

Title of the Project: Team Processes in Emergency Medicine: An Ethnographic Study
Swiss Ethics File Number: Req-2025-00371
Institution: Team Ethnography, CoMind Lab, University Clinic for Emergency Medicine at the University of Bern



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Date: 05.08.2025

Consent form to participate in a study

What: We, the researchers mentioned above, are investigating how doctors, nurses, patients, and their relatives interact and exchange information during the diagnostic process.

When: We will conduct our observations at the University Clinic for Emergency Medicine at Inselspital, Bern, in several blocks of 2-8 consecutive weeks between September 2025 and April 2026.

How: We will observe doctors and nurses at work in the emergency department. The observations will focus on work processes and interactions between physicians, nurses, patients, and their relatives. If individual physicians, nurses, and patients give their permission, the researchers will accompany these individuals during their shift or during their stay at the above-mentioned facility.

Your participation in the study includes the following:

- The researcher will sit with you in the waiting room and accompany you to examinations and consultations with doctors and nurses.
- The researcher will take notes about your activities and contact with medical staff.
- During the waiting times between examinations, the researcher may ask you a few questions about your impressions of the emergency department so far.
- You can ask the researcher to leave the examination room at any time or not to ask you any questions.

Your participation in the study is voluntary. This means:

- You can refuse to participate in this study.
- **You will not face any consequences if you do not wish to participate in this study.**
- You can withdraw your consent at any time. If you withdraw your consent, all observations involving you will be deleted.

We will treat your identity as strictly confidential at all times. This means:

- Your name and the name and location of the emergency department will not be mentioned in future publications and will be replaced by fictitious names (pseudonyms).
- Only the principle investigator and the research assistants can assign your pseudonym (fictitious name) to your real name.
- All research data is stored and protected with a password. The research data includes a list of all study participants, consent forms, and pseudonymized observation notes.
- Only the principle investigator and the research assistants appointed by her have access to research data.

The results of this study will be published in academic journals, books, and at conferences. It is not possible to remove observations involving you from articles that have already been published.

Pseudonymized observation notes will be stored for at least 10 years after the end of data collection. Personal data will be destroyed earlier if it is no longer needed for data processing.

You will not be compensated for your participation in this study.

If you have any questions, you can contact the researchers at any time. Our contact details can be found at the beginning of this form.

Please sign below to confirm that you have read this information and agree to participate in the study.

One copy of this consent form is for you. We will keep another copy for our records.

Your name: (in block letters) _____

I have read and understood this form. Yes: ☐ No: ☐

I agree that the researcher will accompany me today in the emergency clinic and make observations about my activities and interactions with medical personnel. Yes: ☐ No: ☐

The above-mentioned researchers may contact me by email or telephone if they have any urgent questions. Yes: ☐ No: ☐

The researchers should contact me by email to inform me about the study results. Yes: ☐ No: ☐

Your email address and/or phone number: _____

Signature: _____

Date: _____