and stop being in the study at any point and your data will be deleted. To withdraw from the study please contact the study coordinator Emily Armstrong at **780-492-1858** or email **eearmstr@ualberta.ca**.

Even if you remain in and complete the research study, you may choose to withdraw some or all of your responses and data by contacting Emily Armstrong until two weeks after participating in the study. We are unable to remove your answers after that time because we will start analyzing the data, and your responses will no longer be associated with your name.

### **Will I be paid to be in the research?**

During Zoom interactions, there will be a 10 minute break where you will be served light snacks. There will be no payment for participating in the study.

### **Will my information be kept private?**

During this study we will do everything we can to make sure that all information you provide is kept private. The cognitive and audiometry tests, questionnaires, and audio recordings will be de-identified by assigning an ID number to your name and keeping a master list separately. No information relating to this study that includes your name will be released outside of the researcher's office or published by the researchers unless you give us your express permission. Sometimes, by law, we may have to release your information with your name so we cannot guarantee absolute privacy. However, we will make every legal effort to make sure that your information is kept private.

For the Zoom interaction, your digital privacy will be secured since the devices used, the Zoom account, as well as the IP address will be the lab's instead of your personal account and address.

After the study is done, we will still need to securely store your data that was collected as part of the study. All digital data will be encrypted and stored on a Google Drive at the University of Alberta, or on the secure survey platform. When not in use, paper copies of data will be kept in locked cabinets at the Rehabilitation Robotics Laboratory. During research studies it is important that the data we get is accurate. For this reason, your data, including your name, may be looked at by people from the Research Ethics Board.

At the University of Alberta, we keep data stored for a minimum of 5 years after the end of the study. After this period, paper copies will be shredded and digital data will be permanently deleted.

### **What if I have questions?**

If you have any questions about the research now or later, please contact study coordinator Emily Armstrong at **780-492-1858** or email [earmstr@ualberta.ca](mailto:earmstr@ualberta.ca).

If you have any questions regarding your rights as a research participant, you may contact the University of Alberta Research Ethics Office at [reoffice@ualberta.ca](mailto:reoffice@ualberta.ca) or 780-492-2615 and quote Ethics ID Pro00133977. This office is independent of the study investigators.

**How do I indicate my agreement to be in this study?**

By signing below, you understand:

- That you have read the above information and have had anything that you do not understand explained to you to your satisfaction.
- That you will be taking part in a research study.
- That you may freely leave the research study at any time.
- That you do not waive your legal rights by being in the study
- That the legal and professional obligations of the investigators and involved institutions are not changed by your taking part in this study.
- That you agree to the data being stored as part of a data repository (where applicable)

**SIGNATURE OF STUDY PARTICIPANT**

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**SIGNATURE OF PERSON OBTAINING CONSENT**

\_\_\_\_\_  
Name of Person Obtaining Consent

\_\_\_\_\_  
Contact Email/Number

A copy of this consent form has been given to you to keep for your records and reference.