INFORMED CONSENT DOCUMENT

Project Title: Core Competency Training and Assessment for Bioscience PhD Students

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Research Team Contact: Janie Henderson, Curriculum Coordinator, 314-362-7817, janiehenderson@wustl.edu

This consent form describes the research study and helps you decide if you want to participate. It provides important information about what you will be asked to do during the study, about the risks and benefits of the study, and about your rights and responsibilities as a research participant. By signing this form you are agreeing to participate in this study.

- You should read and understand the information in this document including the procedures, risks and potential benefits.
- If you have questions about anything in this form, you should ask the research team for more information before you agree to participate.
- You may also wish to talk to your family or friends about your participation in this study.
- Do not agree to participate in this study unless the research team has answered your questions and you decide that you want to be part of this study.

WHAT IS THE PURPOSE OF THIS STUDY?

This is a research study. We invite you to participate in this research study because you are a graduate student in the Division of Biology and Biomedical Sciences (DBBS) at Washington University in St. Louis.

The purpose of this research study is to better understand what constitutes effective, evidence-based training for Ph.D. students in the sciences. DBBS is designing and implementing new curriculum in fundamental core competencies that are necessary for success in science.

WHAT WILL HAPPEN DURING THIS STUDY?

DBBS has designed instruments to collect data from DBBS students in line with the goals of the new curriculum stated above. You will be asked to complete annual assessments. Each May, you will receive an email prompting you to complete an online survey assessment. The survey is designed to assess your level of confidence in the following areas: Scientific Reasoning, Bioscience Knowledge & Skills, Responsible Conduct of Research, Writing & Communication, Career Readiness, and Managing Self & Others. You can complete the surveys at any location where you can access the internet. You are free to skip any questions that you would prefer not to answer. We estimate that the assessment will take you 5-10 minutes to complete each year. Additionally, if you agree to participate in this study, data collected through the admissions process (demographic data, undergraduate education) and academic milestones (course grades, qualifying exam results, time-to-degree) will also be used in analysis.
HOW MANY PEOPLE WILL PARTICIPATE?

Up to 600 people will take part in this study conducted by investigators at Washington University.

HOW LONG WILL I BE IN THIS STUDY?

If you agree to take part in this study, your involvement will last for the duration of your Ph.D. training in DBBS. During that time, you will be asked to complete an online assessment each fall while you are enrolled in a DBBS graduate program and we will continue to access information from your student record related to academic milestones (course grades, qualifying exam results, time-to-degree).

WHAT ARE THE RISKS OF THIS STUDY?

One risk of participating in this study is that confidential information about you may be accidentally disclosed. We will use our best efforts to keep the information about you secure. Please see the section in this consent form titled “How will you keep my information confidential?” for more information.

WHAT ARE THE BENEFITS OF THIS STUDY?

You will not benefit from being in this study.

However, we hope that, in the future, other people might benefit from this study because the data collected may help scholars and educators researching effective approaches to graduate education as well as academic success and retention of underrepresented minorities and women in bioscience PhD programs.

WILL IT COST ME ANYTHING TO BE IN THIS STUDY?

You will not have any costs for being in this research study.

WILL I BE PAID FOR PARTICIPATING?

You will not be paid for being in this research study.

WHO IS FUNDING THIS STUDY?

The University and the research team are not receiving payments from other agencies, organizations, or companies to conduct this research study.

HOW WILL YOU KEEP MY INFORMATION CONFIDENTIAL?

Other people such as those indicated below may become aware of your participation in this study and may inspect and copy records pertaining to this research. Some of these records could contain information that personally identifies you. We will keep your participation in this research study
confidential to the extent permitted by law.

- Government representatives (including the Office for Human Research Protections) to complete federal or state responsibilities
- University representatives to complete University responsibilities
- Washington University’s Institutional Review Board (a committee that oversees the conduct of research involving human participants) and Human Research Protection Office. The Institutional Review Board has reviewed and approved this study.

To help protect your confidentiality, we will store your identifiable survey data as secure, password-protected files. Your name and other identifiable information will be removed from the data set before any analysis is conducted. Any report or article that we write will not include information that can directly identify you. The journals that publish these reports or articles require that we share your information that was collected for this study with others. Sharing this information will allow others to make sure the results of this study are correct and help develop new ideas for research. Your information will be shared in a way that cannot directly identify you.

In rare instances, a researcher’s study must undergo an audit or program evaluation by Washington University or an oversight agency (such as the Office for Human Research Protection). This may lead to disclosure of your data as well as any other information collected by the researcher. If this were to occur, such information would only be used to determine whether the researcher conducted this study properly and adequately protected your rights as a human research participant. Importantly, any and all auditing agencies would maintain the confidentiality of any information reviewed by their office(s).

**IS BEING IN THIS STUDY VOLUNTARY?**

Taking part in this research study is completely voluntary. You may choose not to take part at all. If you decide to be in this study, you may stop participating at any time. Any data that was collected as part of your participation in the study will remain as part of the study records and cannot be removed. If you decide not to be in this study, or if you stop participating at any time, you won’t be penalized or lose any benefits for which you otherwise qualify.

**What if I decide to withdraw from the study?**

You may withdraw by telling the study team you are no longer interested in participating in the study.

**WHAT IF I HAVE QUESTIONS?**

We encourage you to ask questions. If you have any questions about the research study itself, please contact Janie Henderson at 314-362-7817 (janiehenderson@wustl.edu). If you feel that you have been harmed in any way by your participation in this study, please contact Dr. Jessica Hutchins at 314-537-7125 (jhutchins@wustl.edu).

If you have questions, concerns, or complaints about your rights as a research participant please contact the Human Research Protection Office at 1-(800)-438-0445, or email hrpo@wustl.edu. General information about being a research participant can be found on the Human Research Protection Office
web site, http://hrpo.wustl.edu. To offer input about your experiences as a research participant or to speak to someone other than the research staff, call the Human Research Protection Office at the number above.

This consent form is not a contract. It is a written explanation of what will happen during the study if you decide to participate. You are not waiving any legal rights by agreeing to participate in this study.

Your signature indicates that this research study has been explained to you, that your questions have been answered, and that you agree to take part in this study. You will receive a signed copy of this form.

Do not sign this form if today’s date is after EXPIRATION DATE: 07/16/20.

(Signature of Participant)  (Date)

(Participant's name – printed)

Statement of Person Who Obtained Consent

The information in this document has been discussed with the participant or, where appropriate, with the participant’s legally authorized representative. The participant has indicated that they understand the risks, benefits, and procedures involved with participation in this research study.

(Signature of Person who Obtained Consent)  (Date)

(Name of Person who Obtained Consent - printed)