Institutional Review Board WPI IRB Application

IRB File #
Date:
IRB Office Use

Worcester Polytechnic Institute IRB# 1 HHS IRB # 00007374

indicates	that further documents may	be required to explain your study	
This application is for: (Please check one)	Expedited Review	☐ Full Review	WP IRB
,	·	_	use
Principal Investigator (PI) or Project Faculty	Advisor: (NOT a student of t	E-Mail	only
Name: Vincent Manzo	Tel No:	Address: vjmanzo@wpi.edu	
Department: Music Department			
Co-Investigator(s): (Co-PI(s)/non students)		E Mail	
Name:	Tel No:	E-Mail Address:	
		E-Mail	
Name:	Tel No:	Address:	
Student Investigator(s):			
- ','		E-Mail	
Name: Guillermo Rivera	Tel No:		
Name: Edward Shaddock	Tel No:	E-Mail Address: elshaddock@wpi.edu	
		E-Mail	
Name: Chandler Reynolds	Tel No:	Address: coreynolds@wpi.edu	
The second Divisions were	T 111	E-Mail ttpiyajarawong@wpi.	
Name: Thananart Piyajarawong	Tel No:	Address: <u>edu</u>	
Check if: Undergraduate project (MQP, IQ Graduate project (M.S. Ph.D., oth Has an IRB ever suspended or terminated a stu No Yes (Attach a summary of the e Vulnerable Populations: The proposed resear	ner) Idy of any investigator listed a vent and resolution.) ch will involve the following (0		
pregnant women human fetuses		nildren prisoners	
Collaborating Institutions: (Please list all coll TI-ME.org	aborating Institutions.)		
Locations of Research: (If at WPI, please ind. Alden Memorial	icate where on campus. If off	campus, please give details of locatio	ns.)
Project Title: E Term IQP 2017 Music an	d Video Game design		
Funding: (If the research is funded, please end application.)	close one copy of the researc	h proposal or most recent draft with yo	ur
Funding Agency:		WPI Fund:	

Institutional Review Board WPI IRB Application

IRB File	#
Date:	

IRB Office Use

Worcester Polytechnic Institute IRB# 1 HHS IRB # 00007374

Human Subjects Research: (All study personnel having direct contact with subjects must take and pass a training course on human subjects research. There are links to web-based training courses that can be accessed under the Training link on the IRB web site http://www.wpi.edu/offices/irb/training.html. The IRB requires a copy of the completion certificate from the course or proof of an equivalent program.)

completion certificate from the course or proof of an equivalent program.) 🖺			
Anticipated Da	tes of Research:		
Start Date:	7/5/2017	Completion Date:	7/12/2017
	•	If you are asked to provide an explanation, incomplete application will be returned.	please do so with adequate details. If
study. Insert be Our team, with t playing a Video	elow using non-technic the help of Professor \ Game instead of usin	ide a concise statement of the background, eal language that can be understood by nor /incent Manzo, are designing a game that w g conventional classroom tactics. We want and how technology has played a role in t	n-scientist members of the IRB.) will help students learn the piano by to ask music professors about their
Define all abbre	viations and use simp	sufficient information for effective review by le words. Unless justification is provided th of a grant application is not an acceptable s	nis part of the application must not

- A.) For **biomedical**, **engineering and related research**, please provide an outline of the actual experiments to be performed. Where applicable, provide a detailed description of the experimental devices or procedures to be used, detailed information on the exact dosages of drugs or chemicals to be used, total quantity of blood samples to be used, and descriptions of special diets.
- B.) For applications in the **social sciences, management and other non-biomedical disciplines** please provide a detailed description of your proposed study. Where applicable, include copies of any questionnaires or standardized tests you plan to incorporate into your study. If your study involves interviews please submit an outline indicating the types of questions you will include.
- C.) If the study involves **investigational drugs or investigational medical devices**, and the PI is obtaining an Investigational New Drug (IND) number or Investigational Device Exemption (IDE) number from the FDA, please provide details.
- D.) Please note if any hazardous materials are being used in this study.
- E.) Please note if any **special diets** are being used in this study.

