



# Section 5: Frequently Asked Questions, Sample IRB Applications, Sample Forms, registration information, and library information

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## Frequently asked questions

### 1. What do reviewers look for?

In addition to the completeness of your IRB materials, grammar and spelling counts. The fillable IRB forms do not allow you to use any spell-checking functions, so be sure to read through your materials before uploading any forms. Check the spelling in consent forms and surveys prior to uploading the documents into the IRBNet system. This package of documents is a reflection of you and your professionalism. In addition, in consent documents, you are a representative of Central Michigan University. Take time with your IRB materials. Be as detailed and specific as possible.

### 2. What do the IRB categories mean?

- a. Projects involving the highest level of risk to the proposed research subjects are reviewed by the full IRB committee. This is called “full board review.” The IRB committee may approve a project as submitted, may request revisions/clarifications, or may deny an application.
- b. Projects with a lower level of risk, but often involving procedures that could identify the human subjects (for example, face to face interviews, observation, or coding) are reviewed by two members of the full IRB committee. One or both of those members may refer a study for full board review or both may recommend approval as submitted or after clarifications or revisions are received and reviewed.
- c. Projects with minimal risk to the subjects are reviewed and approved by a representative of the IRB committee. These projects do not require review by the entire IRB committee and are, thus, “exempt” from full board review.
- d. Projects involving data that is not human subjects data, such as financial information or public policies qualifies for the non-human research determination. Survey data may qualify for this category if it already comes to the researcher as summarized and de-identified data. If the source of the data is not available to the general public, a permission letter (on letterhead) should be included in your IRB materials.

### 3. Use of other CMU students as research subjects

CMU’s Off Campus Programs supports student research, including providing access to other Off Campus Programs students as research subjects. However, it is important to understand that the size of our student body, and the nature of our students, require that we manage access to students carefully. Students wishing to use Off Campus Program students as voluntary subjects for survey projects must follow the steps and guidelines outlined below. Failure to follow each of these steps in order will result in the refusal of access to Off Campus Programs students as research subjects.

- ❖ Prior to distributing research instruments, contact center personnel at each center where you intend to collect data to provide the required documents (for example, CMU approval letter, IRB approval, etc.) and to share your specific data-collection plan.
- ❖ The researcher may place the instrument in a public area of the center (e.g., back of a classroom, in the student lounge, in the reception area), at the discretion of the center administrator. Alternately, the researcher (or associate) can go to the center and solicit students *before* class begins, during a break, or after class.
- ❖ In no cases will class time be devoted to data collection.
- ❖ The researcher is responsible for collection of survey instruments, including provision of drop boxes (if displaying the instruments) or providing respondents with a self-addressed, stamped envelope for returning surveys.
- ❖ We are sorry, but center personnel cannot be involved in your project beyond assisting you in placing your instrument in a public place. The researcher is responsible for making copies, administering the survey, collecting the instruments, etc.
- ❖ CMU letterhead and envelopes are not available for student research projects.

**MSA 685 student requests for data, databases, mailing lists, or access to students associated with student research projects should be directed to:**

Kim Gribben, Assistant Director, MSA Program  
 Rowe 222, CMU  
 Mt. Pleasant, Michigan 48859

[gribb1kd@cmich.edu](mailto:gribb1kd@cmich.edu) or [msa@cmich.edu](mailto:msa@cmich.edu)

**In your request to Kim Gribben please include a copy of your survey and survey cover letter as well as a description of how the surveys will be distributed and collected.**

These requests will be considered individually on the basis of their relevance to Off Campus Programs, and the study's potential to be of benefit to Off Campus Programs. Privacy of study subjects will be strictly protected. **Ms. Gribben's permission letter should be included in your IRB application.**

**4. Use of e-mail in distributing and collecting surveys**

Unfortunately, the use of e-mail to distribute and collect surveys poses a number of issues in terms of subject anonymity. Even if the researcher chooses to delete the emails which contain identifying information, there is still the possibility that the e-mails still exist on hard drives or, in networked systems, , are backed up by the server. As students you have access to many free web-based survey services. You are strongly encouraged to use these services.

## 5. Hospital IRBs and other institutional IRBs

In the conduct of research involving more than one institution, **each** institution is responsible for safeguarding the rights and welfare of human subjects and for complying with federal regulations. Institutions may enter into a joint review of another qualified IRB, or make similar arrangements for avoiding duplication of effort. The agreement for IRB review of cooperative research must be documented in writing with copies to be furnished to all parties to the agreement, and those responsible for ensuring compliance with the regulations and the IRB's determinations. Such agreements must be noted on CMU's Federal Wide Assurance documents and filed with the OHRP. Investigators should seek IRB counsel prior to engaging in cooperative research involving the use of human subjects.

CMU students who have gone through another institution's IRB committee must submit the following information:

1. The standard CMU IRB application materials.
2. A copy of the other institution's IRB approval. This must be on letterhead.
3. If not included with the application or proposal, submit copies of permission letters (on letterhead) granting access to their subject pool. For example, if the student is surveying hospital ER personnel, we need a permission letter from the hospital's ER administrator.

**After data collection, students must submit CMU's end of data collection report form (only required for expedited or full board approvals).**

*Note:* Students should check with their hospital IRB committee to determine if hospital IRB review is required. If the guidelines stated above are not consistent with the hospital's IRB procedures, please have your monitor call the MSA office.

## 6. Secondary data

Secondary data encompasses many types of data, such as financial data, public records, and record reviews (student files, medical files, etc.). The "Non-Human Research Determination" form will help you determine if the data you plan to use moves your IRB application into the "exempt" or "expedited" IRB category.

Projects involving record reviews may fall in the exempt or in the expedited category. Human subjects research regulations are based on the assumption that only persons authorized by the institution that made the records will be given access to those records, that anyone given access has been trained in the importance of maintaining the confidentiality of information, and he/she can be trusted not to casually disclose confidential information. A records study is usually exempt as long as the information is recorded in such a manner that subjects cannot be identified directly or through identifiers linked to subjects, and consequently there is no possibility of an accidental breach of confidentiality (e.g., even if the researcher lost the data in the airport, there would be no way to link the information to individual

persons). So, a key issue is not whether the researcher can see the names in the files, but whether the information is recorded for research purposes without identifiers or codes that link data to names.

An additional issue is whether using the records for research purposes might be viewed as an impermissible invasion of subject privacy. If the records were created for non-research purposes (such as medical treatment or diagnosis) and the subjects had high expectation that the records would be kept private, the study should be reviewed at the expedited level. Also, if names or codes linked to names are recorded, the study is expedited. Be sure to check page 11 of the IRB Policies and Procedures for information about HIPAA regulations.

### **7. Telephone scripts**

If a student plans to conduct a telephone survey, the “consent form for phone and informal “on-the-street” interviews” should be used. The template for this consent form is found in the forms library in IRBNet.

### **8. Permission letters**

Approvals to conduct surveys or interviews should be on company or institution letterhead. If the name of the person giving authorization is not clear, you may be required to supply the name. E-mail permission letters may be accepted if sent from the organization’s e-mail system. Requesting a permission letter may be a lengthy process, for example, if you need review by the legal department or consent from the union. You will be required to add your permission letter to the IRB application that you submit through the IRBNet system. If you are not able to scan your permission letter and add as the letter to your study as a PDF, please fax a copy of the permission letter to the MSA office (989-774-2575). Be sure to clarify that you need the letter scanned and added to your IRB study. As soon as your study has been shared with Kim Gribben, the permission letter can be scanned and added to your IRBNet file.

### **9. Public Property**

Remember that public property is just that, property belonging to the city or state. However, local ordinances may vary and it may be prudent to obtain a permission letter. Surveys conducted in supermarket parking lots, in malls, or in front of a business location require letters of permission.

### **10. Why is it important to state the number of subjects in my project?**

The IRB reviewers need this information to assess one of two things. First is the subject population so small that subject anonymity cannot be protected. Second, if demographic questions are used, can any subject be identified from responses to those questions? Ask yourself why you need the demographic information. If you do not plan to use this information in your analysis, then delete the questions. If you wish to merely describe the subject population, there may be other sources,

such as the HR department, for that information. Keep in mind that with each demographic question, you are subdividing the sample. For example, your survey has two demographic questions, gender and level of education. In the subject population, there is only one male with a doctorate. If that subject participates in the study, he will not be anonymous.

**11. Why is it important to identify potential risk?**

The IRB committee is especially concerned with risk and whether or not risk is being adequately addressed in the IRB application. It is possible for a project to have some risk and be approved if the risk is clearly identified, if subjects are informed of the risk, if the benefits outweigh the risk, and if the investigator has made provisions to minimize the risk. According to the Institutional Review Board, “a risk is a potential harm (injury) associated with the research that a reasonable person, in what the investigator knows or should know to be the subject’s position, would be likely to consider significant in deciding whether or not to participate in the research.” Risk can be more than a breach of confidentiality or the possibility of subject identification. Additionally, risk may involve sociological issues, psychological issues, and so on. The Institutional Review Board guidelines identify five major types of risk: physical, psychological, social, legal, and economic. Many proposals contain a mixture of risks.

**12. When do I use a consent form for anonymous surveys and when do I use an adult consent form?**

A consent form for anonymous surveys (this form replaced the survey cover letter) is used whenever the project involves a survey which can be returned anonymously by subjects. Anonymous return is achieved by using U.S. mail, interoffice mail, or a secured drop box. An adult consent form is used in the following types of projects:

- a. personal interviews are conducted and questions are non-programmatic
- b. children are involved in the project (Child assent and parental consent are also needed. There are age-specific child assent forms. The adult consent form is used for parents)
- c. subjects are being observed and there is no expectation that their behavior is public

**13. What is the difference between programmatic questions and non-programmatic questions?**

Programmatic questions are factual in nature. The interview subject is being asked about things, not opinions. For example, “how many employees work here?” is programmatic in nature, while “do you feel that staffing levels are adequate for your store?” is not. Non-programmatic questions ask the subject to express feelings, give an opinion, or make a judgment.

**14. What do I say in my consent form for anonymous surveys or adult consent form if I am a supervisor?**

If you supervise any or all of your subjects, you must reduce the possibility of any perception of coercion on the part of potential subjects. In the consent form for anonymous surveys, you can add the following: “Although I supervise some (or all) of you, your decision to participate or not to participate in this project will not jeopardize your position in any way because I will have no way of knowing who participated and who did not participate.” In the consent form, you must acknowledge that you supervise the interviewee and assure the research subject that they may stop at any time or decide not to participate in the interview without repercussion and without putting their jobs in jeopardy.

**15. How do I address risk in my consent materials?**

If the project involves some potential risk to subjects, for example, recalling episodes of workplace violence, you can add the following to the consent for anonymous surveys or consent form: “Some of the questions included on this survey (or in this interview) may make you feel uncomfortable (*Note: this is where you can specify the risk in more detail*). Please answer only the questions you are comfortable in answering. You may stop at any time. If you experience any emotional distress because of this project, please call (XXX) XXX-XXXX which is a contact number for support services (specify the name of the service).” This information about risk should also be contained in your section on *Risks and Protection of Subjects* in the written portion of your IRB application.

**16. Public lists**

When students get names, addresses, and e-mail addresses from a public list, the public list must be one that is accessible to the general public. For example, an online membership directory of an organization that requires a member/user ID and password is not considered to be a public list. Whenever a list is open to members only and not available to the public, CMU requires permission from the list owner (on letterhead).

**17. Tips for consent documents**

It is important that the consent documents be consistent with the information found in the IRB application and permission letter. For example, if there is a statement in the “benefits” section that project results will be shared with management, this information should be in the survey cover letter. If the “protocol” section indicates that the survey will be returned by interoffice mail, the survey cover letter should contain this instruction. In addition, if the permission letter indicates that the survey should be completed on personal time, this stipulation should be included in the consent document. The amount of time to complete the survey or interview must match the amount of time found in Protocol (g) of the IRB application.

Be sure to write the consent forms as an informational document for the subjects. All of the “I” and “me” references are to the subject, not to the researcher.

**18. Anonymity vs. confidentiality**

Anonymity can be promised when the researcher not only provides a method of returning a survey that is anonymous and also does not collect any data that could identify individual subjects to the researcher or readers of the final project.

Examples of methods for anonymous return are a drop box in a central location, through the mail, through a web-based survey (with no IP addresses collected), through interoffice mail, and so forth. On the other hand, if the researcher’s data contains identifiers, names, titles, specific demographic data, the researcher must discuss in the consent form and IRB application how that data will be kept safe.

What are the safeguards that the researcher will use to keep the data confidential? How is the data stored? Will it be destroyed? Will signed consent forms be separated from interview notes? Where will interview notes be stored? How will the subjects be referred to in the project? These are among the many issues involved in providing confidentiality.

**19. What forms have been replaced?**

Be sure to check the forms library in the designer page or in “forms and templates” under the “Other Tools” function on the left side of your IRBNet package to find the current version of all IRB forms. The table below lists the “old” IRB forms used prior to January 2009 and the new forms now in use. Failure to use the current versions will delay IRB approval.

“Old” form	New forms as of January 2009
Survey cover letter	Consent form for anonymous surveys
Informed consent form	Adult consent form
Child assent form	Child assent form for minors (age specific forms Ages 13-17 Ages 7-12 Under 7
8-page IRB application	IRB application for review of research involving human subjects
IRB application cover sheet and investigator’s assurance statement	These forms have been incorporated into the IRB application for review of research involving human subjects
IRB application cover sheet	Non-human research determination form (this form is for projects that do not involve surveys or interviews or human subjects data)
n/a	Exempt categories form
Telephone script	Consent form for phone or informal “on-the-street” interviews

## Sample “Exempt” IRB application Perceptions of Downsizing at ABC Corporation

### Exempt Categories Form

All requesting exempt status for their proposed research must specify under which category they are seeking approval for exempt status. The exempt categories are listed below. It is important to remember that the IRB is responsible and the final authority for determining whether a project qualifies as exempt. This form must be submitted with the Application for Review of Research Involving Human Subjects.

1. Date of Request: **March 20, 2009**
2. Title of Project: **Perceptions of Downsizing at ABC Corporation**
3. Principal Investigator’s Name: **Sally Researcher**
4. Co- Investigator’s Names: **Dr. Albert Einstein, Faculty Monitor**

Research activities in which the **only** involvement of human subjects will be in one or more of the following activities are exempt from federal regulations provided that the information taken from or about these subjects is recorded in such a manner that subjects cannot be identified either directly or through identifiers linked to the subjects.

**Please check the exempt category under which you are applying.**

1. When educational research meets **ALL** of the following conditions, it is exempt from federal regulations and does not require parental consent, although parental notification is appropriate. The investigator and/or the school system may, however, decide that parental consent should be obtained. Whenever possible, child **assent** should be obtained.
- a. All of the research is conducted in established or commonly accepted educational settings, such as research on regular and special education instructional strategies, or research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.
  - b. If the research involves educational tests (cognitive, diagnostic, aptitude, achievement), this information must be recorded in such a manner that subjects cannot be identified, directly or indirectly or through identifiers linked to the subjects.
  - c. The study procedures do not represent a significant deviation in time or effort requirements from those educational practices already existing at the study site.
  - d. The study procedures involve no increase in the level of risk or discomfort compared to normal, routine educational practices.
  - e. The study procedures do not involve sensitive topics (e.g., sex education).
  - f. Provisions are made to ensure the existence of a non-coercive environment for those students who choose not to participate.
  - g. The school or other institution grants written approval for the research to be conducted.

