Vestern	Graduate School
arolina	and Research

Personnel	-	Review
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Name											
Davis, Garrett Email	t davisg@en	nail.wcu.edu	I								
Phone	828227739										
Department	Sponsored	Research									
Principal Investigator S	Start Date		End Da	ate		Rol	е				
d Č	04-Jar	1-2024				F	PI				
WCU Status: Staff											
UNAFFILIATED	PERSONNE	L									
Use this section unaffiliated with Agreement. This	WCU and the	ir institution	does not ha								
PROJECT SUM	MARY										
Protocol Numbe 2024-01-04-01	r				ission N 01-04-0	Number)1-01					
[*] 1. Project Title: High School Tea	: icher Critical 1	hinking Tra	ining		cipal In avis, Ga	vestigat arrett	or				
*Submission Ty IRB Reques	pe t for Initial Re	view of Res	earch	Protoc	col Type	e					
2. Funding Sour	ce, if applicab	le. For inter	nal grants a	nd/or award	s pleas	e select	, Wester	n Caroli	na Unive	ersity.	
*3. Project Desc	cription: provi	de a concise	e (3-5 sente	nces) summa	ary of th	ne purp	ose and	rationale	e of the a	activity us	sing
lay language. Critical thinking i implementing su thinking pedago	is a crucial sk ich activities ii	ill for high so the classro	chool stude oom. The pu	nts to develo urpose of this	p, but r	equires	teachers	s to feel	comfort	able	
*4. Does data c ☑ Yes □ No		ve the use o	of a survey?								
[*] a. Is the intend □ Yes ☑No		any memb	er of the W	CU Commun	ity?						
[*] 5. Does your re □ Yes ☑ No	esearch <u>only</u>	involve usir	ıg an existin	g data set w	here nc	recruit	ment is r	iecessai	ry?		
*6. Is your study □ Yes ☑No	y an <u>Applicabl</u>	<u>e Clinical T</u> i	<u>ial</u> ?								
*7. Intended use	e(s) of data co	ollected: che	eck all that a	apply							
Thesis or D											
Grant Propo	Project										
Publication	-										
Off-Campus	s Presentation	1									
[*] 8. Will you be a □ Yes I No	accessing hea	alth medical	records, ps	ychotherapy	notes a	and/or s	ubstance	e abuse	records	?	

CONFLICT OF INTEREST/DUAL RELATIONSHIPS

*1. Are there any known or potential conflicts of interests (financial or other personal considerations that may compromise or potentially appear to compromise an investigator's objectivity, see University Policy 54) between the researchers and the participants or other entities related to this research?

*2. Do any of the research team members have an authority relationship (ex. Instructor/student, supervisor/employee, physician/patient, or other) with the potential participants?



. Enroliment mormation

*a. Expected maximum number of participants:

10

*b. What are the inclusion criteria for the study? (What characteristics of the study population make them eligible to participate?):

Participants must be current high school teachers in the local WNC area.

*c. What are the exclusion criteria for participation in the study? (For example, age or physical restrictions. "Not meeting inclusion criteria" is insufficient.):

Teachers of other age groups, high school teachers outside of WNC

d. Does the study include any of the following vulnerable populations, either as the target population or incidentally? If the following populations will be excluded from your study, please select "Excluded". Please note, pregnant women may be incidental to a research project if a control does not exist to check for this vulnerability.

Vulnerable Populations:

Minors	Excluded
Prisoners	Excluded
Pregnant Women	Incidental
Non-English Speaking	Excluded
Mentally or Decisionally Impaired	Excluded
Educationally or Economically Disadvantaged	Incidental
WCU Students/Employees	Incidental
Native Americans	Incidental

e. Describe your plans to provide additional protections for any targeted vulnerable populations (ex. for minors, parental permission and child assent will be obtained prior to participation): There are no targeted vulnerable populations.

2. Recruitment Procedures

Please submit recruitment materials. (e.g. flyers, emails, scripts). If you are recruiting in person or via phone call, please include the script to be used during recruitment.

