

# Educational Research Review Form 2020

## Instructions

*Please complete and submit the Educational Research Review Form to the Educational Research Review Committee. The committee will review your request and respond shortly with next steps on how to proceed.*

*\* All fields are required.*

## Contact Information

**Principal Investigator's contact information:**

- Name \_\_\_\_\_
- Email \_\_\_\_\_
- Phone \_\_\_\_\_

**Principal Investigator's position:** *(Please select one.)*

- Faculty
- Preceptor/Adjunct Faculty
- Post-Doctoral Fellow
- Staff
- Graduate Student
- PY4 Student
- PY3 Student
- PY2 Student
- PY1 Student
- Other (please specify): \_\_\_\_\_

**If you are a professional student, graduate student, or post-doctoral fellow, please indicate your primary faculty mentor on this project:**

\_\_\_\_\_

**Please list the names of any additional collaborators on this study:**

- Collaborator 1 \_\_\_\_\_
- Collaborator 2 \_\_\_\_\_
- Collaborator 3 \_\_\_\_\_
- Collaborator 4 \_\_\_\_\_

**Study Information**

**Name of study:**

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**Purpose of study and significance:** *(Please provide an overview of the study and identify the gap in the literature that this study will address.)*

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**State your research question(s):**

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**Research contribution:** *(How do you intend to use your findings and with whom will the findings be shared?)*

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**Context:** *(check all that apply)*

- Admissions
  - Experiential Education (e.g. Early Immersion)
  - Co-curriculum (e.g. Student Organizations)
  - Curriculum (e.g. PharmD, Graduate Course)
  - Other (please describe):
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**Sample population:** *(Who will you invite to participate in the study? Please check all that apply.)*

- Faculty
  - Staff
  - PY1 Students
  - PY2 Students
  - PY3 Students
  - PY4 Students
  - Graduate Students
  - Alumni
  - Other (please specify):
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**Number of participants:** *(How many people will you invite to participate?)*

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What kind of study are you conducting?

- Retrospective (secondary data analyses in which data already exist)
- Prospective passive (occurs inside of class and requires no additional participation)
- Prospective active (occurs outside of class and/or requires additional participation)

*If you choose "prospective active":*

**Time commitment:** *(How much total time [in minutes] do you think it will take a participant to complete your study? Please enter "0" for retrospective studies/secondary data analyses in which data already exist because they require no time commitment on the part of the participant.)*

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**Anticipated timeline:** *(Please indicate when you anticipate beginning this study and completing this study.)*

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### Study Methods and Measures

**Data collection and/or measure(s):** *(Briefly describe the process by which you will collect data. Note that any studies using student grades or graded assessments will require approval from the University registrar for IRB approval.)*

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**Data analysis plan:** *(Briefly describe your data analysis plan.)*

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**Identifiers:** *(Explain how identifiers, such as names, PIDs, etc., will be captured.)*

- Identifiers will be collected and kept in the same file as the data.
- Identifiers will be collected and replaced with a pseudonym in the data file.
- Identifiers will not be collected.

**Recruitment and enrollment:** *(Briefly describe how you will recruit and enroll participants.)*

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### **For Studies Using a Survey or Script**

If you have developed a survey or script that you intend to use as part of this study, please upload the file or provide a web link to this item. Allowing us to review your survey or script will provide additional insight into your responses above. If your study will rely on a survey or script that has not yet been developed, you may skip this section for now.

**Note:** *Any survey information submitted via this form will be shared with the Office of Strategic Planning and Assessment, in accordance with the School's Survey Policies and Procedures. If you are planning to conduct educational research and submitted this form, you do not need to complete a Survey Request Form.*

**Upload a file or provide a web link that contains your survey or script.**

**Enter a web link to your survey or script (e.g., in Qualtrics or Google) if you did not upload a file above.**

**Anticipated survey schedule:** *(Ideally, on what date would you like to open and close your survey?)*

**Open date:** \_\_\_\_\_

**Close date:** \_\_\_\_\_

### **Other Information**

**Is there anything else that would be helpful for us to know about your study?**

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**If you have an additional document you would like to include with your proposal (e.g., figure, diagram, etc.), please upload it here.**

**Do you have questions? Please let us know how we can help:**

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