



THE UNIVERSITY OF TEXAS AT ARLINGTON

SCHOOL OF NURSING

Electronic Log Database Consent Form

As part of the clinical learning experiences in coursework required for a Master of Science in Nursing (MSN), I understand that I will be maintaining an electronic log of each patient encounter. Data entered into the clinical log about the patient protects the privacy of the patient and does not require entry of information that would reveal the identity of any one individual patient. I understand that the electronic log and the data therein will be used as part of the information on which my performance in clinical coursework will be evaluated and on which my course grades will be based.

I understand that the faculty of the School of Nursing wishes to use the data from my electronic log to create a database that contains the clinical log data from all students completing each of the clinical courses required for an MSN or a post-master's certificate as a nurse practitioner (NP). I understand that this clinical database will be used to evaluate the MSN curriculum and its courses and will be available to School of Nursing approved faculty members conducting research on the clinical activities performed by students while in the program.

I understand that the clinical database entries associated with my clinical learning experiences will be identified using a code known only to the Assistant Dean for the Graduate Nursing Program. In the analysis and reporting of data from the clinical database, no one student's electronic log data will be identifiable.

I have had the opportunity to ask questions about the development and potential use of the clinical database. My questions have been satisfactorily answered. I know that if I have additional questions, I can contact Dr. Susan Grove at 817-272-7086.

Mark your choice and sign below.

- _____ I voluntarily consent to the inclusion of my electronic log data to an UT Arlington School of Nursing clinical database.
- _____ I understand that my electronic logs will be used to evaluate my clinical performance, but I do NOT want them to be included in the database for program evaluation and research.

Student Name (Printed)

Student's Signature

Date