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**INFORMED CONSENT DOCUMENT**

## ****Title of Study: Validating an Instrument to Explore Key Elements of Effective Mentoring****

**Investigators:** D. Raj Raman, Brandi N. Geisinger, Mari R. Kemis, Arlene de la Mora, Craig A. Ogilvie

This form describes a research project. It has information to help you decide whether or not you wish to participate. Research studies include only people who choose to take part—your participation is completely voluntary. Please discuss any questions you have about the study or about this form with the project staff before deciding to participate.

## ****Introduction****

The purpose of this study is to create a survey instrument that can be used to learn more about how students are mentored, uncover key elements of effective mentoring, and suggest strategies to improve the ways in which students are mentored.

You are being invited to participate in this study because you are a graduate student at Iowa State University. You must be 18 years of age or older to participate.

## ****Description of Procedures****

If you agree to participate, you will be asked to complete a survey about the mentoring you have received from your major professor during your current graduate program.  The survey should take approximately 10 minutes to complete.

## ****Risks or Discomforts****

There are no known risks or discomforts for participating in this study. Your individual responses to this survey will not be shared with your major professor.

## ****Benefits****

If you decide to participate in this study, there will be nodirect benefit to you. It is hoped that the information gained in this study will benefit society by leading to information that will help improve the ways in which students are mentored.

## ****Costs and Compensation****

You will not incur any costs, beyond your time, from participating in this study. You will not be compensated for participating in this study.

## ****Participant Rights****

Participating in this study is completely voluntary. You may choose not to take part in the study or to stop participating at any time, for any reason, without penalty or negative consequences. You can skip any questions that you do not wish to answer.

Your choice of whether or not to participate will have no impact on you as a student in any way.

If you have any questions about the rights of research subjects or research-related injury, please contact the IRB Administrator, (515) 294-4566, IRB@iastate.edu, or Director, (515) 294-3115, Office for Responsible Research, Iowa State University, Ames, Iowa 50011.

## ****Confidentiality****

Records identifying participants will be kept confidential to the extent permitted by applicable laws and regulations and will not be made publicly available. However, federal government regulatory agencies, auditing departments of Iowa State University, and the Institutional Review Board (a committee that reviews and approves human subject research studies) may inspect and/or copy study records for quality assurance and data analysis. These records may contain private information.

To ensure confidentiality to the extent permitted by law, the following measures will be taken: any identifying information will be stripped from the data prior to data analysis.  Data will be stored electronically on password-protected university computers or in file cabinets in locked university offices.

Participants’ identities will be kept confidential when results of the study are disseminated. Only aggregate group data will be reported.

## ****Questions****

You are encouraged to ask questions at any time during this study. For further information**about the study,** contact Brandi Geisinger at brandige@iastate.edu, 515-294-9622, or Mari Kemis, at mrkemis@iastate.edu, 515-294-9452.

## ****Consent and Authorization Provisions****

Clicking “I agree” below indicates that you voluntarily agree to participate in this study, that the study has been explained to you, that you have been given the time to read the document, and that your questions have been satisfactorily answered. Please print a copy of the informed consent for your own files.

* I agree
* I do not agree

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