Institutional Review Board

WPI IRB Application

Worcester Polytechnic Institute IRB# 1 HHS IRB # 00007374

IRB File #	
Date:	
IRB Office Use	

3.) Subject Information:
A.) Please provide the exact number of subjects you plan to enroll in this study and describe your subject population. (eg. WPI students, WPI staff, UMASS Medical patient, other)
Males: 4 Pemales: 4 Description: TI:ME Piano Professors
B.) Will subjects who do not understand English be enrolled? No Yes (Please insert below the language(s) that will be translated on the consent form.)
C.) Are there any circumstances under which your study population may feel coerced into participating in this study? No \boxtimes Yes \square (<i>Please insert below a description of how you will assure your subjects do not feel coerced.</i>) We will first reach out to the organization as a whole, indicating that this study is anonymous. When that information is sent out, we will then wait for replys from candidates willing to be interviewed.
D.) Are the subjects at risk of harm if their participation in the study becomes known? No ☑ Yes ☐ (Please insert below a description of possible effects on your subjects.)
E.) Are there reasons for excluding possible subjects from this research? No ☑ Yes ☐ (If yes, please explain.)
F.) How will subjects be recruited for participation? <i>(Check all that apply.)</i>
□ Other: (Identify) □ Database: (Describe how database populated) □ Referral: (By whom) Vincent Manzo □ Newspaper □ Bulletin board □ Television □ Letters
☐ Internet ☐ E-mail G.) Have the subjects in the database agreed to be contacted for research projects? No ☐ Yes ☐ N/A ☐
H.) Are the subjects being paid for participating? (Consider all types of reimbursement, ex. stipend, parking, travel.) No Yes Gift certificate Other:
Amount of compensation
4.) Informed Consent:
A.) Who will discuss the study with and obtain consent of prospective subjects? <i>(Check all that apply.)</i> □ Principal Investigator □ Co-Investigator(s) □ Student Investigator(s)

Institutional Review Board WPI IRB Application

IRB File #	
Date:	
IRB Office Use	

Worcester Polytechnic Institute IRB# 1 HHS IRB # 00007374

B.) Are you aware that subjects must read and sign an Informed Consent Form prior to conducting any study-related procedures and agree that all subjects will be consented prior to initiating study related procedures?	No ☐ Yes ⊠
C.) Are you aware that you must consent subjects using only the IRB-approved Informed Consent Form?	No ☐ Yes ⊠
D.) Will subjects be consented in a private room, not in a public space?	No ☐ Yes ⊠
E.) Do you agree to spend as much time as needed to thoroughly explain and respond to any subject's questions about the study, and allow them as much time as needed to consider their decision prior to enrolling them as subjects?	No ☐ Yes ⊠
F.) Do you agree that the person obtaining consent will explain the risks of the study, the subject's right to decide not to participate, and the subject's right to withdraw from the study at any time?	No ☐ Yes ⊠
G.) Do you agree to either 1.) retain signed copies of all informed consent agreements in a secure location for at least three years or 2.) supply copies of all signed informed consent agreements in .pdf format for retention by the IRB in electronic form?	No ☐ Yes ⊠
(If you answer No to any of the questions above, please provide an explanation.)	
5.) Potential Risks: (A risk is a potential harm that a reasonable person would consider important to participate in research. Risks can be categorized as physical, psychological, sociological, economic include pain, stress, invasion of privacy, embarrassment or exposure of sensitive or confidential data and discomforts must be minimized to the greatest extent possible by using e.g. appropriate monitor and withdrawal of a subject if there is evidence of a specific adverse event.) A.) What are the risks / discomforts associated with each intervention or procedure in the study?	nic and legal, and a. All potential risks
N/A	
B.) What procedures will be in place to prevent / minimize potential risks or discomfort? Initially we will discuss the purpose of the study, allowing the subjects to willingly take part in the int the subject feels that some of the questions are out of their area of expertise/knowledge, we will constudy not focusing on what they were not able to answer.	
6.) Potential Benefits:	
A.) What potential benefits other than payment may subjects receive from participating in the study? The subjects might think of creative new ways to teach in the classroms	>
B.) What potential benefits can society expect from the study? New techniques of teaching musical instruments might emerge.	