*a. Select all methods that will be used to recruit individuals.

*Method	In-Person presentation
Name of Document	Recruitment Presentation
File Upload	66^

*b. Explain the details of the recruitment process (when will recruitment occur, where will recruitment take place, how will recruitment material be distributed, etc):

I will visit local schools during their regular staff meeting to provide a brief presentation on the study and recruit interested teachers.

*c. Does this research study include any compensation, course extra credit, monetary inducements, or reimbursement for participation?

🗆 Yes 🗹 No

INFORMED CONSENT/ASSENT

INFORM

Consent is obtained from adult individuals participating in a study.

<u>Assent</u> is given by minors agreeing to participate in the study. Additionally, parents must give consent allowing their children to participate in research.

Consent and assent templates may be found here

*1. Explain how informed consent and assent (if applicable) will be obtained. Include information about: the setting, whether participants will have an opportunity to ask questions, and the roles of any non-research personnel involved: Informed consent will be collected electronically via Qualtrics. The consent form will be the first page of the pre-survey.

*2. Are you requesting a waiver or modification to the required elements for informed consent for participants, or legally authorized representatives? Please note, obtaining verbal or implied consent requires you to request a waiver of consent.

🗆 Yes 🗹 No

*Please upload a copy of your informed consent/informed assent materials with your protocol.

Name of Document	Informed Consent
File Upload	66^



3. Documentation of consent

a. Please select all that apply all that apply

Signed consent will be obtained from participants, legally authorized representatives, and/or parents

Electronic consent will be obtained from participants via the web or email

Verbal / implied consent will be obtained using an information sheet or script

Other

b. Your project must meet ONE of the following criteria. Please select the most applicable to your study:

The only record linking the participant to the research would be the consent document and the principal risk in the project is potential harm caused by a breach of confidentiality.

🗹 The research presents no more than minimal risk of harm to the subjects and involves no procedures for which written consent is normally required outside of the research context.

STUDY PROCEDURES

1. Projected recruitment, data collection, and data analysis dates: From: date of IRB approval

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31-Jan-2025

 $^{
m *2}$ 2. List and describe the data that will be collected from participants. Upload a copy of each data collection instrument. If you are using an existing data set, please describe the data points already collected; you are not required to upload the existing data set.

Describe type of Data	Survey responses
Name of Data Collection Instrument	Survey
File Upload	661

*3. Provide a sequential description of the activities in which participants will engage, including length of participation (if there are multiple sessions include frequency and length of each session), nature of intervention (if applicable), and indicate the timepoints of each data collection type listed above. If you are using an existing data set, please explain how you will be using the data in your research.

-Recruitment will take place at staff meetings in January and February -Participants will be sent the pre-survey 2 weeks before the workshop -The workshop will take place in early April, at the participants' schools

-The post-survey will be sent out immediately after the workshop

RISK AND BENEFITS SECTION

1. Provide a description of the anticipated benefits from this study

The benefits listed in this section should also be included in the Benefits section of the informed consent.

Yearticipants of the study may directly benefit. Please note, compensation for participation is not considered to be a benefit.

Explain

Participants may learn valuable teaching skills during the workshop

Society may benefit from the study:

2. Give a full description of potential risks to study participants.

The risks listed in this section should also be included in the Risk section of the informed consent. Please also consider whether the disclosure of participants' responses outside the research team would place the subject at risk of criminal or civil liability, or be damaging to the subjects' financial standing, employability, educational advancement or reputation.

Minimal risk: the probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examination or tests.

a. Indicate the appropriate level of risk for each category below.

Type of Risk	Risk Level		
Legal	*	No foreseeable risk	
Psychological	*	No foreseeable risk	
Social	*	No foreseeable risk	



Lock Form

1. Confidentiality and Anonymity

a. Will the data from your study be:

Confidential (The researcher can directly or indirectly match the data to the participant but participant identity is not disclosed.)

Anonymous (Not even the researcher can match the data to the participant.)

□ Neither (The researcher can match the data to the participant and participant identity will be disclosed.)