2. The research involves the use of surveys, interview procedures, or observation of public behavior and is not part of educational research conducted in an established or commonly accepted educational setting described in paragraph "1" above. **However, the presence of any one of the following conditions means that the research is NOT exempt from federal regulations and requires an expedited or full board review.**
- a. Information obtained is recorded in such a manner that subjects can be identified, directly or through identifiers linked to the subjects.
  - b. Any disclosure of subject responses outside the research setting which could reasonably place the subject at risk of criminal or civil liability or be damaging to the subject's financial standing, employability, or reputation.
  - c. Survey research dealing with sensitive or highly personal aspects of the subject's behavior, life experiences, or attitudes (e.g., chemical substance use and abuse, sexual activity or attitudes, sexual abuse, criminal behavior, sensitive demographic data, and detailed health history). The principle determinant of sensitivity is whether or not the survey research presents a potential risk to the subject in terms of possible precipitation of a negative emotional reaction. An additional consideration is whether or not there is risk associated with a breach of confidentiality should one occur.
  - d. Research surveys and/or interviews involving children (subjects under 18 years of age) require an expedited or full board review.
3. Research involving the use of survey or interview procedure is exempt from federal regulations without exception when the respondents are elected or appointed public officials or candidates for public office and the interview or survey concerns the responsibilities of the office.
4. Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified directly or through identifiers linked to the subjects.
5. Research and demonstration projects which are conducted by or subject to approval of Federal Department or Agency heads, and which are designed to study, evaluate, or otherwise examine:
- a. Public benefit or service programs; or
  - b. Procedures for obtaining benefits or services under those programs; or
  - c. Possible changes in or alternatives to those programs or procedures; or
  - d. Possible changes in methods or levels of payment for benefits or services under those programs.
6. Taste and food quality evaluation and consumer acceptance studies:
- a. If wholesome foods without additives normally contained in the food are consumed, or
  - b. If a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or an agricultural chemical or environmental contaminant at or below the level found to be safe, by the Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.



Application for Review of Research Involving Human Subjects

Federal regulations and Central Michigan University’s (CMU) Institutional Review Board (IRB) policy require that all research involving humans as subjects be reviewed and approved by the University’s IRB prior to the commencement of the research (including recruitment and data collection). Any person (CMU faculty member, student, staff member, or other person) wanting to engage in human subject research must receive written approval from the IRB before conducting the research. This approval by the IRB only signifies that the procedures adequately protect the rights and welfare of the subjects.

1. Title of Project: Perceptions of Downsizing at ABC Corporation

2. Principal Investigator’s Name: Sally Researcher
Department: MSA
College: Off-Campus Programs
Status: [ ] Faculty [X] Student [ ] Staff [ ] Other (specify)
Campus or Mailing Address 6767 Washburn
Toledo, OH 43667

Phone Number: 419-256-2567 CMU E-mail: resea1sl@cmich.edu
Has PI completed human subjects training? [X] Yes [ ] No

Note: All student investigators must have a faculty co-investigator.

3. Co- Investigator’s Name: Dr. Albert Einstein
Department: MSA
College: Off-Campus Programs
Status: [X] Faculty [ ] Student [ ] Staff [ ] Other (specify)
Campus or Mailing Address 699 W. Madrid St.
Hamburg, MN 58963

Phone Number: 589-258-2589 CMU E-mail: einst1aa@cmich.edu
Has co-PI completed human subjects training? [X] Yes [ ] No

4. Co- Investigator’s Name:
Department:
College:
Status: [ ] Faculty [ ] Student [ ] Staff [ ] Other (specify)
Campus or Mailing Address

Phone Number:

CMU E-mail:

Has co-PI completed human subjects training?  Yes  No

5. Level of review sought:

- a.  Exempt (submit Exempt Category Form)
- b.  Expedited
- c.  Full Board

6. Is the research funded?

- a.  Internally
  - i. Program
- b.  Externally
  - i. Funding Source
  - ii. Grant/Contract Number
- c.  No funding source

7. Is this research being conducted for:

- a.  Thesis (Submit evidence of committee approval. Do not submit the thesis proposal.)
- b.  Dissertation (Submit evidence of committee approval. Do not submit the dissertation proposal.)
- c.  Class project
- d.  Independent study/Honor's Thesis
- e.  Faculty Research
- f.  Other

8. Special Populations: Indicate the categories of subjects to be included in this study. Check ALL that apply.

- a.  Decisionally impaired
- b.  Decisionally impaired and institutionalized
- c.  Minors (under age 18 – give age ranges)
- d.  Patients (including pregnant/lactating women or persons with HIV/AIDS)
- e.  Prisoners
- f.  Students
- g.  Existing/Secondary Data
- h.  Normal volunteers
- i.  Other (specify)

9. Number of subjects to be: Recruited **200** Enrolled **0**

10. Risk Level: Indicate which of the categories listed below accurately describes this protocol:

- a.  Not greater than minimal risk (i.e., risk encountered in daily life)
- b.  Greater than minimal risk, but presenting the prospect of direct benefit to individual subjects
- c.  Greater than minimal risk, no prospect of direct benefit to individual subjects, but likely to yield generalized knowledge about the topic
- d.  Research not otherwise approvable which presents an opportunity to understand, prevent, or alleviate a serious problem affecting the health and welfare of subjects

11. Does this research involve past, present, or future physical or mental health or condition of subjects; provision of health care to subjects, or the past, present, or future payment for the provision of health care to subjects?

- a.  Yes - see HHS policy on HIPAA: <http://www.hhs.gov/ocr/hipaa/>
- b.  No

12. Does this research involved identifiable information from students' educational records?

- a.  Yes – see FERPA guidelines: <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>
- b.  No

13. Does this research involve minor students in which any of the following information will be ascertained: political affiliations or beliefs of the student or student's parent; mental and psychological problems of the student or the student's family; sex behavior or attitudes; illegal, anti-social, self-incriminating, or demeaning behavior; critical appraisal of others with whom respondents have close family relationships; legally recognized privileges or analogous relationships (e.g., lawyer, physician, minister); religious practices, affiliations, or beliefs of the student or student's parent; or income?

- a.  Yes - see PPRA guidelines: <http://www.ed.gov/policy/gen/guid/fpco/ppra/index.html>
- b.  No

14. Are you collecting data at your place of employment or internship?

- a.  Yes

- i. If yes, what is your role in relation to the potential subjects? Coworker
- b.  No

15. Is this a web-based survey?

- a.  Yes – what is the URL and password (if applicable)?
  - i. Note: If collecting sensitive or identifiable data, a group or departmentally owned license is not allowed. Researcher must purchase a private license.
- b.  No

**Electronic Signatures.** All of the individuals listed below must electronically sign your application on IRBNet prior to submission. By so doing, each attests to the statement following that respective person’s role.

**Investigator**

I certify that the information provided for this project is correct and that no other procedures will be used in this protocol. I agree to conduct this research as described in the attached supporting documents. I will request approval from the IRB for changes to the protocol and/or consent/assent form(s) and will not implement the changes until I receive IRB approval for these changes. I will comply with the IRB policy for the conduct of ethical research. I will promptly report significant or adverse effects to the IRB via phone or email immediately, and then in writing within 5 days of the occurrence. I will be responsible for ensuring that the work of others involved with this project complies with this protocol. I will complete, on request by the IRB or annually, the “Request for Annual Continuation of Project” or “End of Project” forms. I have read and understood the Intellectual Property Rights policy and am aware of its implications for my research.

**Faculty Advisor (required when PI is a student)**

You are certifying that you have reviewed this proposal and discussed it with the PI.

**Administrator (e.g., department chair, dean, or supervisor)**

You are certifying that you have reviewed the application and all supporting documents pertaining to this research protocol and that you acknowledge the submission of the proposal and agree to the use of any negotiated resources committed to this proposed project.

**Abstract:** Provide a brief overview of the project, describing the purpose, objectives, design and site of the research in straightforward non-technical language.

In January 2009, the ABC Corporation laid off approximately 10% of their workforce. The increased workload plus feelings of insecurity in the remaining employees contributed to low morale and decreased productivity. The purpose of this study is to examine the attitudes, morale level, and perceptions of employees who have experienced this period of downsizing in the corporation. The objective is to make recommendations to management to improve morale and make positive changes during the period of restructuring. The researcher will invite every 3<sup>rd</sup> name from the employee roster to participate in the anonymous 12-question survey.

**It is important for the review of your study that you respond to all questions. The review time will be extended if reviewers must request this information at a later time.**

■ **Protocol:**

- a. Where will the research be conducted?  
ABC Corporation in Toledo, OH
- b. Who will conduct the research and how many investigators will be involved?  
I will be the sole investigator
- c. Describe the training procedure for the researcher and/or persons assisting in the research. This should include information which demonstrates the researcher's ability to carry out the responsibilities in the project (such as clinical training and/or certification, course work, etc.).  
Completion of a research methods course and CITI training
- d. Describe the data gathering instruments that will be used. Attach copies of all questionnaires, interview schedules, or other data collection instruments. All measures should be submitted in Word or as .jpg files. If your measures are copyrighted materials that cannot be uploaded, you may submit them separately to the IRB office  
Anonymous questionnaire
- e. Describe any apparatus that will be used for data collection.  
n/a
- f. Will videotape or audiotape be used to collect data?  Yes  No
  - If yes, please describe the procedures that will be used to maintain confidentiality during taping.  
n/a
  - If yes, please describe how tapes will be stored and disposed of.  
n/a
  - If yes, who will have access to the tapes and who will make the transcriptions?  
n/a
  - If yes, describe the procedure that will be used during transcription to remove identifying information.  
n/a
  - If yes, describe any plans to use the taped information for purposes other than this research.  
n/a

- g. State the amount of time required of a subject to participate in your study. This should include the number and length of times of participation (e.g., two sessions lasting 30 minutes each).

15-20 minutes

■ **Characteristics of Subjects:**

- a. How many subjects do you estimate will participate in your study?

200

- b. Describe the expected ages, gender, ethnic backgrounds and health status of subjects.

The population includes approximately 115 women and 85 men. Participants will be selected by using every 3<sup>rd</sup> name from the employee roster. It is estimated that 50 will have been employed 0-5 years, 75 for 6-10 years, 40 for 11-15 years, and 35 for 16+ years. The researcher will not ask any questions concerning ethnicity or health status.

- c. If any of the subjects will be children, cognitively impaired, prisoners, pregnant women and/or fetuses, or from other vulnerable groups, please provide a rationale for their participation.

There may be some pregnant women in the population, however, the study is not about women in that condition.

- d. Will data collection be done in a classroom setting?  Yes  No

○ If yes, explain what students who do not participate in the research will be doing.

- e. What is the source of the subject pool (e.g., all teachers at a school, department subject pool, community members, etc.)? If the list of potential subjects is publicly available, please indicate so and site source to be utilized.

Subjects will be employees at ABC Corporation

- f. How will participants be selected or recruited?

Participants will be selected by using every 3<sup>rd</sup> name from the employee roster. All potential subjects will receive an interoffice mailing which contains the consent form for anonymous surveys and the survey.

- Will selection be accomplished on the basis of document review?  Yes  No

■ If yes, explain how document review will take place and provide assurance that the researcher will not have access to private or confidential files.

- Will selection of participants be accomplished on the basis of primary data collection (e.g., a screening measure)?  Yes  No

■ If yes, the screening process must be made clear to the subjects during the initial consent process. Attach appropriate debriefing information for individuals removed from the research and an additional consent form for those remaining as subjects in the research project.

- Will participants receive any compensation or reward for their participation?

Yes  No

- If yes, please provide details. If extra credit is utilized for compensation, please provide information on what alternative method will be available for those who choose not to participate to earn the extra credit.
  - Attach any advertisements, flyers, cover letters, or scripts to be used in recruiting subjects.
- g. As participation must remain voluntary, explain how the researcher will minimize any possibility of perceived coercion to participate.
 

The survey is distributed and collected through interoffice mail. The researcher does not supervise any of the subjects. No follow-up is planned. The survey is voluntary and anonymous
- h. Is the researcher a teacher and/or supervisor of potential subjects?  Yes  No
  - If yes, coercion should be specifically addressed both here and in the consent form. For example, in the consent form, you might write something like “Although I am your teacher, I will not know who participated in this project and your relationship with me and your performance in this class will not be affected by participation or non-participation.”
  - **Attach a letter giving approval from any agencies or schools that will be involved with the data collection.**
- i. Will there be any unauthorized access to private or confidential information in the securing of the pool of potential subjects?  Yes  No
  - If yes, include documentation (e.g. permission letter from agency or school) that you have the right to access the information.
- j. Will any of the data be taken from archives that are subject to HIPAA regulations (see Question 11 above)?
  - Yes  No
  - If yes, provide a copy of the data recording sheet to be utilized for recording the data collected to ensure compliance with the following applicable federal regulations: 18 HIPAA identifiers that cannot be recorded (see CMU IRB policy manual)

## ■ Benefits

- a. What are the benefits of participation to the subjects or larger community?
 

The investigator hopes to gain a sense of the level of employee morale and knowledge of employee perceptions of the downsizing process. A copy of this study will be provided to the CEO of ABC Corporation as well as to participants who request a summary.
- b. State clearly the importance of expected knowledge to be gained from this research project.
 

The data will be useful to all because it will assess the level of employee morale and provide feedback to develop positive strategies during the restructuring process.

## ■ Risks and Protection of Subjects

- a. Does the proposed study pose a physical risk to participants?  Yes  No  
○ If yes, describe how you will attempt to protect the participant from this risk.
- b. Does the proposed study pose a psychological risk to participants?  Yes  No  
○ If yes, describe how you will attempt to protect the participant from this risk.
- c. Does the proposed study pose a social risk to participants?  Yes  No  
○ If yes, describe how you will attempt to protect the participant from this risk.
- d. Does the proposed study pose a legal risk to participants?  Yes  No  
○ If yes, describe how you will attempt to protect the participant from this risk.
- e. Does the proposed study pose an economic risk to participants?  Yes  No  
○ If yes, describe how you will attempt to protect the participant from this risk.  
Some employees may feel that answering questions about the downsizing process may jeopardize their employment with the company. Subjects will be assured that their decision to participate or not to participate will not jeopardize their employment in any way. Respondents will be anonymous because no names will be associated with the individual surveys and only gender and length of employment are requested as demographic information.
- f. Is there a possibility of any potential reactive effects of the instrumentation as well as the treatment that have not been addressed in the above risk questions?  Yes  No  
○ If yes, describe how you will attempt to protect the participant from this risk.
- g. Describe how confidentiality will be maintained. Have the risks of a breach of confidentiality been considered? What precautions have been taken to minimize these risks?  
The survey will be distributed and collected through the interoffice mail system. Names or other identifiers will not be collected. Subjects will be anonymous.
- h. Describe the final disposition of materials used to gather data (e.g., questionnaires, inventories, tapes, etc.) if necessary.  
Surveys will be shredded after data analysis is complete
- i. Address issues of privacy and potential coercion for research involving vulnerable subjects.  
There are no vulnerable subjects in this study

## ■ Confidentiality

- a. Describe the precautions that will be taken to ensure the privacy of subjects and confidentiality of information by answering the following questions. Be explicit if the data are sensitive.  
○ How and where will information be kept that could identify subjects?  
No identifying information will be collected.

- Who has access to information which could identify subjects?  
n/a
  - How long will information be kept that could identify subjects?  
n/a
  - What is the plan for disposition of information that could identify subjects, if appropriate?  
n/a
- b. Will coding be used to replace names in your data?  Yes  No
- If yes, describe the coding procedure, ensuring that no individual identifiers will be used and that codes could not be used to link a participant with his/her responses or data.
- c. Will data be collected by observation of behavior without explicit agreement of the subjects?  Yes  No
- If yes, provide clarification why the subjects have no reasonable expectation that their behavior is private and provide assurance that the data will have no individual codes or coding will be unrelated to the individual under observation.

