

Informed Consent (Adult)



Faculty: faculty of allied health sciences
Department: occupational therapy

Title of the Project:

Investigation of the Effectiveness of different teaching methods regarding Orthotic Fabrication and Splinting Among Occupational Therapy Students: A Randomized Controlled Trial

What is the purpose of the Study?

The purpose of this study is to examine the effectiveness of different online education methods like exclusive online and blended education in teaching occupational therapy students the skills necessary for orthotic fabrication and splinting

Why have I been invited to participate?

You are being invited to participate because you are an occupational therapy student at Kuwait University and meet the criteria for this educational study.

What procedures will be performed on me?

You will be assigned randomly to one of three groups: face-to-face learning, blended learning, or fully online learning. You will receive training in orthotic fabrication, complete practical sessions , and a final splinting task which will be assessed by experts from the faculty . In addition, You will also complete a questionnaire assessing your experience, satisfaction, and confidence.

What are the benefits of taking part in this study?

You may improve your knowledge and skills in splinting and orthotic fabrication and contribute to improving future educational practices.

What are the risks of taking part in this study?

There are no known risks involved in participating in this study. You may experience minor stress while practicing fabrication.

What will happen to the information provided by myself? (Confidentiality)

All information collected will remain confidential. You will be assigned a code number, and your name will not appear in any reports or publications. Only the researchers will have access to the data.

Who do I contact if I want further information?

Investigator name: Anfal H Al-Huwaidi

Tel.: 51122435







Invitation to participate (PI shall update this part according to his/her project):

Please note that you have the right to accept or to reject to participate in this study. In case you accepted, you are free to withdraw at any time without affecting your medical treatment (for patient) or professional performance (for employee) or your academic record (for student).

Date: Note for PT: (I	Kindly specify if your subjects are `	"Patients" or "Particinants")
	Patient/Participant Name:	• • •
_	Patient/Participant Name:	
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PI Name:	Contact: Sigr	nature:



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Why have I been invited to participate?

You are being invited to participate because of your experience in splint fabrication in in the ministry of health .

What procedures will be performed on me?

You are being asked to participate in this study as an instructor for a 2 week splint training program in kuwait university .The purpose of this consent form is to provide you with information regarding your role in this study, the teaching methods that will be used, and to obtain your consent to participate.

Your role will include:

- -You will be responsible for delivering the instructional content related to splinting techniques during the study.
- You will teach a cohort of students in three specified methods.
- Your engagement will include demonstrating splinting techniques, guiding students through practical exercises, and providing feedback on student performance.
- -The training period is a total of 4 training sessions during a 2 weeks period

What are the benefits of taking part in this study?

By participating you will contribute to improving future educational practices. And explore different teaching methods

What are the risks of taking part in this study?

There are no known risks involved in participating in this study. You may experience time constraints due to the structured nature of the curriculum. also You may encounter challenges in adapting to the chosen teaching method if not familiar with online or blended learning approaches.







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Date: Note for PI: (Kindly specify if your subjects are "Patients" or "Participants") Agree Patient/Participant Name: Signature: Don't Agree Patient/Participant Name: Signature: PI Name: Contact: Signature:





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