

# Informed Consent Form & Information Letter

Wits School of Education

University of the Witwatersrand

Project on Evaluating the SOHS Prosthodontic Curriculum

## STAFF LETTER

Dear (Mr, Mrs, Miss, Ms, Dr, Prof)\_\_\_\_\_

Hello. I am Pusetso Moipolai and I work in the Department of Prosthodontics, School of Oral Health Sciences (SOHS), University of the Witwatersrand and currently enrolled with the Wits School of Education studying for a Masters of Education degree in Curriculum Studies.

As part of my study programme, I have to undertake a research project. As you might be aware, the SOHS underwent curriculum transformation, with the “new” curriculum being implemented in 2001. Since implementation there has not been a formal evaluation of the curriculum (using qualitative research methodology) to document in its own terms, how both students and staff (Faculty) have experienced this innovation. My research project will therefore focus on evaluating how the curriculum is performing – whether it is doing what it meant to do. May I therefore invite you to assist me by participating in the study.

The study will require you to be observed during the normal teaching and learning sessions and then interviewed to follow up on these. This will probably take about 30 minutes of your time and will be arranged to not interfere adversely with your schedule.

The study will also include an audio recording of you involved in the learning and teaching activities during the teaching block, specifically the PBL small group sessions, integrated learning sessions and prosthodontic tutorials.

Participation in the study is voluntary. If you do not wish to participate, or withdraw at any time during the study, your wishes will be complied with, and nothing will be held against you. Your identity will be protected by the use of fictitious names and all data will be stored under lock and key and available only to me and my supervisor. The findings will be used for academic purposes only.

Permission is granted:

To be observed

To be interviewed

To be audio recorded

I agree to these conditions with the understanding that confidentiality of my identity will be protected, as stipulated above.

Name: \_\_\_\_\_

Signature:\_\_\_\_\_

AGE (optional):\_\_\_\_\_

Research Number:\_\_\_\_\_

Date:\_\_\_\_\_