**Include a copy of your CITI Social & Behavioral Research: Basic/Refresher Curriculum Completion Report with your IRB submission. Log into <http://www.CITIprogram.org> and open up your completion report. Copy and paste the completion report into a Word document.**



## ABC CORPORATION

2326 Pennsylvania Blvd.

Toledo, OH 43669

419-256-2566

<http://www.abccorp.com>

Date: March 15, 2009

Sally Researcher  
4444 S. Madison  
Timbuktu, IA 95412

Dear Ms. Researcher:

I have reviewed your request to conduct a research project involving the ABC Corporation and the survey material that will be used. I feel that this project will be beneficial to the ABC Corporation as well as the project's participants. You have my permission to use the ABC Corporation employees as the subject pool for this project.

If you have any questions regarding this letter of approval, please give me a call.

Sincerely,

A handwritten signature in black ink, appearing to read 'Richie Rich', with a decorative flourish underneath.

Richie Rich  
CEO, ABC Corporation



**Study Title:** Perceptions of Downsizing at ABC Corporation

**Investigator:** Sally Researcher, MSA Program, [research1@cmich.edu](mailto:research1@cmich.edu)

**Faculty Monitor:** Dr. Albert Einstein, MSA Program, [einst1aa@cmich.edu](mailto:einst1aa@cmich.edu)

### **Introductory Statement**

My name is Sally Researcher and I am a graduate student at Central Michigan University. As part of my research, I am examining the attitudes, morale level, and perceptions of employees who have experienced a period of downsizing in their corporation. Because ABC Corporation has recently laid off a number of employees, I am inviting you to participate in this research study by completing the attached survey.

### **What is the purpose of this study?**

In January 2009, the ABC Corporation laid off approximately 10% of their workforce. The increased workload plus feelings of insecurity in the remaining employees contributed to low morale and decreased productivity. The purpose of this study is to examine the attitudes, morale level, and perceptions of employees who have experienced this period of downsizing in the corporation. The objective is to make recommendations to management to improve morale and make positive changes during the period of restructuring.

### **What will I do in this study?**

If you consent to take this study, you will complete the attached 12-question survey. This survey has been sent to every 3<sup>rd</sup> person on the ABC Corporation employee roster. All answers will be anonymous because no names or job titles are asked for in the survey. Please do **not** write your name on the survey. Please return the survey to me through interoffice mail by addressing an interoffice envelope to me as follows: Sally Researcher, PRIVATE, Mail drop 5828. Participation is voluntary.

### **How long will it take me to do this?**

This survey will likely take you about 15-20 minutes to complete. Please return the survey by April 1, 2009. There is no advance preparation needed.

### **Are there any risks of participating in the study?**

This survey will in no way impact your position with the ABC Corporation. Your responses are anonymous. Participation is voluntary and opting to participate or not will have no effect on your job or position with the ABC Corporation.

### **What are the benefits of participating in the study?**

The investigator hopes to gain a sense of the level of employee morale and knowledge of employee perceptions of the downsizing process. A copy of this study will be provided to the

CEO of ABC Corporation as well as to participants who request a summary. Send a separate e-mail request to me. The data will be useful to all because it will assess the level of employee morale and provide feedback to develop positive strategies during the restructuring process.

**Will anyone know what I do or say in this study (Confidentiality)?**

All surveys are anonymous. I will review each survey, but will have no way of knowing who participated and who did not. The data will be reviewed with my faculty monitor, but only summary data will appear in my paper. Data will be compiled and the project may be published, but individuals will not be identifiable. Copies of the project will be provided to my Central Michigan University faculty monitor and to the CEO of our company.

**Will I receive any compensation for participation?**

There is no compensation or fee to be paid to any participant in this study. Participation is voluntary.

**Is there a different way for me to receive this compensation or the benefits of this study?**

No; there is no compensation for participating.

**Who can I contact for information about this study?**

For more information about the study, you can contact the researcher, Sally Researcher with the following contact information:

Sally Researcher  
Mail drop 5828  
419-546-4444  
[resealsl@cmich.edu](mailto:resealsl@cmich.edu)

Or, my faculty advisor, Dr. Einstein, at [einst1aa@cmich.edu](mailto:einst1aa@cmich.edu).

If you are not satisfied with the manner in which this study is being conducted, you may report (anonymously if you so choose) any complaints to the Institutional Review Board by calling 989-774-6401, or addressing a letter to the Institutional Review Board, 251 Foust Hall Central Michigan University, Mt. Pleasant, MI 48859.

**Additional Information**

You are free to refuse to participate in this research project or to withdraw your consent and discontinue participation in the project at any time without penalty or loss of benefits to which you are otherwise entitled. Your participation will not affect your relationship with the institution(s) involved in this research project.

*Thank you for your participation!*

## ABC Corporation Downsizing Survey

### Directions:

- **Do NOT write your name on this survey. When you have completed this survey, please use interoffice mail to send it to Sally Researcher, Mail drop 5828**
- **The following survey contains statements concerning morale and perceptions of the downsizing process. Please respond by marking the circle next to the best response.**

1. The use of town meetings was helpful in understanding the necessity for downsizing.  Agree  Neutral  Disagree
2. Department managers held individual meetings with each staff member to explain the transition through the downsizing process.  Agree  Neutral  Disagree
3. I personally felt threatened by the downsizing process.  Agree  Neutral  Disagree
4. I understood how employees were selected for termination.  Agree  Neutral  Disagree
5. Selecting employees to be terminated was done in a fair manner.  Agree  Neutral  Disagree
6. This process has shaken my trust in management.  Agree  Neutral  Disagree
7. I think there were other alternatives that the company could have explored instead of eliminating employees.  Agree  Neutral  Disagree
8. In view of the information conveyed through the company newsletter, through town meetings, through remarks from the CEO, and through information shared by department managers, I think downsizing was the only choice.  Agree  Neutral  Disagree
9. Morale has suffered because of the downsizing.  Agree  Neutral  Disagree
10. Relations between management and staff have improved since downsizing occurred.  Agree  Neutral  Disagree
11. Length of employment with the company:  0-5 years  6-10 years  11-15 years  16+ years
12. Please add any additional comments in the space provided:

**Please return the completed survey through interoffice mail to Sally Researcher,  
Private Mail drop 5828**

**Thank you for your participation.**

## Sample “Exempt” IRB application Generational Differences at XYZ Corporation

### Exempt Categories Form

All requesting exempt status for their proposed research must specify under which category they are seeking approval for exempt status. The exempt categories are listed below. It is important to remember that the IRB is responsible and the final authority for determining whether a project qualifies as exempt. This form must be submitted with the Application for Review of Research Involving Human Subjects.

5. Date of Request: January 1, 2010
6. Title of Project: Generation Differences at XYZ Corporation
7. Principal Investigator’s Name: Sally Researcher
8. Co- Investigator’s Names: Dr. Albert Einstein, Faculty Monitor

Research activities in which the **only** involvement of human subjects will be in one or more of the following activities are exempt from federal regulations provided that the information taken from or about these subjects is recorded in such a manner that subjects cannot be identified either directly or through identifiers linked to the subjects.

**Please check the exempt category under which you are applying.**

1. When educational research meets **ALL** of the following conditions, it is exempt from federal regulations and does not require parental consent, although parental notification is appropriate. The investigator and/or the school system may, however, decide that parental consent should be obtained. Whenever possible, child **assent** should be obtained.
- h. All of the research is conducted in established or commonly accepted educational settings, such as research on regular and special education instructional strategies, or research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.
  - i. If the research involves educational tests (cognitive, diagnostic, aptitude, achievement), this information must be recorded in such a manner that subjects cannot be identified, directly or indirectly or through identifiers linked to the subjects.
  - j. The study procedures do not represent a significant deviation in time or effort requirements from those educational practices already existing at the study site.
  - k. The study procedures involve no increase in the level of risk or discomfort compared to normal, routine educational practices.
  - l. The study procedures do not involve sensitive topics (e.g., sex education).
  - m. Provisions are made to ensure the existence of a non-coercive environment for those students who choose not to participate.
  - n. The school or other institution grants written approval for the research to be conducted.

2. The research involves the use of surveys, interview procedures, or observation of public behavior and is not part of educational research conducted in an established or commonly accepted educational setting described in paragraph "1" above. **However, the presence of any one of the following conditions means that the research is NOT exempt from federal regulations and requires an expedited or full board review.**
- e. Information obtained is recorded in such a manner that subjects can be identified, directly or through identifiers linked to the subjects.
  - f. Any disclosure of subject responses outside the research setting which could reasonably place the subject at risk of criminal or civil liability or be damaging to the subject's financial standing, employability, or reputation.
  - g. Survey research dealing with sensitive or highly personal aspects of the subject's behavior, life experiences, or attitudes (e.g., chemical substance use and abuse, sexual activity or attitudes, sexual abuse, criminal behavior, sensitive demographic data, and detailed health history). The principle determinant of sensitivity is whether or not the survey research presents a potential risk to the subject in terms of possible precipitation of a negative emotional reaction. An additional consideration is whether or not there is risk associated with a breach of confidentiality should one occur.
  - h. Research surveys and/or interviews involving children (subjects under 18 years of age) require an expedited or full board review.
3. Research involving the use of survey or interview procedure is exempt from federal regulations without exception when the respondents are elected or appointed public officials or candidates for public office and the interview or survey concerns the responsibilities of the office.
4. Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified directly or through identifiers linked to the subjects.
5. Research and demonstration projects which are conducted by or subject to approval of Federal Department or Agency heads, and which are designed to study, evaluate, or otherwise examine:
- e. Public benefit or service programs; or
  - f. Procedures for obtaining benefits or services under those programs; or
  - g. Possible changes in or alternatives to those programs or procedures; or
  - h. Possible changes in methods or levels of payment for benefits or services under those programs.
6. Taste and food quality evaluation and consumer acceptance studies:
- c. If wholesome foods without additives normally contained in the food are consumed, or
  - d. If a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or an agricultural chemical or environmental contaminant at or below the level found to be safe, by the Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.



Application for Review of Research Involving Human Subjects

Federal regulations and Central Michigan University's (CMU) Institutional Review Board (IRB) policy require that all research involving humans as subjects be reviewed and approved by the University's IRB prior to the commencement of the research (including recruitment and data collection). Any person (CMU faculty member, student, staff member, or other person) wanting to engage in human subject research must receive written approval from the IRB before conducting the research. This approval by the IRB only signifies that the procedures adequately protect the rights and welfare of the subjects.

- 1. Title of Project: Generational Differences at XYZ Corporation
2. Principal Investigator's Name: Sally Researcher
Department: MSA
College: Off-Campus Programs
Status: [ ] Faculty [X] Student [ ] Staff [ ] Other (specify)
Campus or Mailing Address 4444 S. Madison
Des Moines, IA 50311

Phone Number: 515-256-2567 CMU E-mail: resea1sl@cmich.edu
Has PI completed human subjects training? [X] Yes [ ] No

Note: All student investigators must have a faculty co-investigator.

- 3. Co- Investigator's Name: Dr. Albert Einstein
Department: MSA
College: Off-Campus Programs
Status: [X] Faculty [ ] Student [ ] Staff [ ] Other (specify)
Campus or Mailing Address 699 W. Madrid St.
Hamburg, MN 58963

Phone Number: 589-258-2589 CMU E-mail: einst1aa@cmich.edu
Has co-PI completed human subjects training? [X] Yes [ ] No

- 4. Co- Investigator's Name:
Department:
College:
Status: [ ] Faculty [ ] Student [ ] Staff [ ] Other (specify)
Campus or Mailing Address

Phone Number:

CMU E-mail:

Has co-PI completed human subjects training?  Yes  No

5. Level of review sought:

- a.  Exempt (submit Exempt Category Form)
- b.  Expedited
- c.  Full Board

6. Is the research funded?

- a.  Internally
  - i. Program
- b.  Externally
  - i. Funding Source
  - ii. Grant/Contract Number
- c.  No funding source

7. Is this research being conducted for:

- a.  Thesis (Submit evidence of committee approval. Do not submit the thesis proposal.)
- b.  Dissertation (Submit evidence of committee approval. Do not submit the dissertation proposal.)
- c.  Class project
- d.  Independent study/Honor's Thesis
- e.  Faculty Research
- f.  Other

8. Special Populations: Indicate the categories of subjects to be included in this study. Check ALL that apply.

- a.  Decisionally impaired
- b.  Decisionally impaired and institutionalized
- c.  Minors (under age 18 – give age ranges)
- d.  Patients (including pregnant/lactating women or persons with HIV/AIDS)
- e.  Prisoners
- f.  Students
- g.  Existing/Secondary Data
- h.  Normal volunteers
- i.  Other (specify)

9. Number of subjects to be: Recruited 450 Enrolled 0

10. Risk Level: Indicate which of the categories listed below accurately describes this protocol:

- a.  Not greater than minimal risk (i.e., risk encountered in daily life)
- b.  Greater than minimal risk, but presenting the prospect of direct benefit to individual subjects
- c.  Greater than minimal risk, no prospect of direct benefit to individual subjects, but likely to yield generalized knowledge about the topic
- d.  Research not otherwise approvable which presents an opportunity to understand, prevent, or alleviate a serious problem affecting the health and welfare of subjects

11. Does this research involve past, present, or future physical or mental health or condition of subjects; provision of health care to subjects, or the past, present, or future payment for the provision of health care to subjects?

- a.  Yes - see HHS policy on HIPAA: <http://www.hhs.gov/ocr/hipaa/>
- b.  No

12. Does this research involved identifiable information from students' educational records?

- a.  Yes – see FERPA guidelines: <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>
- b.  No

13. Does this research involve minor students in which any of the following information will be ascertained: political affiliations or beliefs of the student or student's parent; mental and psychological problems of the student or the student's family; sex behavior or attitudes; illegal, anti-social, self-incriminating, or demeaning behavior; critical appraisal of others with whom respondents have close family relationships; legally recognized privileges or analogous relationships (e.g., lawyer, physician, minister); religious practices, affiliations, or beliefs of the student or student's parent; or income?

- a.  Yes - see PPRA guidelines: <http://www.ed.gov/policy/gen/guid/fpco/ppra/index.html>
- b.  No

14. Are you collecting data at your place of employment or internship?

- a.  Yes

- i. If yes, what is your role in relation to the potential subjects? The researcher supervises some of the potential subjects and is a co-worker to other subjects
- b.  No

15. Is this a web-based survey?

- a.  Yes – what is the URL and password (if applicable)?  
www.onlinesurvey.com/xyzgeneration/
  - i. Note: If collecting sensitive or identifiable data, a group or departmentally owned license is not allowed. Researcher must purchase a private license.
- b.  No

**Electronic Signatures.** All of the individuals listed below must electronically sign your application on IRBNet prior to submission. By so doing, each attests to the statement following that respective person's role.

**Investigator**

I certify that the information provided for this project is correct and that no other procedures will be used in this protocol. I agree to conduct this research as described in the attached supporting documents. I will request approval from the IRB for changes to the protocol and/or consent/assent form(s) and will not implement the changes until I receive IRB approval for these changes. I will comply with the IRB policy for the conduct of ethical research. I will promptly report significant or adverse effects to the IRB via phone or email immediately, and then in writing within 5 days of the occurrence. I will be responsible for ensuring that the work of others involved with this project complies with this protocol. I will complete, on request by the IRB or annually, the "Request for Annual Continuation of Project" or "End of Project" forms. I have read and understood the Intellectual Property Rights policy and am aware of its implications for my research.

**Faculty Advisor (required when PI is a student)**

You are certifying that you have reviewed this proposal and discussed it with the PI.

**Administrator (e.g., department chair, dean, or supervisor)**

You are certifying that you have reviewed the application and all supporting documents pertaining to this research protocol and that you acknowledge the submission of the proposal and agree to the use of any negotiated resources committed to this proposed project.

