Abbreviated Summary Protocol Form for Academic Department Review
For Minimal Risk Student Course Related Research Intended Solely for Pedagogical Purposes

Office of Research – Research Ethics and Compliance Unit: GM 900– 514.848.2424 ex. 7481
oor.ethics@concordia.ca

This form is recommended for student research projects conducted as part of course requirements.

This form should only be used for research involving minimal or less risk to the participants. It may be completed either:

- By the instructors who will describe the research carried out by their students.
- By the students themselves. In this case, the form may be reviewed by the instructor and then transmitted to the appropriate Departmental representative responsible for the review of minimal risk course related research intended for pedagogical purposes.

Part One: Basic Information

Date: January 15, 2023

1. Name and Department/Program of Researcher:

   Researcher Name: Hakim Mellah
   Department/Program: Computer Science and Software Engineering
   Telephone number: _____ E-mail address: hakim.mellah@concordia.ca

2. Title of Research Project or Activity:

   Case Study: Designing for the Elderly

3. Name and Number of Course:

   SOEN 357 User Interface Design

4. Type of Research:

a. ☒ Survey Forms
b. ☒ Interviews
c. ☐ Lab experiment
d. ☐ Anthropological Observations
e. ☐ Other (**explain below**):

_____

Part Two: Research Participants

5. Characteristics: How many participants are involved in this study?

Are they primarily:

a. ☒ College/University Students
b. ☐ Other adults
c. ☐ Other (**specify**): _____

Part Three: Ethical Concerns

6. Informed Consent:

Have you developed a means to gain participants informed consent?

☒ Yes ☐ No

Will researchers be using a written form or an oral protocol?

☒ Written ☒ Oral

7. Freedom to Discontinue:

Will you inform participants of their right to discontinue?

☒ Yes ☐ No

8. Confidentiality or Anonymity or Alternatives:

Will your research offer participants anonymity (you will not be able to identify them)?

☒ Yes ☐ No

Will your research offer participants confidentiality (you will know who they are but their identities will not be evident in the research reports)?

☒ Yes ☐ No

Will the identities of participants be evident in your research reports?

☐ Yes ☒ No

If yes, have you informed them of this fact?

☐ Yes ☐ No

9. Deception:

Are you in any way deceiving participants about the nature of your research?

☐ Yes ☒ No

If yes, please describe below the nature of the deception and how you will de-brief participants. *Please attach any relevant information.*

_____

10. Managing Risky Situations:

If as a result of your research, you discover that a participant(s) is at risk in some way(s) (psychological, physical, reputational), do you know someone to contact to help advise you how to respond?

☒ Yes ☐ No

11. Coercion:

Is there a potential for participants to perceive they are being coerced into participating in this study?

☐ Yes ☒ No

If yes, do you have a written plan to prevent this perception?

☐ Yes ☐ No, I will have it on (give a date):

12. Signatures:

Researcher(s):  Date: October 2, 2024

Instructor:  Date: January 15, 2023

CONSENT TO PARTICIPATE IN
Case Study: Designing for the Elderly

I understand that I have been asked to participate in a research project being conducted under the supervision of Hakim Mellah of Computer Science and Software Engineering of Concordia University (*hakim.mellah@concordia.ca).*

A. PURPOSE

I have been informed that the purpose of the research is to look at the user experience and user interface (UX and UI) design an application to support elderly users' physical and mental wellbeing whether living at home or in a nursing home with a focus on our current times. Participants of the study will be asked about their current screen time habits, which apps help them to connect with others, how comfortable they are with technology, what kind of apps they find are good for the health, happiness, etc.

B. PROCEDURES

I understand that by participating in the following research I will be requested to answer questions and discuss your feelings towards and opinions of smartphone and other applications. I understand I will be asked about my perception of what would be useful for encouraging healthy habits, happiness and well-being, what kind of app functionality would be deemed useful, what would make it usable etc. Furthermore, participants might be asked to look at designs and play around with prototypes and be asked about their opinions on the designs and experiences using these prototypes. Participation in this research will be carried out either using online questionnaires or virtual interviews.

C. RISKS AND BENEFITS

It is not anticipated that you will experience any discomfort from the procedures, and this research is not intended to benefit you personally.

D. CONDITIONS OF PARTICIPATION

- I understand that I am free to withdraw my consent and discontinue my participation at any time without negative consequences.
- I understand that my participation in this study is: CONFIDENTIAL (i.e., the researcher will know, but will not disclose my identity)
- I understand that the data from this study may be published.

I HAVE CAREFULLY STUDIED THE ABOVE AND UNDERSTAND THIS AGREEMENT. I FREELY CONSENT AND VOLUNTARILY AGREE TO PARTICIPATE IN THIS STUDY.

NAME (please print) _____

SIGNATURE _____

If at any time you have questions about the proposed research, please contact the study's Principal Investigator *Hakim Mellah* of CSSE of Concordia University (*hakim.mellah@concordia.ca).*

If at any time you have questions about your rights as a research participant, please contact the Manager, Research Ethics, Concordia University, 514.848.2424 ex. 7481 oor.ethics@concordia.