

Informed Consent

TITLE OF STUDY

Assessing the effectiveness of significant team-based learning application exercises relative to traditional practice problems in TBL principles of microeconomics classrooms

PRINCIPAL INVESTIGATOR

[Name]

[Department]

[Address]

[Phone]

[Email]

PURPOSE OF STUDY

You are invited to participate in a research study about the team-based learning approach to learning economics that you will participate in this semester. The purpose of the study is to examine whether some of the application exercises in which you will participate are more effective than others. The study will occur after the semester is over by analyzing your data on the post-module quizzes that you take. If you choose to participate, we will keep your data after the semester is over and analyze it during the Spring 2020 semester.

ELIGIBILITY

You are eligible to participate in this study if you are 18 years of age or older and are a student in this course. If you are under age 18, you are not eligible to participate in this study.

STUDY PROCEDURES

To do this study, we will use the data about your performance in class this semester. If you choose to release your data, we will use your post-module data from the following modules: supply and demand, firm costs and competitive markets, imperfect competition, and externalities.

In addition, we will ask you to fill out a short demographic questionnaire that is attached to this form. In this questionnaire, we will ask you to indicate your gender, ethnicity, and whether or not you are the first in your family to attend college. You may choose not to answer any or all of these questions.

If you choose to release your data, we will combine your data with data from other students and analyze it to determine if the application exercises improved your learning. We will not include your name in the data set. You will be identified by a unique ID number. Your instructor will maintain a master file that contains your name, ID number, and survey responses in order to ensure data continuity. These data will be securely stored in the same way that all grade data is securely stored to protect your privacy.

If you choose not to release your data, your data will be deleted from all data files, including the master file.

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RISKS

There is small risk of data compromise. The research team will employ secure data storage procedures by deleting your name from the data file used for analysis, and using password-protected files.

BENEFITS

There is no direct benefit to you for releasing your data to this study.

CONFIDENTIALITY

The researchers will use secure data storage methods and password-protected files to ensure the privacy of your data. Your privacy will also be maintained by deleting your name from the data file before data analysis begins. In any presentation or publication that results from this study, it will not be possible to determine your individual identity, or the identity of any other individual.

CONTACT INFORMATION

The investigator(s) will be happy to answer any questions you may have at any time during the course of the study. If you are not satisfied with the answers you receive, please call the [YOUR INSTITUTION] Institutional Review Board at [YOUR INSTITUTION'S IRB PHONE NUMBER] to discuss your questions or concerns further. If you have questions about your rights as a research subject, or if you experience a research-related injury of any kind, please contact the investigator(s) and/or the IRB office. All concerns and questions will be kept in confidence.

VOLUNTARY PARTICIPATION

Your decision whether or not to participate will not affect your current or future relations with Pacific University or any other university participating in this study. If you decide to participate, you are free to not answer any question or withdraw at any time without prejudice or negative consequences. If you choose to withdraw after beginning the study, we will delete your data from the data file. If significant new findings develop (or are discovered) during the course of this research that could impact your decision to continue participation, such findings will be shared with you and you will be given the opportunity to withdraw from the study.

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CONSENT

YES NO

- I am 18 years of age or over.
- All my questions have been answered.
- I have read and understand the description of my participation duties.
- I have been offered a copy of this form to keep for my records.
- I voluntarily agree to participate in this study and understand that I may withdraw at any time without consequence.

Signature

Date

Printed Full Name

Participant
Study Role

Signature

Date

Printed Full Name

Principal Investigator
Study Role