**Abstract:** Provide a brief overview of the project, describing the purpose, objectives, design and site of the research in straightforward non-technical language.

This study examines the effect of generational differences at XYZ Corporation. All 450 employees will be invited to take an anonymous, online 10-question survey. The data collected will provide useful information regarding worker attitudes generational differences at XYZ Corporation. The benefits to the study are that the participants will be assisting the researcher in learning about generational differences in the workplace. This will ultimately help human resources professionals better meet the needs of all employees. The researcher will compile the data and draw some conclusions which will be available to all participants.

**It is important for the review of your study that you respond to all questions. The review time will be extended if reviewers must request this information at a later time.**

■ **Protocol:**

- a. Where will the research be conducted?  
XYZ Corporation in Des Moines, IA
- b. Who will conduct the research and how many investigators will be involved?  
I will be the sole investigator
- c. Describe the training procedure for the researcher and/or persons assisting in the research. This should include information which demonstrates the researcher's ability to carry out the responsibilities in the project (such as clinical training and/or certification, course work, etc.).  
Completion of a research methods course and CITI training
- d. Describe the data gathering instruments that will be used. Attach copies of all questionnaires, interview schedules, or other data collection instruments. All measures should be submitted in Word or as .jpg files. If your measures are copyrighted materials that cannot be uploaded, you may submit them separately to the IRB office  
Anonymous questionnaire
- e. Describe any apparatus that will be used for data collection.  
n/a
- f. Will videotape or audiotape be used to collect data?  Yes  No
  - If yes, please describe the procedures that will be used to maintain confidentiality during taping.  
n/a
  - If yes, please describe how tapes will be stored and disposed of.  
n/a
  - If yes, who will have access to the tapes and who will make the transcriptions?  
n/a
  - If yes, describe the procedure that will be used during transcription to remove identifying information.  
n/a
  - If yes, describe any plans to use the taped information for purposes other than this research.  
n/a

- g. State the amount of time required of a subject to participate in your study. This should include the number and length of times of participation (e.g., two sessions lasting 30 minutes each).

15-20 minutes

■ **Characteristics of Subjects:**

- a. How many subjects do you estimate will participate in your study?

450

- b. Describe the expected ages, gender, ethnic backgrounds and health status of subjects.

The population includes approximately 300 women and 150 men. Approximately 125 subjects fall into the Baby Boomers age range, approximately 200 subjects fall into the Gen X age range, and approximately 125 subjects fall into the Gen Y age range. The researcher will not ask any questions concerning ethnicity or health status.

- c. If any of the subjects will be children, cognitively impaired, prisoners, pregnant women and/or fetuses, or from other vulnerable groups, please provide a rationale for their participation.

There may be some pregnant women in the population, however, the study is not about women in that condition.

- d. Will data collection be done in a classroom setting?  Yes  No

- If yes, explain what students who do not participate in the research will be doing.

- e. What is the source of the subject pool (e.g., all teachers at a school, department subject pool, community members, etc.)? If the list of potential subjects is publicly available, please indicate so and site source to be utilized.

All employees at the XYZ corporation will be surveyed.

- f. How will participants be selected or recruited?

All potential subjects will be e-mailed the consent form through the corporation's e-mail system. The consent form will contain the unique web-based survey URL.

- Will selection be accomplished on the basis of document review?  Yes  No

- If yes, explain how document review will take place and provide assurance that the researcher will not have access to private or confidential files.

- Will selection of participants be accomplished on the basis of primary data collection (e.g., a screening measure)?  Yes  No

- If yes, the screening process must be made clear to the subjects during the initial consent process. Attach appropriate debriefing information for individuals removed from the research and an additional consent form for those remaining as subjects in the research project.

- Will participants receive any compensation or reward for their participation?  Yes  No

- If yes, please provide details. If extra credit is utilized for compensation, please provide information on what alternative method

will be available for those who choose not to participate to earn the extra credit.

- Attach any advertisements, flyers, cover letters, or scripts to be used in recruiting subjects.
- g. As participation must remain voluntary, explain how the researcher will minimize any possibility of perceived coercion to participate.

The consent form will contain a statement indicating that although I supervise some of the subjects their jobs will not be in jeopardy as there is no way for me to determine who participated and who did not. Potential subjects can ignore the e-mail invitation. No follow-up is planned.
- h. Is the researcher a teacher and/or supervisor of potential subjects?  Yes  No
  - If yes, coercion should be specifically addressed both here and in the consent form. For example, in the consent form, you might write something like “Although I am your teacher, I will not know who participated in this project and your relationship with me and your performance in this class will not be affected by participation or non-participation.”

This will be done--see consent form for anonymous surveys.
  - **Attach a letter giving approval from any agencies or schools that will be involved with the data collection.**
- i. Will there be any unauthorized access to private or confidential information in the securing of the pool of potential subjects?  Yes  No
  - If yes, include documentation (e.g. permission letter from agency or school) that you have the right to access the information.
- j. Will any of the data be taken from archives that are subject to HIPAA regulations (see Question 11 above)?  
 Yes  No
  - If yes, provide a copy of the data recording sheet to be utilized for recording the data collected to ensure compliance with the following applicable federal regulations: 18 HIPAA identifiers that cannot be recorded (see CMU IRB policy manual)

## ■ Benefits

- a. What are the benefits of participation to the subjects or larger community?

The researcher anticipates that the results of the study may be used to develop training that will enable employees to better understand and deal with generational differences. A copy of the study will be given to all participants who request a copy as well as the training and development department.
- b. State clearly the importance of expected knowledge to be gained from this research project.

Study results will be used not only to develop training but to increase awareness of generational differences. Team-building exercises can be better focused and evaluations and goal setting fine tuned to generational differences.

## ■ Risks and Protection of Subjects

- a. Does the proposed study pose a physical risk to participants?  Yes  No

- If yes, describe how you will attempt to protect the participant from this risk.
- b. Does the proposed study pose a psychological risk to participants?  Yes  No
  - If yes, describe how you will attempt to protect the participant from this risk.
- c. Does the proposed study pose a social risk to participants?  Yes  No
  - If yes, describe how you will attempt to protect the participant from this risk.
- d. Does the proposed study pose a legal risk to participants?  Yes  No
  - If yes, describe how you will attempt to protect the participant from this risk.
- e. Does the proposed study pose an economic risk to participants?  Yes  No
  - If yes, describe how you will attempt to protect the participant from this risk.
- f. Is there a possibility of any potential reactive effects of the instrumentation as well as the treatment that have not been addressed in the above risk questions?  Yes  No
  - If yes, describe how you will attempt to protect the participant from this risk.
- g. Describe how confidentiality will be maintained. Have the risks of a breach of confidentiality been considered? What precautions have been taken to minimize these risks?
 

Questionnaire is distributed and collected by a web-based system. Names or other identifiers will not be collected. Subjects will be anonymous. No IP addresses will be collected.
- h. Describe the final disposition of materials used to gather data (e.g., questionnaires, inventories, tapes, etc.) if necessary.
 

All surveys will be maintained in the web-based survey system and will be deleted after data analysis is complete. IP addresses are not collected.
- i. Address issues of privacy and potential coercion for research involving vulnerable subjects.
 

There are no vulnerable subjects in the study.

## ■ Confidentiality

- a. Describe the precautions that will be taken to ensure the privacy of subjects and confidentiality of information by answering the following questions. Be explicit if the data are sensitive.
  - How and where will information be kept that could identify subjects?
 

No identifying information will be collected.
  - Who has access to information which could identify subjects?
 

n/a
  - How long will information be kept that could identify subjects?
 

n/a
  - What is the plan for disposition of information that could identify subjects, if appropriate?
 

n/a

- b. Will coding be used to replace names in your data?  Yes  No
- If yes, describe the coding procedure, ensuring that no individual identifiers will be used and that codes could not be used to link a participant with his/her responses or data.
- c. Will data be collected by observation of behavior without explicit agreement of the subjects?  Yes  No
- If yes, provide clarification why the subjects have no reasonable expectation that their behavior is private and provide assurance that the data will have no individual codes or coding will be unrelated to the individual under observation.

**Include a copy of your CITI Social & Behavioral Research: Basic/Refresher Curriculum Completion Report with your IRB submission. Log into <http://www.CITIprogram.org> and open up your completion report. Copy and paste the completion report into a Word document.**



## XYZ CORPORATION

2326 Pennsylvania Blvd.

Des Moines IA 50311

515-256-2566

<http://www.xyzcorp.com>

Date: January 1, 2009

Sally Researcher  
4444 S. Madison  
Des Moines, IA 50311

Dear Ms. Researcher:

I have reviewed your request to conduct a research project involving the XYZ Corporation and the survey material that will be used. I feel that this project will be beneficial to the XYZ Corporation as well as the project's participants. You have my permission to use the XYZ Corporation employees as the subject pool for this project.

If you have any questions regarding this letter of approval, please give me a call.

Sincerely,

A handwritten signature in black ink, appearing to read 'Richie Rich', with a decorative flourish underneath.

Richie Rich  
CEO, XYZ Corporation



**Study Title:** Generational Differences at XYZ Corporation

**Investigator:** Sally Researcher, MSA Program, [reseal1sl@cmich.edu](mailto:reseal1sl@cmich.edu)

**Faculty Monitor:** Dr. Albert Einstein, MSA Program, [einst1aa@cmich.edu](mailto:einst1aa@cmich.edu)

### **Introductory Statement**

My name is Sally Researcher and I am a graduate student at Central Michigan University. As part of my research, I am examining the effect of generational differences at XYZ Corporation. All employees are receiving this survey invitation. Because you are an employee of XYZ Corporation, I am inviting you to participate in this research study by completing an online survey. The data collected will provide useful information regarding worker attitudes generational differences at XYZ Corporation. If you would like a summary copy of this study please send an e-mail to me at [reseal1sl@cmich.edu](mailto:reseal1sl@cmich.edu) (it is not necessary to complete the survey in order to receive a copy of the results). Completion of the online survey will indicate your willingness to participate in this study.

### **What is the purpose of this study?**

The purpose of this study is to gather data about the differences between generations in the workplace so that professionals in human resources can better understand how to meet the needs of all employees.

### **What will I do in this study?**

If you consent to take this study, please click on the link to the online 10-question survey. This link is found at the end of the consent form. This survey is available to all of the XYZ Corporation's 450 employees. All answers will be anonymous because no names or job titles are asked for in the survey. Surveys will be completed and submitted online through the link at the end of this document. The researcher will compile the data and draw some conclusions which will be available to all participants. Participation is voluntary and the researcher will have no way knowing who participated and who did not.

### **How long will it take me to do this?**

This survey will likely take you about 15-20 minutes to complete. It can be taken any time until the survey deadline of February 15, 2010 at midnight. There is no advance preparation needed.

### **Are there any risks of participating in the study?**

Although the researcher supervises or works with some of the participants, this survey will in no way impact your position with the company as I will have no way of knowing who participated and who did not. Participants are assured that their responses are anonymous. Participation is voluntary and opting to participate or not will have no effect on your job or position with XYZ Corporation. For those who participate, no risk or discomfort is anticipated.

**What are the benefits of participating in the study?**

The benefits to participating in the study are that the participants will be assisting researchers in learning about how generations differ in the workplace. This will ultimately help human resources professionals better meet the needs of all employees. Recommendations for improving training and development workshops will be made.

**Will anyone know what I do or say in this study (Confidentiality)?**

All surveys are anonymous and the web-based survey system will compile the data. The project will be shared with my faculty monitor. Data will be compiled and a copy of this study will be provided to the training and development department at XYZ Corporation.

**Will I receive any compensation for participation?**

There is no compensation or fee to be paid to any participant in this study. Participation is voluntary.

**Is there a different way for me to receive this compensation or the benefits of this study?**

No; there is no compensation for participating.

**Who can I contact for information about this study?**

For more information about the study, you can contact the researcher, Sally Researcher with the following contact information:

Sally Researcher  
4444 S. Madison  
Des Moines, IA 50311  
(515) 555-1212  
[resealsl@cmich.edu](mailto:resealsl@cmich.edu)

Or, my faculty advisor, Dr. Einstein, at [einst1aa@cmich.edu](mailto:einst1aa@cmich.edu).

Please note that if you are not satisfied with the manner in which this study is being conducted, you may report (anonymously if you so choose) any complaints to the Institutional Review Board by calling 989-774-6401, or addressing a letter to the Institutional Review Board, 251 Foust Hall Central Michigan University, Mt. Pleasant, MI 48859.

**Additional Information**

You are free to refuse to participate in this research project or to withdraw your consent and discontinue participation in the project at any time without penalty or loss of benefits to which you are otherwise entitled. Your participation will not affect your relationship with the institution(s) involved in this research project.

*Clicking on the survey link below implies your consent to participate in this research. This copy of the form is for you to keep for your records.*

***CLICK THIS LINK TO BEGIN THE SURVEY:***

[www.onlinesurvey.com/xyzgeneration/](http://www.onlinesurvey.com/xyzgeneration/)

*Thank you for your participation!*

## Generational Differences at XYZ Corporation: Survey

### Instructions:

**Participation is voluntary.**

**Please answer the questions below by clicking on the best answer.**

1. Please select the years in which you were born:
  - 1946-1964
  - 1965-1981
  - 1982-2000
  - Prefer not to answer
  
2. Please select your gender
  - Male
  - Female
  - Prefer not to answer
  
3. For the majority of the time, do you prefer to work alone or with others?
  - By myself
  - In a small group (2-3 people)
  - In a group or team (3-10 people)
  - Other (please explain):  

---
  - Prefer not to answer
  
4. For the majority of the time, do you prefer to work on one task or many tasks at a time?
  - On one task at a time
  - Some tasks at one time (2-5)
  - Many tasks at one time (6+)
  - Prefer not to answer

5. How long do you intend to stay in your current position at this company?
- 0-6 months
  - 6 months to 1 year
  - 1-3 years
  - 3-5 years
  - 5-10 years
  - Until I retire
  - Other (please explain):  
\_\_\_\_\_
  - Prefer not to answer
6. Which generations do you find are easiest for you to relate to in this work environment?
- People who are younger than me
  - People who are generally the same age as me
  - People who are older than me
  - There is no difference
  - Other (please explain):  
\_\_\_\_\_
  - Prefer not to answer
7. How enthusiastic are you about using new or emerging technology in the workplace?
- Very excited by new technology and use it as much as possible
  - Like technology and willing to use it frequently
  - No opinion about technology and use it as needed
  - Hate using technology and use it as little as possible
  - Other (please explain):  
\_\_\_\_\_
  - Prefer not to answer
8. **Please rank the following items** in order of importance to you, with #1 being the MOST important to you and #4 being the LEAST important to you. Feel free to add up to two items (if you add items, your rating scale will have more items).
- \_\_\_\_\_ Work
  - \_\_\_\_\_ Family
  - \_\_\_\_\_ Social Life

\_\_\_\_\_ Recreation

\_\_\_\_\_ Other (please explain):

\_\_\_\_\_ Other (please explain):

**Please answer the following questions in the space provided.**

9. How would you describe the work habits of people in your generation? Please list characteristics, behaviors, values, beliefs, or any other items you feel describe your

10. What are some of the challenges and advantages you see with working with people of a different generation? Please be specific. If you prefer not to answer, simply skip this question and go to the next.

When you are satisfied with your answers, please submit your anonymous survey by clicking on the button below.



**Thank you for your participation.**

If you are not satisfied with the manner in which this study is being conducted, you may report (anonymously if you so choose) any complaints to the Institutional Review Board by calling 989-774-6401, or addressing a letter to the Institutional Review Board, 251 Foust Hall, Central Michigan University, Mt. Pleasant, MI 48859.

