

**Illinois State University Institutional Review Board
Research with Human Subjects
Protocol Submission Form**

IRB Number _____
(Number to be completed by REC)

Federal regulations and Illinois State University policy require that all research involving humans as subjects be reviewed and approved by the University Institutional Review Board (IRB). Any person (ISU faculty member, staff member, student, or other person) wanting to engage in human subject research at or through Illinois State University must receive written approval from the IRB before conducting research. For more information, templates, and forms please go to www.rsp.ilstu.edu

Please complete and forward this form and all supporting documents to your Department/Unit IRB representative. If you have any questions, please contact your Departmental/Unit IRB representative or the Research Ethics & Compliance Office, (REC) 438-2520, Campus Box 3330

I. General Information

A. Protocol Information	
Protocol Title: Teaching and student learning in applied subjects by faculty who have and have not practiced professionally	
Is this research part of a thesis or dissertation proposal? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, has the thesis or dissertation proposal been approved? <input type="checkbox"/> No <input type="checkbox"/> Yes	

B. Principal Investigator Information (PI must be an ISU faculty or staff member)	
Principal Investigator	Department
Telephone Number	Email Address
Fax Number	Mail Code
Co-Principal Investigator Information	
Co- Principal Investigator	Department
Telephone Number	Email Address
<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Grad. Student <input type="checkbox"/> Undergrad. Student	Mail Code
Co-Principal Investigator Information	
Co- Principal Investigator	Department
Telephone Number	Email Address
<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Grad. Student <input type="checkbox"/> Undergrad. Student	Mail Code

II. Principal Investigator Assurance

As Principal Investigator, I certify that to the best of my knowledge:	
1.	The information provided for this project is correct
2.	No other procedures will be used in this protocol
3.	I agree to conduct this research as described in the attached supporting documents
4.	I will request and receive approval from the IRB for changes prior to implementing changes (including but not limited to changes in cooperating investigators or any changes in procedures).
5.	I will comply with IRB and ISU policies for conducting ethical research.
6.	I will be responsible for ensuring that the work of my co-investigator(s)/student researcher(s) complies with this protocol.
7.	Any unexpected or otherwise significant events in the course of this study will be promptly reported to the REC.
8.	In the case of student research, I assume responsibility for ensuring that any student will comply with University and Federal regulations regarding the use of human subjects in research.
9.	In the case of externally funded research, I will request a modification to my approved protocol if any relative changes to the project's scope of work are requested by the agency.
_____	_____
Principal Investigator Signature	Date

III. Protocol Description

- A. Provide a **BRIEF** description, in **LAYMAN'S TERMS**, of the proposed research.

To complete an exploratory study with faculty in the applied subject areas of criminal justice, marketing, nursing, and social work about how their teaching and learning differs when faculty have or have not practiced professionally in their field. This study will include individual interviews with tenured or tenure-line faculty on every campus. In addition to interviews, classroom observations of the faculty teaching one undergraduate course will be made over one month. While on campus I will review appropriate institutional research/assessment data (such as course evaluations) and conduct an analysis of relevant documents (such as course syllabi/assignments, websites, and course/department catalog descriptions).

B. Methodology

1. Participants (**ALL** protocols must have a completed **Appendix A**)

- a. How many participants will be included in the study? 16

Number: Male _____ Female _____ Total N/A
(N/A if not targeting males/females specifically)

Age range: 25 to 70

- b. Where will participants be recruited?

Faculty will be chosen from 4 academic departments on the 8 campuses where I will spend my sabbatical (names of all 8 campuses here) and Illinois State University for the pilot study.

- c. How will they be recruited? (Attach all recruitment documentation, i.e. letters, flyers, etc.)

I will contact department chairs or deans via e-mail and meet with them in person to discuss the research and ask how they prefer that faculty be chosen and contacted. I will then meet with faculty (in person or over the phone) to discuss the research and their willingness to participate.

- d. What procedures will be used (and in what order) to secure informed consent/assent?

