**Protocol Title**: Does Graduate Training or Experience Produce Better History Teachers?

Subtitle if needed: Focus Group Consent or Interview Consent

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**INTRODUCTION**

Hello, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am the primary researcher for this research study. You are invited to participate in this research study called “\_\_\_\_\_\_\_\_\_\_\_\_.” You may qualify to take part in this research study because **(list your specific inclusion criteria**) you are over 18 years old, have taught for a minimum of 10 years and have graduate training in teaching history**. (If there are exclusionary criteria list them.) (If there is an issue about being in two studies concurrently include this- otherwise delete this sentence:** If you are presently participating in another study you can/cannot be part of this study.) Approximately twenty-five people will participate in this study and it will take 2 hours of your time to complete.

Funding for this study has been provided by the National History Teachers Foundation.

**WHY IS THIS STUDY BEING DONE?**

**(Keep this simple and no more than two or three sentences you will read aloud to the participant.)**

This study is being done to determine whether it is graduate education or work experience that better prepares educators to be competent history teachers.

**WHAT WILL I BE ASKED TO DO IF I AGREE TO TAKE PART IN THIS STUDY?**

If you decide to participate, you will be interviewed by the principal investigator or one of the research assistants. During the interview you will be asked to discuss your graduate education experience and your experience as a classroom teacher**. (If there are any uncomfortable/very personal questions regarding your study, you must mention them.)** This interview will be audio-recorded. After the audio-recording is written down (transcribed) the audio-recording will be deleted. If you do not wish to be audio-recorded, you will/will not be able to participate. The interview will take approximately forty-five minutes. You will be given a pseudonym or false name/de-identified code to keep your identity confidential. **(You can list study activities using bullet points.)**

You then will be asked to participate in a focus group run by the principal investigator where teachers like yourself will discuss their experiences in graduate school and in the classroom. This will not be audio-recorded but a research assistant will be taking notes **(or describe if it will be video-recorded, and what will happen to the video afterwards)**. Everyone will be asked not to discuss what is being spoken about outside of the group but it is impossible to guarantee complete confidentiality. This will take about one hour.

Finally, you will be asked to fill out a questionnaire. This will take about fifteen minutes. **(Add where and when each procedure will take place.)** All of these procedures will be done at Teachers College, room 345 at a time that is convenient to you.

**(Note: If you video-record a classroom, explain how students who aren’t participating can avoid being in the video.)**

**(Note: If you are taking subjects away from teaching, classroom activities or other kinds of work, explain how you are minimizing this negative effect.)**

**(Note: If you use randomization in your study, remember it is considered the most powerful experimental design in clinical trials. The principal of justice requires that all subjects be fairly selected and that the benefits and burdens of research be distributed fairly. Researchers should convey sensitivity to participants, especially for participants in control conditions who may not receive the same experiences as those in the intervention condition. Researchers should offer an adequate justification or a compelling argument as to why another research methodology is not feasible or would not produce a desire outcome. Researchers may consider offering the intervention treatment to the control group at a later time, running the study twice, or rotating randomization.)**

**WHAT POSSIBLE RISKS OR DISCOMFORTS CAN I EXPECT FROM TAKING PART IN THIS STUDY?**

**(If there is more than minimal risk, be clear about the risks and don’t say it’s a minimal risk study.)** This is a minimal risk study, which means the harms or discomforts that you may experience are not greater than you would ordinarily encounter in daily life while taking routine physical or psychological examinations or tests. However, there are some risks to consider. You might feel embarrassed to discuss problems that you experienced in graduate school or while working in your school. **However, you do not have to answer any questions or divulge anything you don’t want to talk about. You can stop participating in the study at any time without penalty.** You might feel concerned that things you say might get back to your principal. **(If there is a genuine risk involving problems such as mental health issues, give the name and number of an agency the subject can go to. Don’t make up risks that don’t apply to the study. Boredom isn’t a risk.)**

The researcher is taking precautions to keep your information confidential and prevent anyone from discovering or guessing your identity, such as using a pseudonym **(or de-identified code-explain)** instead of your name and keeping all information on a password protected computer and locked in a file drawer.