Sample "Expedited" IRB application  
Employee Performance Evaluation Techniques at the Second Bank of Atlanta



**Application for Review of Research Involving Human Subjects**

Federal regulations and Central Michigan University's (CMU) Institutional Review Board (IRB) policy require that all research involving humans as subjects be reviewed and approved by the University's IRB prior to the commencement of the research (including recruitment and data collection). Any person (CMU faculty member, student, staff member, or other person) wanting to engage in human subject research must receive written approval from the IRB before conducting the research. This approval by the IRB only signifies that the procedures adequately protect the rights and welfare of the subjects.

1. Title of Project: Employee Performance Evaluation Techniques at the Second Bank of Atlanta

2. Principal Investigator's Name: Sally Researcher

Department: MSA

College: Off-Campus Programs

Status:  Faculty  Student  Staff  Other (specify)

Campus or Mailing Address 75 W. Lincoln  
Atlanta, GA 30327

Phone Number: 404-256-2567

CMU E-mail: resea1sl@cmich.edu

Has PI completed human subjects training?  Yes  No

**Note: All student investigators must have a faculty co-investigator.**

3. Co- Investigator's Name: Dr. Albert Einstein

Department: MSA

College: Off-Campus Programs

Status:  Faculty  Student  Staff  Other (specify)

Campus or Mailing Address 699 W. Madrid St.  
Hamburg, MN 58963

Phone Number: 589-258-2589

CMU E-mail: einst1aa@cmich.edu

Has co-PI completed human subjects training?  Yes  No

4. Co- Investigator's Name:

Department:

College:

Status:  Faculty  Student  Staff  Other (specify)

Campus or Mailing Address

Phone Number:

CMU E-mail:

Has co-PI completed human subjects training?  Yes  No

5. Level of review sought:

- a.  Exempt (submit Exempt Category Form)
- b.  Expedited
- c.  Full Board

6. Is the research funded?

- a.  Internally
  - i. Program
- b.  Externally
  - i. Funding Source
  - ii. Grant/Contract Number
- c.  No funding source

7. Is this research being conducted for:

- a.  Thesis (Submit evidence of committee approval. Do not submit the thesis proposal.)
- b.  Dissertation (Submit evidence of committee approval. Do not submit the dissertation proposal.)
- c.  Class project
- d.  Independent study/Honor's Thesis
- e.  Faculty Research
- f.  Other

8. Special Populations: Indicate the categories of subjects to be included in this study. Check ALL that apply.

- a.  Decisionally impaired
- b.  Decisionally impaired and institutionalized
- c.  Minors (under age 18 – give age ranges)
- d.  Patients (including pregnant/lactating women or persons with HIV/AIDS)
- e.  Prisoners
- f.  Students
- g.  Existing/Secondary Data

- h.  Normal volunteers
- i.  Other (specify)

9. Number of subjects to be: Recruited **16** Enrolled **0**

10. Risk Level: Indicate which of the categories listed below accurately describes this protocol:

- a.  Not greater than minimal risk (i.e., risk encountered in daily life)
- b.  Greater than minimal risk, but presenting the prospect of direct benefit to individual subjects
- c.  Greater than minimal risk, no prospect of direct benefit to individual subjects, but likely to yield generalized knowledge about the topic
- d.  Research not otherwise approvable which presents an opportunity to understand, prevent, or alleviate a serious problem affecting the health and welfare of subjects

11. Does this research involve past, present, or future physical or mental health or condition of subjects; provision of health care to subjects, or the past, present, or future payment for the provision of health care to subjects?

- a.  Yes - see HHS policy on HIPAA: <http://www.hhs.gov/ocr/hipaa/>
- b.  No

12. Does this research involved identifiable information from students' educational records?

- a.  Yes – see FERPA guidelines: <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>
- b.  No

13. Does this research involve minor students in which any of the following information will be ascertained: political affiliations or beliefs of the student or student's parent; mental and psychological problems of the student or the student's family; sex behavior or attitudes; illegal, anti-social, self-incriminating, or demeaning behavior; critical appraisal of others with whom respondents have close family relationships; legally recognized privileges or analogous relationships (e.g., lawyer, physician, minister); religious practices, affiliations, or beliefs of the student or student's parent; or income?

- a.  Yes - see PPRA guidelines: <http://www.ed.gov/policy/gen/guid/fpco/ppra/index.html>
- b.  No

14. Are you collecting data at your place of employment or internship?

a.  Yes

i. If yes, what is your role in relation to the potential subjects? I am an HR specialist with Second Bank of Atlanta. Potential subjects are coworkers. I do not supervise any potential subject.

b.  No

15. Is this a web-based survey?

a.  Yes – what is the URL and password (if applicable)?

i. Note: If collecting sensitive or identifiable data, a group or departmentally owned license is not allowed. Researcher must purchase a private license.

b.  No

**Electronic Signatures.** All of the individuals listed below must electronically sign your application on IRBNet prior to submission. By so doing, each attests to the statement following that respective person's role.

**Investigator**

I certify that the information provided for this project is correct and that no other procedures will be used in this protocol. I agree to conduct this research as described in the attached supporting documents. I will request approval from the IRB for changes to the protocol and/or consent/assent form(s) and will not implement the changes until I receive IRB approval for these changes. I will comply with the IRB policy for the conduct of ethical research. I will promptly report significant or adverse effects to the IRB via phone or email immediately, and then in writing within 5 days of the occurrence. I will be responsible for ensuring that the work of others involved with this project complies with this protocol. I will complete, on request by the IRB or annually, the "Request for Annual Continuation of Project" or "End of Project" forms. I have read and understood the Intellectual Property Rights policy and am aware of its implications for my research.

**Faculty Advisor (required when PI is a student)**

You are certifying that you have reviewed this proposal and discussed it with the PI.

**Administrator (e.g., department chair, dean, or supervisor)**

You are certifying that you have reviewed the application and all supporting documents pertaining to this research protocol and that you acknowledge the submission of the proposal and agree to the use of any negotiated resources committed to this proposed project.

**Abstract:** Provide a brief overview of the project, describing the purpose, objectives, design and site of the research in straightforward non-technical language.

The Second Bank of Atlanta adopted a new employee performance evaluation system one year ago. Reviews are now done semiannually and involve both self-review and peer review. Staff

members also evaluate the supervisors. Interviews will be conducted with a sampling of staff and supervisors to assess the impact of changing the performance evaluation system. The study will help to determine if the new system has opened up or hindered communication between staff and supervisors. The study will assess if the new evaluation system is less or more effective than the previous system.

**It is important for the review of your study that you respond to all questions. The review time will be extended if reviewers must request this information at a later time.**

■ **Protocol:**

- a. Where will the research be conducted?  
Second Bank of Atlanta in Atlanta, GA
- b. Who will conduct the research and how many investigators will be involved?  
I will be the sole investigator
- c. Describe the training procedure for the researcher and/or persons assisting in the research. This should include information which demonstrates the researcher's ability to carry out the responsibilities in the project (such as clinical training and/or certification, course work, etc.).  
Completion of a research methods course and CITI training
- d. Describe the data gathering instruments that will be used. Attach copies of all questionnaires, interview schedules, or other data collection instruments. All measures should be submitted in Word or as .jpg files. If your measures are copywritten materials that cannot be uploaded, you may submit them separately to the IRB office  
Face-to-Face Interviews
- e. Describe any apparatus that will be used for data collection.  
n/a
- f. Will videotape or audiotape be used to collect data?  Yes  No
  - If yes, please describe the procedures that will be used to maintain confidentiality during taping.  
Interviews will take place in my office with the door closed to insure privacy. Subjects will be asked to grant permission for interviews to be recorded. If granted the interview will be recorded via audiotape. The investigator will make transcriptions (no names recorded) and the tapes destroyed after transcription.
  - If yes, please describe how tapes will be stored and disposed of.  
Interview notes, audio tapes, and consent forms will be maintained in a locked cabinet. Notes, tapes and consent forms will be in separate boxes. After transcription, audiotapes will be destroyed and interview notes will be shredded.
  - If yes, who will have access to the tapes and who will make the transcriptions?  
Only the researcher will have access and will make transcriptions with no names attached, after which audiotapes will be destroyed and interview notes will be shredded.
  - If yes, describe the procedure that will be used during transcription to remove identifying information.

No names will be used on the transcripts. Transcripts will be marked as supervisor a, b, c, etc. and staff person a, b, c, etc. When the transcription is complete, the tapes will be destroyed.

- If yes, describe any plans to use the taped information for purposes other than this research.

n/a

- g. State the amount of time required of a subject to participate in your study. This should include the number and length of times of participation (e.g., two sessions lasting 30 minutes each).

approximately 30 minutes

## ■ Characteristics of Subjects:

- a. How many subjects do you estimate will participate in your study?

13-16

- b. Describe the expected ages, gender, ethnic backgrounds and health status of subjects.

There are approximately 85 employees at the bank. The researcher intends to interview 5-6 supervisors and 8-10 staff employees. A designation of staff or supervisor is the only demographic that will be collected. There are 23 supervisors and 65 staff employees.

- c. If any of the subjects will be children, cognitively impaired, prisoners, pregnant women and/or fetuses, or from other vulnerable groups, please provide a rationale for their participation.

There may be some pregnant women in the population, however, the study is not about women in that condition.

- d. Will data collection be done in a classroom setting?  Yes  No

- If yes, explain what students who do not participate in the research will be doing.

- e. What is the source of the subject pool (e.g., all teachers at a school, department subject pool, community members, etc.)? If the list of potential subjects is publicly available, please indicate so and site source to be utilized.

They are the supervisory and staff employees of Second Bank of Atlanta who work in the main office of the bank.

- f. How will participants be selected or recruited?

The investigator will post a notice in the breakroom requesting volunteers. If the list of volunteers does not include enough supervisors or enough staff, then the investigator will call employees and ask if they would be willing to be an interview subject. Employees selected for phone calls will be selected from the employee roster supplied by the personnel department. Every 4<sup>th</sup> name will be contacted. Staff in the investigator's department will not be included.

- Will selection be accomplished on the basis of document review?  Yes  No

- If yes, explain how document review will take place and provide assurance that the researcher will not have access to private or confidential files.

See the use of an employee roster noted in item f. above. A permission letter from the organization grants access to this information for the researcher's study.

- Will selection of participants be accomplished on the basis of primary data collection (e.g., a screening measure)?  Yes  No
  - If yes, the screening process must be made clear to the subjects during the initial consent process. Attach appropriate debriefing information for individuals removed from the research and an additional consent form for those remaining as subjects in the research project.
- Will participants receive any compensation or reward for their participation?  Yes  No
  - If yes, please provide details. If extra credit is utilized for compensation, please provide information on what alternative method will be available for those who choose not to participate to earn the extra credit.
- Attach any advertisements, flyers, cover letters, or scripts to be used in recruiting subjects.
- g. As participation must remain voluntary, explain how the researcher will minimize any possibility of perceived coercion to participate.

The consent form will include a statement that information that could potentially identify individuals will be kept confidential, that there is no compensation for participating, that participants can remove themselves from the study at any time, and that the decision to participate or not to participate will not jeopardize their standing at the bank in any way. Furthermore, the researcher will not interview staff or supervisors in the researcher's own department.
- h. Is the researcher a teacher and/or supervisor of potential subjects?  Yes  No
  - If yes, coercion should be specifically addressed both here and in the consent form. For example, in the consent form, you might write something like “Although I am your teacher, I will not know who participated in this project and your relationship with me and your performance in this class will not be affected by participation or non-participation.”
  - **Attach a letter giving approval from any agencies or schools that will be involved with the data collection.**
- i. Will there be any unauthorized access to private or confidential information in the securing of the pool of potential subjects?  Yes  No
  - If yes, include documentation (e.g. permission letter from agency or school) that you have the right to access the information.
- j. Will any of the data be taken from archives that are subject to HIPAA regulations (see Question 11 above)?  Yes  No
  - If yes, provide a copy of the data recording sheet to be utilized for recording the data collected to ensure compliance with the following applicable federal regulations: 18 HIPAA identifiers that cannot be recorded (see CMU IRB policy manual)

■ **Benefits**

- a. What are the benefits of participation to the subjects or larger community?

This investigator hopes to determine whether the new performance evaluation system has improved communication between supervisors and staff and whether increased staff participation in the evaluation process has made the process more meaningful and fair. Recommendations on improving or modifying the performance evaluation system will be made to management based on the feedback from Second Bank of Atlanta Employees.

- b. State clearly the importance of expected knowledge to be gained from this research project.

The study will be useful to all employees in that they or their peers have input in validating or changing the evaluation system.

■ **Risks and Protection of Subjects**

- a. Does the proposed study pose a physical risk to participants?  Yes  No  
○ If yes, describe how you will attempt to protect the participant from this risk.

- b. Does the proposed study pose a psychological risk to participants?  Yes  No  
○ If yes, describe how you will attempt to protect the participant from this risk.

- c. Does the proposed study pose a social risk to participants?  Yes  No  
○ If yes, describe how you will attempt to protect the participant from this risk.

If subjects are totally candid, there is the potential for social risk if responses were disclosed. The investigator will not identify subjects except generically as supervisor or staff in the research paper. In addition, the investigator will not disclose who participated in the study. Signed consent forms will be maintained separately from interview notes and audiotapes will not be labeled by name and will be destroyed after transcription.

- d. Does the proposed study pose a legal risk to participants?  Yes  No  
○ If yes, describe how you will attempt to protect the participant from this risk.

- e. Does the proposed study pose an economic risk to participants?  Yes  No  
○ If yes, describe how you will attempt to protect the participant from this risk.

- f. Is there a possibility of any potential reactive effects of the instrumentation as well as the treatment that have not been addressed in the above risk questions?  Yes  No

○ If yes, describe how you will attempt to protect the participant from this risk.

- g. Describe how confidentiality will be maintained. Have the risks of a breach of confidentiality been considered? What precautions have been taken to minimize these risks?

Only the researcher will have access to interview notes, audio tapes, and consent forms which will be maintained in a locked cabinet. Notes, tapes and consent

forms will be in separate boxes. After transcription, audiotapes will be destroyed and interview notes will be shredded.

- h. Describe the final disposition of materials used to gather data (e.g., questionnaires, inventories, tapes, etc.) if necessary.

Tapes will be destroyed and notes will be shredded. Consent forms will be maintained separately. The consent forms will be destroyed after the project has been completed and graded.

- i. Address issues of privacy and potential coercion for research involving vulnerable subjects.

There are no vulnerable subjects in the study.

## ■ Confidentiality

- a. Describe the precautions that will be taken to ensure the privacy of subjects and confidentiality of information by answering the following questions. Be explicit if the data are sensitive.

- How and where will information be kept that could identify subjects?

No identifying information will be collected, except for placing participants into a supervisor or staff category.

- Who has access to information which could identify subjects?

The researcher will only designate subjects as staff or supervisors. No names will be recorded.

- How long will information be kept that could identify subjects?

Tapes and interview notes will only be kept until transcription is complete.

- What is the plan for disposition of information that could identify subjects, if appropriate?

n/a

- b. Will coding be used to replace names in your data?  Yes  No

- If yes, describe the coding procedure, ensuring that no individual identifiers will be used and that codes could not be used to link a participant with his/her responses or data.

- c. Will data be collected by observation of behavior without explicit agreement of the subjects?  Yes  No

- If yes, provide clarification why the subjects have no reasonable expectation that their behavior is private and provide assurance that the data will have no individual codes or coding will be unrelated to the individual under observation.