I will discuss the research and my intended outcomes with each faculty member personally. Prior to starting observations, I will provide the attached informed consent document to the faculty member.

- e. Where will the research take place? Please be as specific as possible.

Observations will be conducted in the classroom where each faculty member teaches an undergraduate course. Interviews will take place in the faculty member's office (or other location of the faculty members' choosing). Documents will be analyzed in the work space provided for me on each campus, or in my home.

If consent (and assent) forms are being used, attach copies. If presented verbally, a copy of any presentation text must be submitted. **Templates for informed consent, parent consent /permission, and minor assent can be found at www.rsp.ilstu.edu**

2. Procedure

- a. What are you asking the participants to do? In what order?

I am asking the faculty participants for permission to observe one undergraduate course that they teach in their discipline for one month. I would like access to the participants' course syllabus, associated course materials (books, website, handouts), and perhaps their course evaluations. I am also asking faculty to participate in an interview(s) sometime over the month I will be on campus.

- b. Will you involve them in a psychological intervention, deception, or biomedical procedure?

No.

- c. Will you audio XX₁ or videotape _____, or record in any other manner _____, participant responses? Please check.

I will audiotape the interview session(s) only. Class sessions will not be recorded in any way.

3. Instruments/Apparatus

What forms, surveys, equipment, etc. will you use? (**Attach copies** of all forms, surveys and instruments to be used.)

I will use the attached interview guide in talking with faculty members about their teaching and student learning.

4. Data

- a. How/where will the data be stored and kept secure?

Data will be stored on my laptop and home computers with password protection and on a flashdrive that will be locked in my home or vehicle or that I will have on my person at all times when not at home.

Audio tapes will be erased after data is downloaded to my laptop and home computers.

- b. Who will have access?

Only the researcher will have access to stored data. I will only share individual results with each interview subject in order to make sure I have accurately captured what was communicated.

- c. How will the data be used (during and after the research)?

I plan for several articles and presentations as a result of this research. Participants will be asked to provide pseudonyms so that real names and institutions will not be shared with anyone else.

- d. How will the data be disposed of?

Audio tapes will be destroyed, and data files will be deleted after the articles and presentations have been completed.

C. RISKS

1. What are the physical, psychological, or social (loss of reputation, privacy, or employability) risks?

Risks to faculty members could result from having a colleague observe their in-class teaching methods for a month's time. There may be embarrassment when a class session does not go as planned, or there may be an effect on teaching if the faculty members feel that they are being scrutinized or evaluated. I enter this process as a learner, and have chosen subject areas where I have no knowledge. I will make it clear to faculty what my purpose is and what I hope to learn from my observations and interview(s).

2. Will the data be anonymous _____ or confidential ? (Please check one)

D. BENEFITS

1. What do you hope to learn?

I hope to be able to observe and identify different teaching strategies and kinds of student learning in classes where faculty have been practitioners and in classes where faculty have never practiced in their disciplines. By observing 16 different faculty members I hope to learn the kinds of teaching methods that engage undergraduate student learners. I hope to learn from these faculty about their beliefs about teaching and student learning.

2. Who might find these results useful?

Faculty in the disciplines I will study (nursing, social work, marketing, and criminal justice) should find results across a variety of different kinds of colleges and universities beneficial to enhance their teaching and students' learning. College faculty in other applied disciplines might also be very interested in this research. Faculty development professionals would also be able to use these findings to better prepare faculty in applied areas, or perhaps even faculty in general to become stronger teachers. Graduate students preparing for faculty positions, who rarely receive instruction in how to teach, might also be able to benefit from the results of this research.

3. How will the participants directly benefit?

I have volunteered to be as involved with my faculty participants as they want me to be. I have offered to serve as a "consultant" and share with them my observations of their class as often as they would like. One faculty member already has asked me to have coffee after each class session and "debrief" the class. Some faculty may learn about some habits or problems that inhibits student learning and might be able to correct them. Some faculty may receive recognition that their perceived good teaching is actively engaging students. This is a great opportunity for faculty interested in improvement of teaching and student learning to get some feedback either directly or indirectly through the publications/presentations I will share afterwards.