Institutional Review Board WPI IRB Application

IRB File #
Date:
IRB Office Use

Worcester Polytechnic Institute IRB# 1 HHS IRB # 00007374

7.) Data Collection, Storage, and Confidentiality:
A.) How will data be collected? Each subject will have a one on one interview with the primary investigator whom will ask them a series of questions. That information will then be transcribed for the benefit of the study.
B.) Will a subject's voice, face or identifiable body features (eg. tattoo, scar) be recorded by audio or videotaping? No Yes (Explain the recording procedures you plan to follow.) We will record what is answered through a video call. the recordings will be kept away safely with the consent forms. The information discussed in the video call will be transcribed onto a document in the format of Q and A.
C.) Will personal identifying information be recorded? No Yes (If yes, explain how the identifying information will be protected. How will personal identifying information be coded and how will the code key be kept confidential?)
D.) Where will the data be stored and how will it be secured? The data files will be kept together with the consent form data files. After the interviews have been transcribed, these recording will not need to be touched.
E.) What will happen to the data when the study is completed? After the study is complete, the anonymous transcripts will be kept, but the video recordings will be securely deleted.
F.) Can data acquired in the study adversely affect a subject's relationship with other individuals? (i.e. employee-supervisor, student-teacher, family relationships) No
G.) Do you plan to use or disclose identifiable information outside of the investigation personnel? No ⊠ Yes ☐ (Please explain.)
H.) Do you plan to use or disclose identifiable information outside of WPI including non-WPI investigators? No ☑ Yes ☐ (Please explain.)

8.) Incidental findings: In the conduct of information gathering, is it possible that the investigator will encounter any incidental findings? If so, how will these be handled? (An incidental finding is information discovered about a subject which should be of concern to the subject but is not the focus of the research. For example, a researcher monitoring heart rates during exercise could discover that a subject has an irregular heartbeat.)

Institutional Review Board

WPI IRB Application

IRB File #
TRE THE "
Data
Date:
IRB Office Use

Worcester Polytechnic Institute IRB# 1 HHS IRB # 00007374

No, this study just focuses on methods of teaching in the classroom. These are professionals in the workfield who would not give us any incidental findings.
9.) Deception: (Investigators must not exclude information from a subject that a reasonable person would want to know in deciding whether to participate in a study.) Will the information about the research purpose and design be withheld from the subjects? No ☑ Yes ☐ (Please explain.) The explicit purpose of the reserch study will be explained to the subjects before they consent
10.) Adverse effects: (Serious or unexpected adverse reactions or injuries must be reported to the WPI IRB within 48 hours using the IRB Adverse Event Form found out at http://www.wpi.edu/offices/irb/forms.html . Other adverse events should be reported within 10 working days.)
No adverse effects will occur in this study.
11.) Conflict of Interest: (A conflict of interest occurs when an investigator or other key personnel in a study may enjoy material benefits based on study results. Relationships that give rise to a conflict of interest or the appearance of a conflict of interest must be disclosed in the informed consent statement provided to study subjects. More information, including examples of relationships that require disclosure and those that do not, can be found here.) A.) Do any of the investigators listed on this application have a potential or actual conflict of interest with regard to this study? a. Investigator (name) _Guillermo Rivera
B.) If any of the answers to 11A. are "Yes," please attach an explanation of the nature of the conflict to this application and identify appropriate language for use in the consent form. Examples of consent language are found on the IRB website, here .
C.) Does each WPI faculty or staff member named as an investigator have a current WPI conflict of interest disclosure form on file with the appropriate supervisor/department head? No \boxtimes Yes \square

12.) Informed consent: (Documented informed consent must be obtained from all participants in studies that involve human subjects. You must use the templates available at http://www.wpi.edu/offices/irb/forms.html to prepare these forms. Informed consent forms must be included with this application. Under certain circumstances the WPI IRB may waive the requirement for informed consent.)

Institutional Review Board WPI IRB Application

Worcester Polytechnic Institute IRB# 1 HHS IRB # 00007374

IRB File #	
Date:	
IRB Office Use	

Investigator's Assurance:

I certify the information provided in this application is complete and correct.

I understand that I have ultimate responsibility for the conduct of the study, the ethical performance of the project, the protection of the rights and welfare of human subjects, and strict adherence to any stipulations imposed by the WPI IRB.

I agree to comply with all WPI policies, as well all federal, state and local laws on the protection of human subjects in research, including:

- ensuring the satisfactory completion of human subjects training.
- performing the study in accordance with the WPI IRB approved protocol.
- implementing study changes only after WPI IRB approval.
- obtaining informed consent from subjects using only the WPI IRB approved consent form.
- promptly reporting significant adverse effects to the WPI IRB.

Signature of Principal Investigator	
Print full name and title	
	Date

Please return a signed hard copy of this application to the WPI IRB c/o Ruth McKeogh 2nd Floor Project Center Or email an electronic copy to irb@wpi.edu

If you have any questions, please call (508) 831-6699.

Institutional Review Board WPI IRB Application

Worcester Polytechnic Institute IRB# 1 HHS IRB # 00007374

Date:

IRB Office Use