**Include a copy of your CITI Social & Behavioral Research: Basic/Refresher Curriculum Completion Report with your IRB submission. Log into <http://www.CITIprogram.org> and open up your completion report. Copy and paste the completion report into a Word document.**

## Second Bank of Atlanta

123 Anywhere Street  
Atlanta, GA 30327  
404-789-7255

<http://www.secondbankGA.com>



Date: January 1, 2009

Sally Researcher  
75 W. Lincoln  
Atlanta, GA 30327

Dear Ms. Researcher:

I have reviewed your request to conduct a research project involving the Second Bank of Atlanta and the survey material that will be used. I feel that this project will be beneficial to the Second Bank of Atlanta as well as the project's participants. You have my permission to use the Second Bank of Atlanta employees as the subject pool for this project.

If you have any questions regarding this letter of approval, please give me a call.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Richie Rich', written in black ink.

Richie Rich  
President, Second Bank of Atlanta



**Study Title:** Employee Performance Evaluation Techniques at the Second Bank of Atlanta

**Investigator:** Sally Researcher, MSA Program, [researchl@cmich.edu](mailto:researchl@cmich.edu)

**Faculty Monitor:** Dr. Albert Einstein, MSA Program, [einst1aa@cmich.edu](mailto:einst1aa@cmich.edu)

### **Introductory Statement**

My name is Sally Researcher and I am a graduate student in the Master of Science in Administration degree program at Central Michigan University, and I am conducting research to fulfill degree requirements at Central Michigan University. You are invited to participate in this research study. The following information is provided to help you make an informed decision whether or not to participate. If you have any questions, please do not hesitate to ask.

### **What is the purpose of this study?**

We hope to assess the effectiveness of the performance evaluation system which was implemented one year ago. We hope to look at its impact on communication between supervisors and staff and determine if the process is more meaningful than our previous performance evaluation system. Recommendations for improvement or modification will be made to management based on employee feedback.

### **What will I do in this study?**

You are eligible to participate because you, as either a supervisor or as a staff employee, have participated in the new evaluation system. If you decide to participate in this research project, I will go over this consent form, ask your permission to tape the interview, and then go through a series of interview questions about the new evaluation system.

If you give permission for the interview to be taped, please sign here: \_\_\_\_\_

If you do not wish the interview to be taped, please sign here: \_\_\_\_\_

**Alternative:** You may provide a written response to the interview questions and send it to the researcher by interoffice mail.

### **How long will it take me to do this?**

The interview should be completed within thirty minutes.

### **Are there any risks of participating in the study?**

There is the potential for social risk (embarrassment) if your responses were to be disclosed. However, you will be designated only as a supervisor or as a staff employee in the research paper.

**What are the benefits of participating in the study?** This study hopes to establish that the new performance evaluation system has improved communication between supervisors and staff.

This is an opportunity to express your opinions on the new system. Recommendations on improving or modifying the evaluation system will be made to management based on the feedback from Second Bank of Atlanta Employees.

**Will anyone know what I do or say in this study (Confidentiality)?**

Subjects will be referred to as supervisors or as staff employees. The researcher is the only one who will know who participated in the study. Any information obtained during this study which could identify you will be kept strictly confidential. The information may be published in educational journals or presented at educational meetings but your identity will be kept strictly confidential. Consent forms will be maintained separately from interview notes and from audiotapes. Audiotapes will not be labeled and the investigator will transcribe the audiotapes personally. Audiotapes and interview notes will be destroyed following transcription. Copies of the project will be provided to my Central Michigan University faculty monitor and to the President of our company.

**Will I receive any compensation for participation?**

There is no compensation for participating. You are free to refuse to participate in this research project or to withdraw your consent and discontinue participation in the project at any time without penalty or loss of benefits to which you are otherwise entitled.

**Who can I contact for information about this study?**

For more information about the study, you can contact the researcher, Sally Researcher with the following contact information:

Sally Researcher  
75 W. Lincoln  
Atlanta, GA 30327  
(404) 555-1212  
[resealsl@cmich.edu](mailto:resealsl@cmich.edu)

Or, my faculty advisor, Dr. Einstein, at [einst1aa@cmich.edu](mailto:einst1aa@cmich.edu).

If you are not satisfied with the manner in which this study is being conducted, you may report (anonymously if you so choose) any complaints to the Institutional Review Board by calling 989-774-6401, or addressing a letter to the Institutional Review Board, 251 Foust Hall Central Michigan University, Mt. Pleasant, MI 48859.

*My signature below indicates that all my questions have been answered. I agree to participate in the project as described above.*

\_\_\_\_\_  
Signature of Subject

\_\_\_\_\_  
Date Signed

*A copy of this form has been given to me.* \_\_\_\_\_ Subject's Initials

**For the Research Investigator**—I have discussed with this subject the procedure(s) described above and the risks involved; I believe he/she understands the contents of the consent document and is competent to give legally effective and informed consent.

\_\_\_\_\_  
Signature of Responsible Investigator

\_\_\_\_\_  
Date Signed

## **Employee Performance Evaluation Techniques at the Second Bank of Atlanta**

### **Interview questions for supervisors**

1. Have you conducted performance evaluations under both the new and old evaluation systems? Do you have a preference and why?
2. How do you feel about having your peers involved in evaluating your performance?
3. Thinking back about how we all feel about the “annual review,” does conducting the evaluations semiannually put less stress on you in terms of your own personal evaluation? What is your comfort level now as you develop evaluations for your staff?
4. Have you noticed any changes in general morale? Is there improved communication and what makes you think so?
5. Do you feel uneasy or comfortable with your staff having a part in your performance evaluation?
6. Is it important for everyone to have input?
7. After the training given by Human Resources in the new systems, do you find that you praise staff or provide criticism in a more constructive manner? Do you tend to do either closer to the actual event rather than saving everything for the performance evaluation session?
8. Do you use the monthly employee review forms supplied by Human Resources? Have the forms helped you in preparing for the semiannual reviews?
9. Are there any comments you wish to make or concerns you wish to share?

### **Interview questions for staff employees**

1. Did you receive performance evaluations under both the new and old systems? Do you have a preference and why?
2. How do you feel about having your peers involved in evaluating your performance?
3. Are you more comfortable with a mid-year and a yearend review, rather than one annual review?
4. Have you noticed any changes in general morale? Is there improved communication and what makes you think so?
5. What do you think about having a part in your supervisor’s evaluation? Do you think your input is taken seriously by management?
6. Have supervisors been more effective and constructive in either providing praise or constructive criticism?
7. Do you feel your supervisor was better prepared for your evaluations this past year or less prepared?
8. Are there any comments you wish to make or concerns you wish to share?

Sample “Non-Human Research Determination Form”  
A Comparison of Employee Insurance Plans at Mid-American Conference  
Universities

**Non-Human Research Determination Form**

**Non-Human Research Determination Form**

Complete this form if you believe that your project either does not involve human subjects or that it does not qualify as human subjects “research” as defined by the IRB. Please provide a response to each question.

1. Date of Report: 11/15/09
2. Title of Project: A Comparison of Employee Benefit Plans at Mid-American Conference Universities
3. Principal Investigator’s Name: Sally Researcher  
Department: MSA  
College: Off Campus Programs  
Status:  Faculty  Student  Staff  Other (specify)  
Campus or Mailing Address 456 E. University Lane  
Mt. Pleasant, MI 48858

Phone Number: 989-774-0000

CMU E-mail: resea1sl@cmich.edu

**Note: All student investigators must have a faculty co-investigator.**

4. Co- Investigator’s Name: Dr. Albert Einstein  
Department: MSA  
College: Off Campus Programs  
Status:  Faculty  Student  Staff  Other (specify)  
Campus or Mailing Address 526 Park Library  
CMU  
Mt. Pleasant, MI 48859

Phone Number: 989-774-0101

CMU E-mail: einst1aa@cmich.edu

5. Co- Investigator’s Name:  
Department:  
College:  
Status:  Faculty  Student  Staff  Other (specify)  
Campus or Mailing Address

Phone Number:

CMU E-mail:

6. Project Begin Date: 1/11/10

Project End Date: 5/1/10

7. Determination of "Human Subject:" If your study involves any of the following, this form is not applicable. Instead, you should complete an application for the use of human subjects in research.
- Research that involves the use of surveys, interview procedures, or observation of public behavior.
  - Research that involves the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens. (This includes archives or records from schools, businesses, etc.)

8. What is the purpose of your study?

The purpose of the study is to determine if improvements can be made to the existing employee benefit plan at Central Michigan University. The researcher will compare employee insurance plans at all Mid-American Conference universities.

9. Describe the data that will be analyzed:

Details of Employee insurance benefits/disability plans/life insurance plans/major medical plans/wellness programs

10. Provide a description of the data sources, such as the URL, name of the public document, or public domain:

Web site search, such as:

<http://www.utoledo.edu/depts/hr/index.html>

<http://www.bsu.edu/payroll/benefits/>

<http://www1.kent.edu/hr/employeehandbook/benefits.cfm>

**Electronic Signatures.** All of the individuals listed below must electronically sign your application on IRBNet prior to submission of this report. By so doing, each attests to the statement following that respective person's role.

**Investigator**

I certify that the information provided for this project is correct.

**Faculty Advisor (required when PI is a student)**

I certify that I have reviewed this report and discussed it with the PI.

## Sample “Request for Protocol Change” Form Perceptions of Downsizing at ABC Corporation

### Request for Protocol Change Form

The Request for Protocol Change form may be used to report the following events to the IRB for protocols that have already been approved:

- Protocol Change – any change to the procedure of the study
- Changes to the Informed Consent/Assent Form(s)
- Change of location of data collection
- Change of key personnel, including investigators

1. Date of Request: 5/1/09
2. Title of Project: Perceptions of Downsizing at ABC Corporation
3. Principal Investigator’s Name: Sally Researcher  
Phone Number: 937-256-2567 CMU E-mail: resea1rl@cmich.edu
4. Co- Investigator’s Names: Dr. Albert Einstein  
Phone Number: 589-258-2589 CMU E-mail: einst1aa@cmich.edu
5. Are there any proposed changes to the protocol requested?
  - a.  Yes – describe proposed changes to the protocol, including rationale for the change:  
The return rate on the original distribution of the survey was very low. The researcher wishes to increase the size of the subject population and distribute the survey to the entire available population. 200 subjects originally received the survey. The new subject pool would be the approximately 400 subjects who did not originally receive the survey.
  - b.  No.
6. Are there any proposed changes to the informed consent/assent form(s)?
  - a.  Yes – describe changes, including rationale and attach the revised form(s), with changes highlighted:
  - b.  No.
7. Are there any additions or changes in sites where data are collected?
  - a.  Yes – identify specific sites or agencies to be used or changed. Attach permission letters from the sites or agencies authorizing data collection to be conducted at the site(s).
  - b.  No.
8. Are there changes in key personnel assisting in the research project?
  - a.  Yes – list changes (i.e., who is being added, who has left project). For new personnel, include name, rank/degree, affiliation, and responsibility in project.
  - b.  No.

9. If there are changes in key personnel, is the research being conducted for:
- a.  Thesis (Submit evidence of committee approval. Do not submit the thesis proposal.)
  - b.  Dissertation (Submit evidence of committee approval. Do not submit the dissertation proposal.)
  - c.  Class project
  - d.  Independent study/Honor's Thesis
  - e.  Faculty Research
  - f.  Other

10. Describe any proposed changes not listed above.

**Electronic Signatures.** All of the individuals listed below must electronically sign your application on IRBNet prior to submission. By so doing, each attests to the statement following that respective person's role.

**Investigator**

I certify that the information provided for this project is correct and that no other procedures will be used in this protocol. I agree to conduct this research as described in the attached supporting documents. I will request approval from the IRB for changes to the protocol and/or consent/assent form(s) and will not implement the changes until I receive IRB approval for these changes. I will comply with the IRB policy for the conduct of ethical research. I will promptly report significant or adverse effects to the IRB via phone or email immediately, and then in writing within 5 days of the occurrence. I will be responsible for ensuring that the work of others involved with this project complies with this protocol. I will complete, on request by the IRB or annually, the "Request for Annual Continuation of Project" or "End of Project" forms. I have read and understood the Intellectual Property Rights policy and am aware of its implications for my research.

**Faculty Advisor (required when PI is a student)**

I certify that I have reviewed this proposal and discussed it with the PI.

**Administrator (e.g., department chair, dean, or supervisor)**

I certify that I have reviewed this proposal.

Sample “End of Project Report” Form  
Perceptions of Downsizing at ABC Corporation (only required for studies with expedited or full board approvals)

**End of Project Report Form**

This form should be submitted when the project has been completed. Once this form has been submitted, the following should not occur: data collection, analyses, manuscript publication and/or presentation. If you wish to continue the project by conducting any of these activities, please submit a Request for Annual Update form prior to the expiration date for approval of the project.

1. Date of Report: 6/1/09
2. Title of Project: Perceptions of Downsizing at ABC Corporation
3. Principal Investigator’s Name: Sally Researcher  
Phone Number: 419-256-2567 CMU E-mail: resea1sl@cmich.edu
4. Co- Investigator’s Names: Dr. Albert Einstein  
Phone Number: 589-258-2589 CMU E-mail: einst1aa@cmich.edu
5. Project Begin Date: 4/1/09 Project End Date: 5/25/09
6. Subject Recruitment:
  - a. Total number of subjects enrolled in study: 189
  - b. Number of subjects who voluntarily withdrew from study at their own request: 0

**Provide responses to the following items and submit your responses along with this form. Each response should be numbered or labeled to correspond to the following items.**

7. Please identify any problems that participants may have encountered during the research study. If any, describe how the problems were handled.  
n/a
8. Provide a summary of the completed research (an abstract is sufficient).  
**Include your executive summary**

**Electronic Signatures.** All of the individuals listed below must electronically sign your application on IRBNet prior to submission of this report. By so doing, each attests to the statement following that respective person’s role.

**Investigator**

I certify that the information provided for this project is correct.

**Faculty Advisor (required when PI is a student)**

I certify that I have reviewed this report and discussed it with the PI.

**Administrator (e.g., department chair, dean, or supervisor)**

I certify that I have reviewed this report.

## Sample Permission letter

### **Must be on the Letterhead of Company/Institution Granting Permission**

Date:

Student's name

Address

Dear *(Student's name)*:

I have reviewed your request to conduct a research project involving AIDS training and the survey material used. I feel this project will be beneficial to the agency as well as to the project participants. You have my permission to use the employees of the commodity business unit as the subject pool for this project **provided the survey does not require any official time to be used by you or your participants.**

If you have any questions regarding this letter of approval, please give me a call.

Sincerely,

*(Signature must appear here.)*

Division Chief  
Commodity Business Unit, DISC

## Sample Consent Form for phone or informal “on-the-street” interviews



### *Consent Form for Phone or informal “on-the-street” interviews*

The purpose of this research study is to determine if there is a need for extended hours and services in the local farmers’ market in the Baltimore Park neighborhood. For that reason, we will be surveying homeowners in the neighborhood and farmers’ market patrons. If you are willing to participate, our questionnaire will ask your opinion on the current hours and services along with your ideas for improvements. You must be age 18 or older to participate. The survey should take no longer than 3 minutes of your time. There are no foreseeable risks associated with this project, nor are there any direct benefits to you. There is no compensation for participation. This is an entirely anonymous questionnaire, and so your responses will not be identifiable in any way. All responses are confidential, and results will be kept under lock and key. Your participation is voluntary, and you may choose to stop at any time if you want. This study is being conducted by Sally Researcher. I am a graduate student in the MSA Program at Central Michigan University. I can be reached at 419-256-2567., if you have any questions. My faculty advisor on this project is Dr. Albert Einstein and his phone number is 589-258-2589.

Annotated IRB application: these notes may answer frequently asked IRB questions.

