OREGON HEALTH&SCIENCE UNIVERSITY

Information Sheet

IRB# 22889

TITLE: **Biomedical Workforce Development – Course & Training Engagement**

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WHO IS PAYING FOR THE STUDY?

This study is funded by a Science Education Partnership Award (SEPA) from the National Institutes of Health.

WHY IS THIS STUDY BEING DONE?

You have been invited to be in this research study because you are enrolled or have taken a course or training of interest. The purpose of this study is to learn about factors that support engagement and learning so that we might develop resources, recommendations, policies, or procedures to support future students. Information will be stored indefinitely in a data bank, also called a repository, which may be used and shared in the future for research.

WHAT MATERIALS AND PROCEDURES ARE INVOLVED IN THIS STUDY?

You may participate in some study activities anonymously, such as online collaboration boards, surveys or reflections occurring in group settings. You will be asked to allow us access to materials from educational and training activities.

- Examples of course materials include forum posts, quizzes, exams, projects, essays, reflections, attendance, and course grades. Course materials will be compiled through course management software (e.g., Sakai, D2L, Canvas) for qualitative coding of themes.
- Examples of trainings include but are not limited to workshops, conferences, mentored research training programs, internships, and degree programs. Training materials will be compiled through online engagement software (e.g., chats, reflections, forums, and survey materials) used during the experience.

As an additional option, you may have the opportunity to complete voluntary surveys about your demographics, career trajectory, and/or beliefs in Science, Technology, Engineering, and Mathematics (STEM). Estimated duration of these additional components is 5-30 minutes. You may also indicate your interest in being contacted about future research.

In the future, information in this study's repository may be shared with the university or other researchers for future research studies. The information will be labeled as described in the "Who Will See My Information" section below. If you have any questions, concerns, or complaints regarding this study now or in the future, or you think you may have been injured or harmed by the study, contact Lisa Marriott (marriott@ohsu.edu)

WHAT RISKS CAN I EXPECT FROM TAKING PART IN THIS STUDY?
Although we have made every effort to protect your identity, there is a minimal risk of loss of confidentiality. If you participate in any additional surveys, you may skip any of the questions that you do not want to answer.

WHAT ARE THE BENEFITS OF TAKING PART IN THIS STUDY?
You may or may not benefit from being in this study. However, by serving as a research participant, you may help us learn how to benefit future students by making courses, trainings, and experiences more engaging, effective, and accessible.

WHAT ARE THE ALTERNATIVES TO TAKING PART IN THIS STUDY?
You may choose not to be in this study.

WILL I RECEIVE RESULTS FROM THIS STUDY?
We do not plan to share the results of the research with you. Participants who complete online STEM surveys (optional) will receive immediate electronic feedback about their results (for surveys where feedback is available). Summary results from the study will be shared broadly in public settings (e.g., websites, reports, presentations, manuscripts, etc.).

WHO WILL SEE MY PERSONAL INFORMATION?
Materials from your courses and/or trainings will be used for future research. You will be able to indicate whether you would like to share your materials for educational purposes. You will able to indicate if you would like your materials to be identifiable or de-identified.

In this study, we will take steps to keep your personal information confidential, but we cannot guarantee total privacy. However, we will do our best to keep your information confidential by keeping participant information coded and on an encrypted computer. If your information goes outside of OHSU, it might not be protected under federal law from being used or further shared. We may have to release this information to others for example, if the study is audited. However, we would try to do so without information that could identify you. This release could be to the Institutional Review Board (ethics review committee) at OHSU, the funder of the study, the FDA or Office of Human Research Protection (agencies that oversee research).

If you give permission, we would like to keep your contact information for future contact. If you later decide that you don't want us to keep your contact information and/or information you can request this online at http://tiny.cc/OHSUstudy-withdraw. Your request will be effective as of the date we receive it. However, information collected before your request is received may continue to be used and disclosed to the extent that we have already acted based on your authorization.

