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**Protocol Title**: Assessing the Implementation of Undergraduate Research Teams at an Open-Enrollment Institution

**Please read this consent document carefully before you decide to participate in this study.**

Eligibility:

In order to participate in this study, individuals must:

* be 18 years or older, and
* either be
  + a faculty member who supervises a team of two or more students in creative or scholarly work or
  + a student who is part of a team mentored by a faculty member doing scholarly or creative work who has already agreed to participate

Purpose of the research study:

Faculty mentorship of undergraduate students on scholarly and creative work is a high-impact practice which helps students who are at risk of dropping out of college. We are researching the state of such mentorship at UVU. We hope to provide recommendations on the structure and organization of undergraduate teams to faculty members.

What you will be asked to do in the study:

In order to see what faculty mentorship behaviors are effective, we are asking your permission to video record you during a team meeting with your faculty mentor and other students on the team. The meeting should adhere to the typical structure and topics established by your faculty mentor. Videos will be analyzed for mentoring behaviors. A further explanation of the observed behaviors can be found in the debriefing form.

Time required:

The time required for this study is the same as that required of your team meeting. No additional time will be required.

Risks:

There are minimal foreseeable risks associated with participation in this study. (1) You may be worried that your participation will negatively affect your relationship with your mentor. Your faculty member knows that your participation is voluntary and will not penalize you in any way if you choose not to participate. (2) You may feel some worry that the video recording will be released. We will secure the video recordings on hard drives that are not connected to the internet. Further, the hard drives will be locked in filing cabinets within locked offices on UVU’s campus. Upon completion of data collection and analysis, we will securely delete the video recordings.

Benefits:

This study has no direct benefits to you. However, we hope that the information obtained will help us better understand successful mentoring strategies for undergraduate students. Also, we hope your participation will provide future, long-term benefits to college students and instructors of college students.

Compensation:

There is no compensation for participating in this study.

Confidentiality:

We will keep all research records that identify you private to the extent allowed by law. Recordings will be kept in a locked filing cabinet and on a password protected electronic file in Dr. Hill’s secure office. In addition, each team will be assigned a unique code number. All your information will be associated with this code number instead of your name. If we publish data from this study, we will only use team averages and not individual responses.

Voluntary participation:

Your participation in this study is completely voluntary. There is no penalty for not participating or for not completing the study. If you do not want to participate, your faculty mentor will excuse you from the team meeting.

Right to withdraw from the study:

You have the right to withdraw from the study at any time without consequence. If you do not wish to participate, your faculty mentor will excuse you from the team meeting.

Whom to contact if you have questions about the study:

Jessica C. Hill, Ph.D., Utah Valley University, Behavioral Science Department, 800 West University Parkway, MS 115, Orem, UT, 84058; Phone: 801.863.8499; Office: LA-012f.

Whom to contact about your rights as a research participant in the study:

Utah Valley University, Office of the IRB, 800 West University Parkway, MS 272, Orem, UT, 84058-5999; Email: IRB@uvu.edu; Phone: 801.863.8156; Campus Office: BA-203

Agreements:

I have read the procedure described above. I voluntarily agree to participate in the procedure, and I have received a copy of this description.

Participant Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UVID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_