Application for Review of Research Involving Human Subjects

Federal regulations and Central Michigan University's (CMU) Institutional Review Board (IRB) policy require that all research involving humans as subjects be reviewed and approved by the University's IRB prior to the commencement of the research (including recruitment and data collection. Any person (CMU faculty member, student, staff member, or other person) wanting to engage in human subject research must receive written approval from the IRB before conducting the research. This approval by the IRB only signifies that the procedures adequately protect the rights and welfare of the subjects.

1. Title of the Project:

2. Principal Investigator's Name:  
Department:

College:

Status:  Faculty  Student  Staff  Other (specify)

Campus or Mailing Address

Your department is MSA and the College is Off Campus Programs or Graduate Studies

Phone Number:

CMU E-mail:

Has PI completed human subjects training?  Yes  No

**Note: All student investigators must have a faculty co-investigator.**

"Yes" means completion of CITI training.

3. Principal Investigator's Name:  
Department:

College:

Status:  Faculty  Student  Staff  Other (specify)

Campus or Mailing Address

You must include your MSA 685 instructor as the co-investigator.

Phone Number:

CMU E-mail:

Has PI completed human subjects training?  Yes  No

4. Principal Investigator's Name:  
Department:

Mark "yes" for your  
faculty monitor, too.

College:

Status:  Faculty  Student  Staff  Other (specify)

Campus or Mailing Address

Phone Number:

CMU E-mail:

Has PI completed human subjects training?  Yes  No

5. Level of review sought:

- a.  Exempt (submit Exempt Category Form)
- b.  Expedited
- c.  Full Board

Select a category.  
Most will select  
exempt. Don't forget  
the exempt categories  
forms

6. Is the research funded?

- a.  internally
  - i. Program
- b.  Externally
  - i. Funding Source
  - ii. Grant/Contract Number
- c.  No funding source

7. Is this research being conducted for:

- a.  Thesis (Submit evidence of committee approval. Do not submit the thesis proposal.)
- b.  Dissertation (Submit evidence of committee approval. Do not submit the dissertation proposal.)
- c.  Class project
- d.  Independent study/Honor's Thesis
- e.  Faculty Research
- f.  Other

This is a class project. A  
thesis requires  
documentation of  
committee approval.

8. Special Populations: Indicate the categories of subjects to be included in this study. Check ALL that apply.

- a.  Decisionally impaired
- b.  Decisionally impaired and institutionalized
- c.  Minors (under age 18—give age ranges)
- d.  Patients (including pregnant/lactating women)
- e.  Prisoners
- f.  Students
- g.  Existing/Secondary Data
- h.  Normal volunteers
- i.  Other (specify)

Be consistent. If you select more than one category, discuss each population in the characteristics of subjects section.

9. Number of subjects to be: Recruited      Enrolled

Typically, you will use the recruited field and leave the enrolled field blank or put 0..

10. Risk Level: Indicate which of the categories listed below accurately describe the risk level of your project.

- a.  Not greater than minimal risk (i.e., risk encountered in daily life)
- b.  Greater than minimal risk, but presenting the prospect of direct benefit to individual subjects
- c.  Greater than minimal risk, no prospect of direct benefit to individual subjects but likely to yield generalized knowledge about the topic
- d.  Research not otherwise approvable which presents an opportunity to prevent, or alleviate a serious problem affecting the health and welfare of the community

Be sure to adequately assess the risk in your project.

11. Does this research involve past, present, or future physical or mental health care to subjects; provision of health care to subjects, or the past, present, or future payment for the provision of health care to subjects?

- a.  Yes – see HHS policy on HIPAA: <http://www.hhs.gov/ocr/hipaa/>
- b.  No

12. Does this research involve identifiable information from students' education records?

- a.  Yes – see FERPA guidelines: <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>
- b.  No

13. Does this research involve minor students in which any of the following information will be ascertained: political affiliations or beliefs of the student or student's parent; mental and psychological problems of the student or the student's family; sex behavior or attitudes; illegal, anti-social, self-incriminating, or demeaning behavior, critical appraisal of others with whom respondents have close family relationships; legally recognized privileges or analogous relationships (e.g., lawyer, physician, minister), religious practices, affiliations, or beliefs of the student or student's parent; or income?

- a.  Yes – see PPRA guidelines: <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>
- b.  No

Be specific and remember that use of fellow employees requires an organizational permission letter.

14. Are you collecting data at your place of employment or internship?

- a.  Yes

i. If yes, what is your role in relation to the potential subjects:

b.  No

15. Is this a web-based survey?

a.  Yes – what is the URL and password (if applicable)?

i. Note: If collecting sensitive or identifiable data, a group or department license is not allowed. Researcher must purchase a private license.

b.  No

Don't forget to include the unique URL for your survey.

Electronic Signatures. All of the individuals listed below must electronically sign your application on IRBNet prior to submission. By so doing, each attests to the statement following that person's role.

Electronic signatures are added within IRBNet using the "sign this package" function. Review will not take place until you and your monitor have added your signatures.

Investigator

I certify that the information provided for this project is correct and that no other information will be used in this protocol. I agree to conduct this research as described in the attached supporting documents. I will request approval from the IRB for changes to the protocol and/or consent/assent form(s) and will not implement the changes until I receive IRB approval for these changes. I will comply with the IRB policy for the conduct of ethical research. I will promptly report significant or adverse effects to the IRB via phone or email immediately, and then in writing within 5 days of the occurrence. I will be responsible for ensuring that the work of others involved with this project complies with this protocol. I will complete, on request by the IRB or annually, the "Request for Annual Continuation of Project" or "End of Project" forms. I have read and understood the Intellectual Property Rights policy and am aware of its implications for my research.

Faculty Advisor (required when PI is a student)

You are certifying that you have reviewed this proposal and discussed it with the PI.

Abstract: Provide a brief overview of the project, describing the purpose, objectives, design, and site of the research in straightforward non-technical language.

**DON'T FORGET TO INCLUDE YOUR ABSTRACT! BE SURE TO INCLUDE ALL OF THE ITEMS NOTED ABOVE, PURPOSE, OBJECTIVES, METHODOLOGY, ETC.**

**It is important for the review of your study that you respond to all questions. The review time will be extended if reviewers must request this information at a later date.**

- Protocol:
  - a. Where will the research be conducted?  
THIS CAN BE A GEOGRAPHIC LOCATION AND/OR THE NAME OF YOUR ORGANIZATION
  - b. Who will conduct the research and how many investigators will be involved?  
TYPICALLY, YOU WILL BE THE SOLE INVESTIGATOR
  - c. Describe the training procedure for the researcher and/or persons assisting in the research. This should include information which demonstrates the researcher's ability to carry out the responsibilities in the project (such as clinical training and/or certification, course work, etc.)  
TYPICALLY, THIS IS "COMPLETION OF A RESEARCH METHODS COURSE AND CITI TRAINING"
  - d. Describe the data gathering instruments that will be used. Attach copies of all questionnaires, interview schedules, or other data collection instruments. All measures should be submitted in Word or as.jpg files. If your measures are copy written materials that cannot be uploaded, you may submit them separately to the IRB office.  
THE TYPICAL RESPONSE IS "SEE ATTACHED SURVEYS (OR INTERVIEW QUESTIONS)"
  - e. Describe any apparatus that will be used for data collection.  
USUALLY "N/A"
  - f. Will videotape or audiotape be used to collect data?  Yes  No
    - If yes, please describe the procedures that will be used to maintain confidentiality during the taping.  
IF THIS APPLIES TO YOUR PROJECT, BE SPECIFIC
    - If yes, please describe how tapes will be stored and disposed of.
    - If yes, who will have access to the tapes and who will make the transcriptions?
    - If yes, describe the procedure that will be used during transcription to remove identifying information.
    - If yes, describe any plans to use the taped information for purposes other than this research.
  - g. State the amount of time required of a subject to participate in your study. This should include the number and length of times of participation (e.g., two sessions lasting 30 minutes each). MAKE SURE THAT THIS LENGTH OF TIME MATCHES THE LENGTH OF TIME IN YOUR CONSENT DOCUMENTS.
  
- Characteristics of Subjects:
  - a. How many subjects do you estimate will participate in your study?  
MATCH THIS NUMBER TO THE ONE IN QUESTION 9. FOR EXAMPLE, IF YOU ANSWERED 200 FOR QUESTION 9, THEN YOU MIGHT STATE "I ANTICIPATE THAT 150 OUT OF 200 PROSPECTIVE SUBJECTS WILL PARTICIPATE."
  - b. Describe the expected ages, gender, ethnic backgrounds and health status of subjects.  
ADD SPECIFICS IN YOUR RESPONSE TO THIS QUESTION. IF YOU ARE ASKING DEMOGRAPHIC QUESTIONS, THEN PROVIDE AN ESTIMATE OF HOW MANY SUBJECTS FALL INTO EACH DEMOGRAPHIC CATEGORY. FOR EXAMPLE, IF THE DEMOGRAPHIC QUESTIONS ARE ABOUT GENDER AND LENGTH OF EMPLOYMENT, THEN SPECIFY, THE NUMBER OF MALES AND FEMALES AND YOUR ESTIMATES FOR LENGTH OF EMPLOYMENT, SUCH AS 35% HAVE BEEN

**WITH THE COMPANY MORE THAN 10 YEARS AND 65% ARE IN THE 10 YEARS OR LESS CATEGORY.**

- c. If any of the subjects will be children, cognitively impaired, prisoners, pregnant women and/or fetuses, or from other vulnerable groups, please provide a rationale for their participation.
- d. Will data collection be done in a classroom setting?  Yes  No
- e. What is the source of the subject pool (e.g., all teachers at a school, department subject pool, community members, etc.)? If the list of potential subjects is publically available, please indicate so and cite source to be utilized. **DESCRIBE THE SOURCE OF YOUR SUBJECT POOL. BE DETAILED AND SPECIFIC. EXAMPLES: THE MEMBERSHIP OF THE LOCAL CHAMBER OF COMMERCE, ALL TEACHERS AT LINCOLN ELEMENTARY SCHOOL, UNIVERSITY OF MICHIGAN FINANCE AND BUDGET OFFICE EMPLOYEES, AND SO FORTH**
- f. How will participants be selected or recruited?  
**WHAT IS YOUR PROCESS FOR FINDING SUBJECTS? ARE YOU SELECTING THEM, SUCH AS SENDING THE SURVEY TO ALL EMPLOYEES THROUGH INTEROFFICE MAIL OR SELECTING EVERY 5<sup>TH</sup> NAME ON THE EMPLOYEE ROSTER TO RECEIVE A MAILING? ARE YOU ASKING FOR VOLUNTEERS? WHAT ARE YOUR PROCEDURES?**
- Will selection be accomplished on the basis of document review?  Yes  No
    - If yes, explain how document review will take place and provide assurance that the researcher will not have access to private or confidential files.
  - Will selection of the participants be accomplished on the basis of primary data collection (e.g., a screening measure)?  Yes  No
    - If yes, the screening process must be made clear to the subjects during the initial consent process. Attach appropriate debriefing information for individuals removed from the research and an additional consent form for those remaining as subjects in the research project.
  - Will participants receive any compensation or reward for their participations?  Yes  No
    - If yes, please provide details. If extra credit is utilized for compensation, please provide information on what alternative method will be available for those who choose not to participate to earn the extra credit.
  - Attach any advertisements, flyers, cover letter, or scripts to be used in recruiting subjects.  
**IN IRBNET, UPLOAD THE TEXT OF ANY RECRUITING E-MAILS OR OTHER DOCUMENTS YOU PLAN TO USE.**
- g. As participation must remain voluntary, explain how the research will minimize any possibility of perceived coercion to participate.  
**IS THE SURVEY OR THE INTERVIEW INVITATION DELIVERED IN SUCH A WAY THAT SUBJECTS CAN EASILY DECLINE TO PARTICIPATE IN YOUR STUDY? SPECIFY HOW THE SURVEYS WILL BE DISTRIBUTED AND COLLECTED.**
- h. Is the researcher a teacher and/or supervisor of potential subjects?  Yes  No
- If yes, coercion should be specifically addressed both here and in the consent form. For example, in the consent form, you might write something like “Although I am your teacher, I will not know who participated in this project and your relationship with me and your performance in this class will not be affected by participation or

non-participation.”

**IF YES, THIS DISCLAIMER SHOULD GO IN THE RISKS SECTION OF THE CONSENT FORM.**

- o Attach a letter giving approval from any agencies or schools that will be involved with the data collection.

**THE ORGANIZATIONAL PERMISSION LETTER SHOULD BE SIGNED AND ON ORGANIZATIONAL LETTERHEAD. IF YOU DO NOT HAVE ACCESS TO A SCANNER, FAX YOUR LETTER TO 989-774-2575 FOR SCANNING.**

- i. Will there be any unauthorized access to private or confidential information in the securing of the pool of potential subjects?  Yes  No
  - o If yes, include documentation (e.g. permission letter from agency or school) that you have the right to access the information.

- j. Will any of the data be taken from archives that are subject to HIPAA regulations (see Question 11 above)?

Yes  No

- o If yes, provide a copy of the data recording sheet to be utilized for recording the data collected to ensure compliance with the following applicable federal regulations: 18 HIPAA identifiers that cannot be recorded (see CMU IRB policy manual)

▪ **Benefits:**

- a. What are the benefits of participation to the subjects or larger community:  
**WILL YOU SHARE A PROJECT SUMMARY WITH MANAGEMENT OR PROVIDE AN OPPORTUNITY FOR SUBJECTS TO GET A SUMMARY? WHAT ARE THE POSITIVE IMPACTS OF YOUR PROJECT?**
- b. State clearly the importance of expected knowledge to be gained from the research project.  
**WHAT WILL BE LEARNED FROM YOUR STUDY? WHAT ARE THE PRACTICAL APPLICATIONS?**

▪ **Risks and Protection of Subjects:**

- a. Does the proposed study pose a physical risk to participants?  Yes  No
  - o If yes, describe how you will attempt to protect the participant from this risk.  
**IF YOU ANSWER “YES” TO ANY ONE OF THESE QUESTIONS, PROVIDE A DETAILED RESPONSE SPECIFYING THE SAFEGUARDS FOR PARTICIPANTS.**
- b. Does the proposed study pose a psychological risk to participants?  Yes  No
  - o If yes, describe how you will attempt to protect the participant from this risk.
- c. Does the proposed study pose a social risk to participants?  Yes  No  
If yes, describe how you will attempt to protect the participant from this risk.
- d. Does the proposed study pose a legal risk to participants?  Yes  No  
If yes, describe how you will attempt to protect the participant from this risk.
- e. Does the proposed study pose an economic risk to participants?  Yes  No  
If yes, describe how you will attempt to protect the participant from this risk.

- f. Is there a possibility of any potential reactive effects of the instrumentation as well as the treatment that have not been addressed in the above risk questions?  Yes  No  
If yes, describe how you will attempt to protect the participant from this risk.
- g. Describe how confidentiality will be maintained. Have the risks of a breach of confidentiality been considered? What precautions have been taken to minimize these risks?  
**CONFIDENTIALITY IS AN ISSUE IF YOU ARE GATHERING DATA THAT COULD IDENTIFY SUBJECTS. HOW WILL YOUR DATA BE PROTECTED?**
- h. Describe the final disposition of materials used to gather data (e.g., questionnaires, inventories, tapes, etc.) if necessary.  
**WILL SURVEYS OR INTERVIEW NOTES BE SHREDDED OR BURNED?**
- i. Address issues of privacy and potential coercion for research involving vulnerable subjects.  
**TYPICALLY, YOUR RESPONSE WILL BE N/A OR "THERE ARE NO VULNERABLE SUBJECTS" UNLESS, OF COURSE, VULNERABLE SUBJECTS ARE INVOLVED.**
- Confidentiality:
    - a. Describe the precautions that will be taken to ensure the privacy of subjects and confidentiality of information by answering the following questions. Be explicit if the data is sensitive.
      - How and where will information be kept that could identify subject?
      - FOR THE FIRST FOUR QUESTIONS, A TYPICAL RESPONSE COULD BE "NO IDENTIFYING INFORMATION WILL BE COLLECTED." IF YOU DO HAVE DATA THAT IDENTIFIES SUBJECTS, THEN PROVIDE DETAILED RESPONSES TO THESE QUESTIONS.**
      - Who has access to information that could identify subjects?
      - How long will information be kept that could identify subjects?
      - What is the plan for disposition of information that could identify subjects, if appropriate?
    - b. Will coding be used to replace names in your data?  Yes  No  
If yes, describe the coding procedure, ensuring that no individual identifiers will be used and that codes could not be used to link a participant with his/her responses or data.  
**IF YES, PROVIDE THE SPECIFICS OF YOUR CODING PROCEDURES.**
    - c. Will be data be collected by observation of behavior without explicit agreement of the subjects?  Yes  No  
**IF YES, PROVIDE THE SPECIFICS OF YOUR PLANNED OBSERVATIONS OF BEHAVIOR.**
- If yes, provide clarification why the subjects have no reasonable expectation that their behavior is private and provide assurance that the data will have no individual codes or coding will be unrelated to the individual under observation.

