UNIVERSITY OF CENTRAL FLORIDA

Title of Study[1]: Improving Cybersecurity Culture in the Workplace: A Study of Training Practices and Perceptions

Principal Investigator: Joe Kider

Key Information: The following is a short summary of this study to help you decide whether or not to be a part of this study. More detailed information is listed later on in this form.

Why am I being invited to take part in a research study?

We invite you to take part in a research study because you fit the criteria of an individual who interacts with emails often but is not formally trained in computer communications.

Why is this research being done?

This research is being conducted to investigate the effectiveness of a specific cybersecurity training module that focuses on identifying fraudulent emails or phishing attempts. The aim is to understand how effective the training module is in improving people's knowledge and awareness of cybersecurity threats, and whether it is easy to use and helpful in preventing individuals from falling victim to phishing attempts. The findings of this research can help to improve the design and effectiveness of cybersecurity training modules, which can ultimately help to protect individuals and organizations from cyber threats. Additionally, by increasing awareness and knowledge about cybersecurity threats, we can help individuals make more informed decisions about their online behavior, which is becoming increasingly important as more and more of our daily activities are moving online.

How long will the research last and what will I need to do?

We expect that you will be in this research study for roughly 30 minutes.

You will be asked to watch a 12-minute training video that focuses on identifying fraudulent emails or phishing attempts. After watching the video, you will participate in an interactive game that will test your knowledge of the material presented in the training video. Finally, you will be asked to complete a short questionnaire about your experience with the training module.

More detailed information about the study procedures can be found under ***"What happens if I say yes, I want to be in this research?"***

Is there any way being in this study could be bad for me?

The risks to participation are minimal and do not exceed the risks associated with activities found in daily life.

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[1] This template satisfies AAHRPP elements I.1.G, I.4.A, I-9, II.3.C-II.3.C.1, II.3.E, II.3.F, II.4.B, III.1.F, III.1.G

More detailed information about the risks of this study can be found under ***"Is there any way being in this study could be bad for me? (Detailed Risks) [Delete if not applicable]***

Will being in this study help me any way?

We cannot promise any benefits to you or others from your taking part in this research. However, possible benefits include a better understanding of what factors to pay close attention to when attempting to determine if an email is fraudulent.

What happens if I do not want to be in this research?

Participation in research is completely voluntary. You can decide to participate or not to participate.

Detailed Information: The following is more detailed information about this study in addition to the information listed above.

What should I know about a research study?

- Someone will explain this research study to you.
- Whether or not you take part is up to you.
- You can choose not to take part.
- You can agree to take part and later change your mind.
- Your decision will not be held against you.
- You can ask all the questions you want before you decide.

Who can I talk to?

If you have questions, concerns, or complaints, or think the research has hurt you, talk to the research team: at jkider@ist.ucf.edu

This research has been reviewed and approved by an Institutional Review Board ("IRB"). You may talk to them at 407-823-2901or irb@ucf.edu if:

- Your questions, concerns, or complaints are not being answered by the research team.
- You cannot reach the research team.
- You want to talk to someone besides the research team.
- You have questions about your rights as a research subject.
- You want to get information or provide input about this research.

How many people will be studied?

We expect 10 – 15 people will be in this research study.

What happens if I say yes, I want to be in this research?

Introduction: At the beginning of the study, the researcher will provide an introduction to the study and explain the purpose of the research.

Training video: Participants will be asked to watch a 12-minute training video that focuses on identifying fraudulent emails or phishing attempts.

Interactive game: After watching the training video, participants will participate in an interactive game that tests their knowledge of the material presented in the training video. The game will take approximately 8 minutes to complete.

Questionnaire: Participants will then be asked to complete a short questionnaire about their experience with the training module. The questionnaire will take approximately 5-10 minutes to complete.

Debrief: Once the study is complete, the researcher will provide a debriefing to the participants. This includes an explanation of the purpose of the study and an opportunity for participants to ask any questions or raise any concerns.

The only device you will interact with is a desktop computer or laptop to watch the video, participate in the interactive game, and fill out the survey.

What happens if I say yes, but I change my mind later?

You can leave the research at any time it will not be held against you.

What happens to the information collected for the research?

Efforts will be made to limit the use and disclosure of your personal information, including research studies, to people who have a need to review this information. We cannot promise complete secrecy. Organizations that may inspect and copy your information include the IRB and other representatives of this organization.

Your information or samples that are collected as part of this research will not be used or distributed for future research studies, even if all of your identifiers are removed.

There are some important things that you need to know. The Certificate DOES NOT stop reporting that federal, state or local laws require. Some examples are laws that require reporting of child or elder abuse, some communicable diseases, and threats to harm yourself or others. The Certificate CANNOT BE USED to stop a sponsoring United States federal or state government agency from checking records or evaluating programs. The Certificate DOES NOT stop disclosures required by the federal Food and Drug Administration (FDA). The Certificate also DOES NOT prevent your information from being used for other research if allowed by federal regulations.

Researchers may release information about you when you say it is okay. For example, you may give them permission to release information to insurers, medical providers or any other persons not connected with the research. The Certificate of Confidentiality does not stop you from willingly releasing information about your involvement in this research. It also does not prevent you from having access to your own information.

Can I be removed from the research without my OK?

We will tell you about any new information that may affect your health, welfare, or choice to stay in the research.

Signature Block for Capable Adult

Your signature documents your permission to take part in this research.

Signature of subject	Date
Printed name of subject	
Signature of person obtaining consent	Date
Printed name of person obtaining consent	

My signature below documents that the information in the consent document and any other written information was accurately explained to, and apparently understood by, the subject, and that consent was freely given by the subject.

Signature of witness to consent process	Date
Printed name of person witnessing consent process	

Signature Block for Adult Unable to Consent

Your signature documents your permission for the named subject to take part in this research.

Printed name of subject	
Signature of legally authorized representative	Date
Printed name of legally authorized representative	
Signature of person obtaining consent	Date
Printed name of person obtaining consent	