*b. List the types of identifying information to be collected (name, birthdate, email address, audio/visual recording, etc) and provide a rationale for why collection of each identifier is necessary for completion of the study: Names will be collected to link pre- and post-surveys

*c. List the steps you will take to maintain confidentiality. (For example, consent forms stored separately from data, use of subject codes, etc.)

Each participant will be assigned a subject code and the key will be kept separately from the surveys

d. Describe any potential ethical or legal circumstances when it would be necessary to break confidentiality? For example, there are federal and state mandatory reporting laws for child and elder abuse.
 Any circumstances described here must also be included on the consent form.
 None of the questions on the survey will involve information that could require breaking confidentiality

*e. Do the data to be collected relate to illegal activities? ☐ Yes
✓No

2. Data Protection and Safeguards

*a. How will data be monitored to ensure the safety of subjects (For example, use of a Data and Safety Monitoring Board, having a data monitoring plan, or designating individuals on the research team to monitor the data for integrity and validity)?

The PI will monitor data the data for integrity and validity

b. Describe measures you are taking to store and safeguard study data. Please list the full physical address where data will be maintained, if applicable. For example, if data is being stored on campus please give sufficient detail as to where: WCU Camp Building Office 110J. Alternatively, if data is being stored off campus please provide the street address with sufficient detail.

Data not linked to identifying information

Maintain consent forms in a separate location from data.

Using subject codes on all data collected and maintaining the key linking subject codes with identifiable information in a separate location from data.

List location:

Separate file in locked computer folder

Locking cabinets/doors

Data kept in area with limited public access

Password protected computers

List locations: 110 Camp

Encryption

iPads, tablets, digital storage devices and removable media will be kept in a secure location

Other

*c. Do you plan to keep the data for more than three years?

Study records must be stored by the PI for a minimum of three years after a study has been closed such that they are accessible for inspection by the IRB, federal, and state agencies.

🗆 Yes 🗹 No

d. Data Sharing:

*Will <u>identifiable</u> data be shared outside of the research team? No, only anonymous or de-identified data will be shared

Submit copies of data use agreements if applicable. All data use agreements between WCU and external agencies should be reviewed by WCU Legal Counsel prior to signing.

ADDITIONAL DOCUMENTATION



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*I certify that, to the best of my knowledge, the information provided on this form is true and accurate. By submitting this request, the Principal Investigator accepts responsibility for ensuring that all members of the research team follow the study procedures as described in the IRB approved application, comply with all IRB communication, and uphold the rights and welfare of all study participants.

EXTERNAL SITES

*Are you recruiting participants, collecting data or obtaining records at any off-campus location? ☑ Yes □ No

*Sites may include K-12 schools, churches, business, public agencies, universities etc. List each site and briefly describe site involvement. A dated permission letter on agency letterhead must be uploaded for each site. If the external site is requesting WCU IRB approval prior to providing permission, the PI must include dated correspondence showing the external site is aware of the research and will approve of it, once IRB approval is received.

External Site Name	Pioneer High School
List activities conducted at site (recruitment, data collection, record source)	recruitment of teachers
Permission Letter	60'

FOR RESEARCH INVOLVING QUALTRICS SURVEYS

I understand that approval of the use of WCU's online survey software (Qualtrics) is limited to the survey(s) specifically described in this IRB proposal. Any further use of Qualtrics for research purposes will require me to submit and receive approval for an amendment to this proposal or a new IRB proposal before I can proceed. Use of Qualtrics is governed by WCU Policies on Conducting Surveys (Policy <u>51</u>) and Ethics in Research (Policy <u>56</u>), and to <u>IRB policies</u>. This checkbox indicates adherence to these policies.

CERTIFICATION

*By submitting this request, the Principal Investigator accepts responsibility for ensuring that all members of the research team follow the study procedures as described in the IRB approved application, comply with all IRB communication, and uphold the rights and welfare of all study participants.

When your application is complete, click 'Lock Form' in the top right corner. Then click the 'Submit' button to submit your application to the Research Compliance office.