

## **INFORMED CONSENT DOCUMENT**

**Project Title:** Effects of Class Group Work Strategies

**Principal Investigator:** William Siever

**Research Team Contact:** William (Bill) Siever; Ph 573-364-8890; e-mail: bsiever@wustl.edu

This consent form describes the research study and helps you decide if you want to participate. It provides important information about what you will be asked to do during the study, about the risks and benefits of the study, and about your rights and responsibilities as a research participant. By signing this form you are agreeing to participate in this study.

- You should read and understand the information in this document including the procedures, risks and potential benefits.
- If you have questions about anything in this form, you should ask the research team for more information before you agree to participate.
- You may also wish to talk to your family or friends about your participation in this study.
- Do not agree to participate in this study unless the research team has answered your questions and you decide that you want to be part of this study.

### **WHAT IS THE PURPOSE OF THIS STUDY?**

This is a research study. We invite you to participate in this research study because you are a student in an intermediate level computer science class that uses in-class group work to facilitate learning.

The purpose of this research study is understand the strengths and weaknesses of different approaches to in-class group work. We hope to improve the quality and effectiveness of instruction.

### **WHAT WILL HAPPEN DURING THIS STUDY?**

This study will just be collecting data about normal class participation over the course of multiple semesters as the approach to in-class group work is adjusted.

At the end of each semester, after final grades have been submitted, consent forms will be reviewed to identify participants. Course data of participants will be collected and all individually identifying information will be removed (i.e., data will be anonymized). The data will be stored until it is analyzed at the conclusion of the study. Data that will be stored include summaries of grade data (not scores on individual items), summaries of in-class surveys, and summaries of class participation.

At the end of the study data will be analyzed to try to identify strengths and weaknesses of the approaches to in-class group work that have been used. Conclusions may be used to improve courses and shared with other educators.

### **Will you save my research data to use in future research studies?**

As part of this study, we are obtaining data from you. We would like to use this data for studies going on right now as well as studies that are conducted in the future. These studies may provide additional information that will be helpful in understanding in-class group work. It is unlikely that what we learn from these studies will have a direct benefit to you. There are no plans to provide financial compensation to you for use of your data. By allowing us to use your data you give up any property rights you may have in the data.

Your data will be stored without your name or any other kind of link that would enable us to identify what data is yours. Therefore, it will be available for use in future research studies indefinitely and cannot be removed.

### **HOW MANY PEOPLE WILL PARTICIPATE?**

Approximately 200 people will take part in this study conducted by investigators at Washington University.

### **HOW LONG WILL I BE IN THIS STUDY?**

If you agree to take part in this study, your involvement will last for this semester.

### **WHAT ARE THE RISKS OF THIS STUDY?**

You may experience the risk indicated below from being in this study. In addition to this, there may be other unknown risks, or risks that we did not anticipate, associated with being in this study.

One risk of participating in this study is that confidential information about you may be accidentally disclosed. We will use our best efforts to keep the information about you secure. Please see the section in this consent form titled "*How will you keep my information confidential?*" for more information.

### **WHAT ARE THE BENEFITS OF THIS STUDY?**

You may or may not benefit from being in this study. However, we hope that, in the future, other people might benefit from this study because the knowledge gained may help improve instructional techniques.

### **WHAT OTHER OPTIONS ARE THERE?**

There is no requirement for participation. The course content and requirements will be exactly the same for those participating in the study as those who choose not to.

### **WILL IT COST ME ANYTHING TO BE IN THIS STUDY?**

You will not have any costs for being in this research study.

## **WILL I BE PAID FOR PARTICIPATING?**

You will not be paid for being in this research study.

## **WHO IS FUNDING THIS STUDY?**

The University and the research team are not receiving payments from other agencies, organizations, or companies to conduct this research study.

## **HOW WILL YOU KEEP MY INFORMATION CONFIDENTIAL?**

Other people such as those indicated below may become aware of your participation in this study and may inspect and copy records pertaining to this research. Some of these records could contain information that personally identifies you. We will keep your participation in this research study confidential to the extent permitted by law.

- Government representatives (including the Office for Human Research Protections) to complete federal or state responsibilities
- University representatives to complete University responsibilities
- Washington University's Institutional Review Board (a committee that oversees the conduct of research involving human participants) and Human Research Protection Office. The Institutional Review Board has reviewed and approved this study.

To help protect your confidentiality, we will remove all personally identifying information (names, students IDs, etc.) at the end of the semester before storing the data for the survey. In addition, data will only be stored on systems that are already used to store student data for this course. Any report or article that we write will not include information that can directly identify you. The journals that publish these reports or articles require that we share your information that was collected for this study with others. Sharing this information will allow others to make sure the results of this study are correct and help develop new ideas for research. Your information will be shared in a way that cannot directly identify you.

## **IS BEING IN THIS STUDY VOLUNTARY?**

Taking part in this research study is completely voluntary. You may choose not to take part at all. If you decide to be in this study, you may stop participating at any time. Any data that was collected as part of your participation in the study will remain as part of the study records and cannot be removed.

If you decide not to be in this study, or if you stop participating at any time, you won't be penalized or lose any benefits for which you otherwise qualify.

## **What if I decide to withdraw from the study?**

You may withdraw by telling the study team you are no longer interested in participating in the study. This may be done until two weeks after the end of the semester (after final grades have been submitted for the course).

## **WHAT IF I HAVE QUESTIONS?**

We encourage you to ask questions. If you have any questions about the research study itself, please contact: William (Bill) Siever (573-364-8890) . If you feel that you have been harmed in any way by your participation in this study, please contact William (Bill) Siever (573-364-8890)

If you have questions, concerns, or complaints about your rights as a research participant please contact the Human Research Protection Office at 660 South Euclid Avenue, Campus Box 8089, St. Louis, MO 63110, 1-(800)-438-0445, or email [hrpo@wustl.edu](mailto:hrpo@wustl.edu). General information about being a research participant can be found on the Human Research Protection Office web site, <http://hrpo.wustl.edu>. To offer input about your experiences as a research participant or to speak to someone other than the research staff, call the Human Research Protection Office at the number above.

This consent form is not a contract. It is a written explanation of what will happen during the study if you decide to participate. You are not waiving any legal rights by agreeing to participate in this study.

Your signature indicates that this research study has been explained to you, that your questions have been answered, and that you agree to take part in this study. You will receive a signed copy of this form.

**Do not sign this form if today's date is after EXPIRATION DATE: N/A.**

\_\_\_\_\_  
(Signature of Participant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Participant's name – printed)

## **Statement of Person Who Obtained Consent**

The information in this document has been discussed with the participant or, where appropriate, with the participant's legally authorized representative. The participant has indicated that they understand the risks, benefits, and procedures involved with participation in this research study.

\_\_\_\_\_  
(Signature of Person who Obtained Consent)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name of Person who Obtained Consent - printed)