WILL ANY OF MY INFORMATION OR SAMPLES FROM THIS STUDY BE USED FOR ANY COMMERCIAL PROFIT
De-identified information from this research may be used for commercial purposes, such as making a discovery that could, in the future, be patented or licensed to a company, which could result in a possible financial benefit to that company, OHSU, and its researchers. There are no plans to pay you if this happens. You will not have any property rights or ownership or financial interest in or arising from products or data that may result from your participation in this study. Further, you will have no responsibility or liability for any use that may be made of your information.

WHAT ARE THE COSTS OF TAKING PART IN THIS STUDY?:
It will not cost you anything to participate in this study. You will not receive any compensation for participating.

WHERE CAN I GET MORE INFORMATION?:
This research is being overseen by an Institutional Review Board ("IRB"). You may talk to the IRB at (503) 494-7887 or irb@ohsu.edu if:

- Your questions, concerns, or complaints are not being answered by the research team.
- You want to talk to someone besides the research team.
- You have questions about your rights as a research subject.
- You want to get more information or provide input about this research.

You may also submit a report to the OHSU Integrity Hotline online at https://secure.ethicspoint.com/domain/media/en/gui/18915/index.html or by calling toll-free (877) 733-8313 (anonymous and available 24 hours a day, 7 days a week).

DO I HAVE TO TAKE PART IN THIS STUDY?
You do not have to join this or any research study. If you do join, and later change your mind, you may quit at any time. If you refuse to join or withdraw early from the study, there will be no penalty or loss of any benefits to which you are otherwise entitled.

The participation of OHSU students or employees in OHSU research is completely voluntary and you are free to choose not to serve as a research subject in this protocol for any reason. If you do elect to participate in this study, you may withdraw from the study at any time without affecting your relationship with OHSU, the investigator, the investigator's department, or your grade in any course. If you would like to report a concern with regard to participation of OHSU students or employees in OHSU research, please call the OHSU Integrity Hotline at 1-877-733-8313 (toll free and anonymous).

HOW DO I TELL YOU IF I WANT TO TAKE PART IN THIS STUDY?
This research study includes activities to engage anonymously. We will not ask anonymous participants for names or signatures. Your participation in anonymous activities indicates your assent (agreement to participate).

[Note: Consent for identifiable participation occurs online; questions below are what you would be asked]

For reference only:
Please indicate whether you provide your consent to participate in this optional study component within the overall Biomedical Workforce Development study using the choices below:
(__) YES, I would like to participate in courses and training research.
(__) NO, I would not like to participate in courses and training research.

If YES:
Data sharing permissions
You have consented to participate in this study. You have the option to decide how you would like your materials to be shared.

- Identified data: Includes your name or other information that you shared with your materials.
- De-identified data: Removes personal identifiers such as name, date of birth, email address, or other HIPAA identifiers, in order to protect your identity.

Please choose from the options below how you would like your data shared:
( ) I consent to identified participation
( ) I consent to deidentified participation

Materials review: You have consented to share materials such as essays and reflections. Do you want to review your specific materials prior to sharing?
(__) Yes, I would like to review materials before they are shared
(__) No, I don't want to review materials before they are shared

Data linking: Do you consent to data you have shared in this study to be potentially linked to other IRB approved studies for which you have consented?
(__) Yes, I give consent for my information from this study to be potentially linked with information from other IRB-approved studies for which I have consented
(__) No, I do not give consent for my information from this study to be potentially linked with information from other IRB-approved studies for which I have consented

Academic Transcripts: Do you allow researchers to access to your academic transcript(s)?
(__) Yes, I permit researchers to access my transcript at my school(s)
(__) No, I do not permit researchers to access my transcript at my school(s)

<u>Contact information:</u>
You consented to participating in courses & training research.
In lieu of a signature, please enter your contact information in the fields below.
First name: _____
Middle name: _____
Last (sur)name: _____
Email: _____
Phone:_____

For stand-alone activities:
Permission for future contact
(__) YES, I give permission to be contacted for future research.
(__) NO, I give permission to be contacted for future research.