# MSA 685 PROCEDURES

This section discusses the “housekeeping” issues related to the MSA 685 course, such as registration, payment, forms, and the various faculty members involved in the course. As always, if you have questions, contact the program administrator at your center or the staff member responsible for your cohort. Some off campus procedures may not apply to on campus students. On campus students, please check with your MSA 685 monitor for clarification.

## REGISTRATION AND PAYMENT PROCEDURES

You will register for MSA 685 through the CMU Portal using the registration procedures that you have used for other courses.

1. Register online using the CMU Portal at [portal.cmich.edu](http://portal.cmich.edu). You will need an active [CMU Global ID](#) to register.
2. Off Campus Students: For international students call (800) 664-2681 or (980) 774-7827.
3. Off Campus Students: If you are unable to register online contact your local CMU program administrator (e-mail, mail, phone or walk-in).

**For Off Campus Students: If you have a hold on your account, please call the toll-free number and speak to an operator.** Operators are available at (1-800-664-2681) Monday through Friday from 7:15 am to 5 pm. If you have difficulty getting registered, please contact your program administrator.

### Registration Dates

Registration dates for MSA 685 are published in the program center’s course schedule, online at <http://www.cel.cmich.edu/schedules/>, or in your cohort schedule. For on campus students, please check the MSA department web site, the Registrar’s web site or the printed class schedule booklet.

### Course Dates

Because the MSA 685 project typically requires more time than other CMU classes you have completed, the course dates for MSA 685 are longer than other CMU classes. **MSA 685 is only offered three times a year, so please plan accordingly.** The dates for the workshop are available from your program center, online, or in your cohort schedule.

### Prerequisites

To register for MSA 685, you must meet the prerequisites as listed in the *Bulletin*. The prerequisites are twenty-one hours of graduate credit, including MSA 600 or MSA 634 or MSA 635, and MSA 640. If you have questions about the prerequisites, you may wish to contact your academic adviser. The current registration system allows you to pre-register for MSA 685 in the next semester if you have completed the prerequisites or will complete the prerequisites in the

preceding semester. You will be administratively dropped from MSA 685 if a “C-“ grade is earned in a prerequisite course (MSA 600, MSA 634 or 635 or 602, or MSA 640). You may also be dropped if you have an incomplete grade in a prerequisite course and will not complete the course requirements before MSA 685 starts.

### Texts

- The *Student Guide to the MSA 685 Project* is required for MSA 685 and is only available online at <http://www.cel.cmich.edu/student/forms/default.html>.
- APA Style Manual (current edition)

Your instructor may require additional resources

The Student Guide to the MSA 685 Project is no longer available through MBS (Missouri Bookstore)

(For international sites, please contact the program coordinator in your area for information about ordering and/or receiving textbooks.)

When you register for MSA 685, you will need to access the following documents (On campus students should check with the course instructor):

1. *Application for Approval of MSA 685: Integrative Analysis of Administration Project* form (<http://www.cel.cmich.edu/student/forms/default.html#irb>)
2. *MSA 685 Project Evaluation* form (<http://www.cel.cmich.edu/student/forms/default.html#irb>)
3. Course outline (includes name, address and telephone number of instructor/monitor) (<http://www.cel.cmich.edu/courses/course-syllabus.html>)
4. Application for graduation (check for application deadlines) (<http://www.cel.cmich.edu/student/graduation/default.html>)

## THE TWELVE HOUR WORKSHOP AND YOUR PROJECT MONITOR

You are required to attend the twelve (12) hours of classroom instruction that begins your MSA 685 course. Dates, times and locations are listed in the online schedule and the course schedule booklet.

The instructor for the twelve-hour workshop will also be your MSA 685 project monitor and the instructor of record. The workshop is designed to assist you in finalizing your project proposal.

Your MSA 685 project proposal must be approved by the MSA 685 monitor before you begin the research, the data collection and the writing of your MSA 685 project. (*Note: **No data can be collected until you receive notification of IRB approval.*** See section 4 on the IRBNet submission process.) See the following section for directions on submitting your proposal.

## YOUR MSA 685 PROJECT MONITOR

The MSA 685 project monitor is the person who assigns the grade of record for your MSA 685 project.

- **Project Proposal:** The MSA 685 project monitor will give the final approval of your project proposal. When submitting your final project proposal, you will need to complete and attach the *Application for Approval of MSA 685: Integrative Analysis of Administration Project*. The application includes the project title and a brief project description. If the proposal is approved, the form will be signed by your monitor. The student copy of the *Application for Approval* will be returned to you for your records.
- **IRBNet IRB submission:** The MSA 685 project monitor will be listed as the co-investigator when you set up your IRB application in IRBNet (see the IRBNet section for more information). After you have shared your study, the monitor will review your materials, sign the study, and share it with Kim Gribben and Carol Kross in the MSA office. After review and receipt of revisions, if needed, Kim will submit the IRB application on your behalf.
- **MSA 685 Project:** The MSA 685 project monitor will work with you on an individual basis to complete your MSA 685 project. When you and your monitor agree that the project is ready for final evaluation, you will need to do the following:
  1. Complete the upper portion of an *MSA 685 Project Evaluation* form.
  2. Submit the two unbound copies of the project with the *MSA 685 Project Evaluation* form. Your monitor may accept an electronic copy of your project. Please check in advance.

Once received, the monitor has three weeks to grade the project. The monitor will complete his or her section of the *MSA 685 Project Evaluation*.

*Important Notes:* 1). **Our expectation is that you will complete the MSA 685 project within one semester.** That is why the course is scheduled early in the semester. Your monitor's MSA 685 syllabus should provide guidance on the requirements to receive a grade of incomplete in the course. Generally, approval of your research proposal and starting the IRB process is sufficient. However, check with your MSA 685 project monitor on this issue.

2). You are responsible for any costs related to completing your project. This includes photocopying, binding, and/or postage used to mail materials to your monitor.

## THE PROJECT REVIEWER

Once your monitor grades your project, it is sent to the appropriate office who will assign it to a second reader. The second reader, the reviewer, will read and grade your completed project. The reviewer is a CMU adjunct faculty member who is either a current MSA 685

monitor or a former MSA 685 monitor. The reviewer will assign a grade and place it on the *MSA 685 Project Evaluation*. Reviewers are assigned by the appropriate office and are former or current MSA 685 monitors.

## YOUR FINAL GRADE

Usually the grade assigned by the monitor is your final grade. If the second review has been completed, letter grades will be submitted online shortly after the ending date of the MSA 685 course. In instances where a full two-letter difference separates the grades of the monitor and reviewer (e.g. A and C) or where one of the evaluators assigns a grade of C- or E, the MSA 685 project is sent to the MSA director on campus for evaluation by an on campus faculty reviewer. In this case, the grade assigned by the campus reviewer will be your final grade. You will receive a copy of the *MSA 685 Project Evaluation* and so that you know the grades assigned to your project. A copy of your project with comments will also be sent. If both the MSA 685 project monitor and the reviewer assign a failing grade (C- or E), no additional review will be undertaken.

## INCOMPLETE GRADES

An I grade will be assigned if you have not completed your MSA project by the last day of class and if you meet the criteria for an I grade listed on the MSA 685 syllabus or if your project is still in the second review process. If you are assigned an I, the MSA 685 project monitor will submit a *Statement of Requirements for Removal of MSA 685 Incomplete* form after posting grades online. On the form, the monitor lists a deadline for completion of the MSA 685 project. It is your responsibility to make arrangements with the monitor to complete the project. **The length of time within which an I must be removed is determined by the monitor, but it must be removed no later than one calendar year following the receipt of the I.**

Once you complete the project, the monitor will submit a *Removal of Incomplete* card that lists the new grade. Once the grade has been changed on your transcript, you will be notified of the grade change by CMU's Registrar's office.

*Please note that IRB approvals are good for one calendar year for projects in the "expedited," or "full board review" categories. IRB approvals falling into the "exempt" and "non-human research determination" categories do not expire as long as the project protocol remains unchanged. Again, check with your MSA 685 project monitor on your project completion deadline. You must comply with the deadline set by your monitor.*

## APPLYING FOR GRADUATION

Many students apply for graduation at approximately the same time they register for MSA 685. Graduation deadlines and requirements are listed in your *Bulletin*. An application form is included in your *Student Handbook*, is available at the program center, and online at <http://www.cel.cmich.edu/student/forms/default.html>. On campus MSA students can access the graduation application at <http://www.grad.cmich.edu/forms.htm>. If you have questions about meeting graduation requirements, you should arrange for an appointment with your academic adviser and review your program plan. Remember the end of project report is a requirement for projects with "exempt", "expedited", and "full board review" IRB approvals.

## ISOLATED STUDENTS

MSA 685 is available online through CMU's Off-Campus Programs CMU Online department.

### HOW IS MY PROJECT STORED?

We strongly encourage you to keep an electronic copy of your MSA 685 project for your own records. After the MSA 685 grade is finalized, program center staff will mail a hard copy of your project to a company in Michigan where it will be converted to microfiche. Once this has been accomplished, the paper copy of your project is destroyed. The microfiche are maintained at the Off Campus Programs office in Mt. Pleasant, Michigan. In the event that you lose your copy of your project, you may provide a written request for a microfiche copy. Please call 1-800-950-1144, ext. 7128, for request procedures. CMU will not share your project with anyone else unless you provide written authorization. MSA 685 projects for on campus MSA students are stored in the MSA office.

The microfiche storage process is under review. Central Michigan University may go to an online storage process. If this process is adopted, projects will still be in secure storage.

## LIBRARY SUPPORT

On Campus MSA students should visit Park Library on CMU's campus or access library services found at <http://www.lib.cmich.edu/>. A variety of research guides are found at <http://www.lib.cmich.edu/subjectguides/>.

### Off Campus MSA Students

While working on the MSA 685 project, an OCLS librarian can help you by:

- ◆ Working with you to refine your research topic
- ◆ Suggesting search terms and tips to used during your research
- ◆ Answer questions related to the research and writing process
- ◆ Creating a bibliography of articles and books related to your topic
- ◆ Working with you on your formal literature review

The *literature review* for the MSA 685 project should be more extensive than any you have done for other courses. You will want to keep a log of your search, including steps that are not rewarding, to be able to document the process to your monitor and avoid repeating steps you have already completed.

### Hours (Eastern Time):

Regular Semester Hours (EST)	Document Delivery	Reference Librarians
Sunday	Noon - 9:00pm	1:00pm - 6:00pm
Monday - Wednesday	8:00am - 9:00pm	8:00am - 9:00pm
Thursday	8:00am - 9:00pm	8:00am - 5:00pm
Friday	8:00am - 5:00pm	8:00am - 5:00pm
Saturday	9:00am - 6:00pm	<a href="#">After hours mailbox</a>

Hours may change during university vacations and breaks. Check <http://ocls.cmich.edu/hours.htm> for an up-to-date listing of hours.

## RESEARCH RESOURCES

The major sources to use when doing your literature search are available online through the OCLS Web site at <http://ocls.cmich.edu>. You can begin your research on your own or contact an OCLS librarian for assistance.

## 1. **Articles**

Search the library's research database to find journal articles on your topic. Many articles will be available in full-text directly through the databases. You may also request full-text copies of any article through the OCLS Document Delivery Office. These databases are available from the *Find Article/Databases* link on the OCLS Web site. Below is a sample of databases available in each subject area.

### Business & Management Topics:

ABI-Inform  
Wilson Business  
Business Dateline  
Business Management  
EconLit  
General Business File ASAP  
Lexis-Nexis  
Thomson Research  
IBIS World USA  
Mintel Market Reports

### Medicine & Healthcare Topics:

MEDLINE  
PUBMED  
Cumulative Index to Nursing and Allied Health (CINAHL)  
PsycINFO  
Health Business Full-Text  
Health Reference Center Academic  
Health Source Nursing

### Education Topics:

ERIC  
Education Abstracts  
PsycINFO

### Computers & Information Technology Topics:

Applied Science and Technology Abstracts (ASTA)  
ABI-Inform

### Vehicle Design Topics:

General Reference Business File ASAP  
ABI-Inform

### General Topics:

Periodical Abstracts  
Wilson Select Plus  
ArticleFirst  
Lexis-Nexis  
ProQuest

All of these databases are available through the OCLS Web site. By simply clicking on the *Find Articles/Databases* link, you can select a desired database from either the *Databases by Subject* or *Databases by Name* list.

#### 2. **Books**

Centra, the CMU Libraries' online catalog, contains records of the books and journals held by the CMU Libraries. Go to <http://ocls.cmich.edu>, click on *Find Books/Library Catalog*.

#### 4. **Web Sites**

Use the *Find Resources by Subject* to find useful Web sites on topics that CMU teaches. The *Reference* section contains links to online resources such as dictionaries, encyclopedias and statistical sources.

#### 5. **Sample MSA 685 Projects**

Sample copies of MSA 685 projects are available for download or viewing on the OCLS Web site. Go to <http://libguides.ocls.cmich.edu/content.php?pid=28304&sid=230754> to see a listing of available projects.

#### 6. **Style Manuals**

Information about citing sources is available through the *Research/Writing Help* section of the OCLS Web site. Go to <http://libguides.ocls.cmich.edu/content.php?pid=27285&sid=197831> for more information.

## LIBRARIAN ASSISTANCE

CMU's off-campus librarians can help you find relevant information by directing you to appropriate sources and helping you use them, suggesting useful search terms and strategies, answering reference questions, and creating customized lists of article and book citations on your topic.

### **Librarian Contact Information:**

- (800) 274-3838 (toll-free in U.S. and Canada)
- (877) 329-6257 (toll-free fax in U.S. and Canada)
- 001-800-544-1452 (toll-free in Mexico)
- *Ask a Librarian* Web request form at <http://ocls.cmich.edu/reference/index.html>

## DOCUMENT DELIVERY SERVICES

You can request up to 50 items per class per week through the OCLS Document Delivery Service.

### Document Delivery Contact Information:

- (800) 274-3838 (toll-free in U.S. and Canada)  
(Only 20 requests can be taken per phone call.)
- (877) 329-6257 (toll-free fax in U.S. and Canada)
- (001) 800-544-1552 (toll-free in Mexico)
- [oclibsvc@cmich.edu](mailto:oclibsvc@cmich.edu)
- Web request form, <http://ocls.cmich.edu/delivery/index.html>

Books and government documents are normally loaned for 60 days, and may be renewed for additional time unless they are on hold for another patron. Photocopies of articles and book chapters need not be returned. Copies of journal articles are typically scanned and sent electronically, though paper copies can be provided if requested.