

**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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Institute for Social Anthropology	Institute for Sociology
University of Bern	University of Bern

Date: 13.01.2026

## 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 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:**

- On various observation days, one of the researchers will observe you, your colleagues, and patients.
- The researcher will make her observations from a central location in the emergency room.
- If you give your permission, the researcher will accompany you during your shift in order to better understand your personal work environment (your activities, responsibilities, and interactions). Specifically, this means that the researcher will accompany you at work for a period of time.
- You decide whether and for how long the researcher may accompany you during a shift.
- The researcher will write notes about her observations.
- During quieter periods and with your permission, the researcher may ask you questions.

**Your participation in the study is voluntary. This means:**

- You can refuse 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.
- **You will not face any consequences if you do not wish to participate in this study.**
- We will not share with anyone inside or outside the Clinic, whether you are participating in this study.
- If you do not wish to participate in this study, interactions that we observe involving you will not be included in our study.

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

- Your name and the name and location of the emergency department, as well as any other information that could identify you, will not be mentioned in future publications and will be replaced by pseudonyms. A pseudonym is a fictitious name that is used instead of your real name.
- Only the head of research and the research assistants appointed by her can assign your pseudonym to your real name.
- Personal data, consisting of a list of all study participants and their consent forms, as well as pseudonymized observation protocols, will be stored in a password-protected manner.
- Only the principle investigator and the research assistants appointed by her have access to personal data and pseudonymized observation protocols.

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.

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**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): \_\_\_\_\_ position: \_\_\_\_\_

I have read and understood this form.

Yes:  No:

I agree that the researcher will accompany me in the emergency department between January 2026 and April 2026 and make observations about my work and interactions.

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: \_\_\_\_\_