**WHAT POSSIBLE BENEFITS CAN I EXPECT FROM TAKING PART IN THIS STUDY?**

There is no direct benefit to you for participating in this study. Participation may benefit the field of teacher education to better understand the best way to train history teachers.

**WILL I BE PAID FOR BEING IN THIS STUDY?**

You will not be paid to participate; however, your transportation costs (or time and effort) will be covered. There are no costs to you for taking part in this study.

**WHEN IS THE STUDY OVER? CAN I LEAVE THE STUDY BEFORE IT ENDS?**

The study is over when you have completed the interview, focus group and filled out the questionnaire. However, you can leave the study at any time even if you haven’t finished. You will still be paid for time/your transportation costs. **(If payment is prorated, explain it here.)**

**PROTECTION OF YOUR CONFIDENTIALITY**

The investigator will keep all written materials locked in a desk drawer in a locked office. Any electronic or digital information (including audio recordings) will be stored on a computer that is password protected. What is on the audio-recording will be written down and the audio-recording will then be destroyed. There will be no record matching your real name with your pseudonym. **(If you are using de-identified codes explain that the master list identifying the subject is kept locked and separate from the list of codes.)** **(Some grants require five years. Consult your grant administrator.)** **(Note that anonymity and confidentiality are not interchangeable. They refer to data collection, not dissemination. If you meet the subject you cannot say in the consent that their identity is anonymous.)**

For quality assurance, the study team, the study sponsor (grant agency), and/or members of the Teachers College Institutional Review Board (IRB) may review the data collected from you as part of this study. Otherwise, all information obtained from your participation in this study will be held strictly confidential and will be disclosed only with your permission or as required by U.S. or State law.

**HOW WILL THE RESULTS BE USED?**

The results of this study will be published in journals and presented at academic conferences. Your identity will be removed from any data you provide before publication or use for educational purposes. This study is being conducted as part of the dissertation of the principal investigator.

**CONSENT FOR AUDIO AND OR VIDEO RECORDING**

**(Choose either or both or delete section)**

Audio recording (and/or video recording – **specify which one or both**) is part of this research study. You can choose whether to give permission to be recorded. If you decide that you don’t wish to be recorded, (choose the correct sentence) you will still be able to participate in this study or you will not be able to participate in this research study.

Would you like to be interviewed? \_\_\_\_\_\_\_\_\_\_\_\_ Yes ***or*** \_\_\_\_\_\_\_\_\_\_\_\_ No

**(Make sure to clearly mark what the participant has agreed to do.)**

The principal investigator (myself) will listen to the recording and write down what you said during the interview and/or focus group. The written copy of an audio recording is called a transcription. The transcription will be saved but the recording will be destroyed. No information that could identify you will be included in the transcription. Your data will be kept for 12 months.

**(Some researchers hire professional transcriptionists, to transcribe audio-recorded interviews. If this is true for you, make sure you include this detail in the informed consent and consider submitting a “non-disclosure agreement for transcriptionist” form with your protocol.)**

**OPTIONAL CONSENT FOR FUTURE CONTACT**

**(Delete this section if there is no chance that you might contact the subject in the future.)**

I may wish to contact you in the future.

Do you give permission to be contacted in the future for research purposes?

Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Make sure to clearly mark what the participant has agreed to do.)**

Do you give permission to be contacted in the future for information relating to this study?

Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Make sure to clearly mark what the participant has agreed to do.)**

**REVIEW OF INFORMED CONSENT**

There may be some words or phrases or requirements above that you do not understand. Please ask me any questions you have now and I will take the time to explain. Before we proceed, could you answer the following questions:

**Instructions to Researcher:** *Note the responses of the subject in the space below for every question. Make sure the answers reflect the subject’s understanding of the study procedures and clarify any questions they may have.*

Please answer yes or no to these statements:

1. This study is mandatory.

\_\_\_\_\_\_\_\_\_\_\_\_ Yes ***or*** \_\_\_\_\_\_\_\_\_\_\_\_ No

1. Your identity will be made public when sharing the results of this study.

\_\_\_\_\_\_\_\_\_\_\_\_ Yes ***or*** \_\_\_\_\_\_\_\_\_\_\_\_ No

1. You are being asked to take part because **(specify the inclusion criteria here)**.

\_\_\_\_\_\_\_\_\_\_\_\_ Yes ***or*** \_\_\_\_\_\_\_\_\_\_\_\_ No

1. You can stop participating in the study at any point.

\_\_\_\_\_\_\_\_\_\_\_\_ Yes ***or*** \_\_\_\_\_\_\_\_\_\_\_\_ No

**WHO CAN ANSWER MY QUESTIONS ABOUT THIS STUDY?**

**If you have any questions about taking part in this research study, you should contact the principal investigator**, Dr. Sigmund Freud, at 212-222-2222 or at sfreud@tc.edu or the research coordinator, \_\_\_\_\_\_\_\_\_\_\_ at 212-\_\_\_\_\_. **You can also contact the faculty advisor, Dr. \_\_\_\_\_\_ at 212-\_\_\_\_\_\_\_\_.)**

**If you have questions or concerns about your rights as a research subject, you should contact the Institutional Review Board (IRB) (the human research ethics committee) at 212-678-4105 or email** **IRB@tc.edu****. Or you can write to the IRB at Teachers College, Columbia University, 525 W. 120th Street, New York, NY 1002.**  **The IRB is the committee that oversees human research protection for Teachers College, Columbia University.**

You have rights as a participant in the study.

**PARTICIPANT’S RIGHTS**

* You have the right to discuss the informed consent or study with the researcher at any time.
* You should have had ample opportunity to ask questions about the purposes, procedures, risks and benefits regarding this research study.
* This study is voluntary. You may refuse to participate or withdraw participation at any time without penalty.
* The researcher may withdraw you from the research at his or her professional discretion.
* If, during the course of the study, significant new information that has been developed becomes available which may relate to your willingness to continue your participation, the primary investigator will provide this information to you.
* Any information derived from the research study that personally identifies you will not be voluntarily released or disclosed without your separate consent, except as specifically required by law.
* **(Choose the appropriate description)** Identifiers may be removed from the data. De-identifiable data may be used for future research studies or distributed to another investigator for future research without additional informed consent from the subject or the representative. ***OR*** Your data will not be used in further research studies.
* You should receive a copy of this Informed Consent document.

**SUMMARY**

Being in this study is optional, and you can tell me if you want to stop being in the study at any time.

1. Do you have any questions about the study?
2. Do you have any concerns about the study?
3. Would you like me to repeat anything?
4. Would you like to participate?

Before I proceed with the study, I want to be sure that you (the participant) understand what is being asked of you. An informed consent is a process, so I want to be sure to check in with you (the participant) to ensure you want to continue with the study.

**Please acknowledge verbally with a “yes,” or “no,” response to this question. Would you like to participate in this study?**

**\_\_\_\_\_\_\_\_ “Yes, I agree to be in this study.”**

**\_\_\_\_\_\_\_\_ “No, I do not agree to be in this study.”**

**(Make sure to clearly mark what the participant has agreed to do.)**

**Researcher’s Verification of Explanation**

I certify that I have carefully explained the purpose and nature of this research to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (participant name) in a culturally sensitive and age-appropriate way. He/she can discuss the study with me and knows that they can stop participating at any time. I have answered all their questions and this adult has provided the verbal agreement to participate in this research study.

Researcher’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Please make sure your final copy is all in black font and saved without template text or tracked changes).**