IV. Checklist

This checklist must be completed and attached to all protocols or Department Representatives will return them to the PI. Please note that for any items checked "yes" you must attach the designated, completed appendices.

XX Yes _____ No Informed consent procedures/ documentation have been clearly explained. **(All protocols must have a completed Appendix A.)**

XX Yes _____ No Is your research being funded? (If yes, complete **Appendix B.**)

_____ Yes XX No Are you recruiting and enrolling subjects 0-7 years old? (If yes, complete and attach **Appendix C.**)

_____ Yes XX No Are you recruiting and enrolling subjects 8-17 years old? (If yes, complete and attach **Appendix C.**)

_____ Yes XX No Are you recruiting and enrolling prisoners as subjects? (If yes, complete and attach **Appendix D.**)

- Yes No Are you recruiting and enrolling pregnant women as subjects? (If yes, complete and attach **Appendix E.**)
- Yes No Are you recruiting and enrolling mentally incapacitated individuals as subjects? (If yes, complete and attach **Appendix F.**)
- Yes No Will the subjects of this study be exposed to the possibility of harm, including physiological, psychological, or social (e.g., loss of reputation, privacy, or employability). (If yes, complete and attach **Appendix G.**)
- Yes No Will the subjects of this study be exposed to any psychological interventions such as contrived social situations, manipulation of the subject's attitudes, opinions or self-esteem, psychotherapeutic procedures, or other psychological influences. (If yes, complete and attach **Appendix H.**)
- Yes No Will this study involve any elements of deception? (If yes, complete and attach **Appendix I.**)
- Yes No Will the proposed research involve any biomedical procedures (e.g., the taking or withholding of medication, ingestion of any food or other substances, injections, blood drawing, or any other procedure which would normally be done under medical supervision). (If yes, complete and attach **Appendix J.**)
- Yes No Will all or some of the subject(s) of the proposed research be audio or videotaped or recorded in any other manner? (If yes, complete and attach **Appendix K.**)
- Yes No Will this proposed research involve any elements of technology? (i.e. web-based subject recruitment, email recruitment, web survey, etc.)

Appendix A: Elements of Informed Consent

The informed consent procedures and documents outlined in this protocol contain all of the following:

- | | | | |
|-------|------------------|-----|--|
| XX | Yes _____ N/A | 1. | A statement that the study involves research |
| XX | Yes _____ N/A | 2. | An explanation of the purposes of the research |
| XX | Yes _____ N/A | 3. | The duration of the participant's participation |
| XX | Yes _____ N/A | 4. | A description of procedures to be followed |
| XX | Yes _____ N/A | 5. | Identification of any experimental procedures |
| XX | Yes _____ N/A | 6. | A description of foreseeable risks or discomforts to the participant |
| XX | Yes _____ N/A | 7. | A description of any benefits to the participants or any others that may be expected from the research |
| _____ | Yes _____ XX N/A | 8. | A disclosure of appropriate alternative procedures or courses of treatment, if any that might be advantageous to the subject |
| XX | Yes _____ N/A | 9. | A statement describing the extent, if any, that confidentiality will be maintained |
| _____ | Yes _____ XX N/A | 10. | An explanation about any compensation or medical treatments that may be available if injury occurs, what they may be, and where to get further information |
| XX | Yes _____ N/A | 11. | An explanation as to whom to contact concerning questions about the research, research participants' rights, and/or a research related injury or adverse effect. This should include the Principal Investigator's name and contact information as well as the Research Ethics & Compliance Office name and number: (309) 438-2520. |
| XX | Yes _____ N/A | 12. | A statement that participation is voluntary |
| XX | Yes _____ N/A | 13. | A statement that refusal to participate involves no penalty or loss of benefits |
| XX | Yes _____ N/A | 14. | A statement that the subject may discontinue participation at any time without penalty or loss of benefits |