University of Minnesota Medical School Education Research Database (ERD)

Please read this consent document carefully before you decide to participate in the use of your archived education data for educational research purposes.

Purpose of the creation of an Education Research Database for educational research:

This database is being created in order to allow easier access and a more standardized process to use education data for educational research. This database is not a collection of new data but rather a way to ensure that researchers will be able to access reliable and cohesive existing data sets (including but not limited to end of course exams, end of course/clinical results, OSCE data, MCAT, USMLE, demographic data) in a standardized format while maintaining the highest level of security possible. In addition, by signing the consent it will ease the burden on researchers and students from having to sign multiple consents throughout the year.

Data stored in this database will not be used for research purposes until the IRB approval has been secured for the individual research project and an IRB protocol and study number are available. When research projects are approved the student body will be informed of the name of the study, the researcher and a brief abstract.

What you will be asked to do:

By providing your consent to include access of your data for the ERD you are consenting to the following: Use of the education related data from student records, that is collected and maintained as standard operating procedure in the University Of Minnesota Medical School, for IRB approved education research studies where data will be reported in aggregate form and all information remains confidential.

Risks and benefits:

There are minimal risks and benefits associated with allowing your data to be accessed through the ERD for educational research projects. This single consent will help ease the burden on both researchers and students of multiple consents for multiple projects. By participating, you may assist us in finding out more about the education that is provided at the University of Minnesota Medical School.

Confidentiality:

Your identity will be kept confidential to the extent provided by law. Your information will be assigned a code number, in lieu of any personally identifying information. The list connecting your name to this number will be kept in a locked file and accessible only by key personnel in the Office of Medical Education. Your anonymity will be maintained during data analysis and publication/presentation of results by any or all of the following means: (1) Your data will be assigned a number as names will not be recorded. (2) The researchers will save the data file and/or any video or audio recordings by your number, not by name. (3) Only members of the research group will view collected data in detail. These people understand the laws regarding privacy and have signed a confidentiality agreement. (4) Any recordings or files will be stored in a secured location accessible only by authorized researchers. In addition all data will be discussed in aggregate form NOT by individual (your name will never appear in any report).

Time required:

No time will be required from you. It is planned that this data will be kept in a longitudinal database that will last for an indeterminate amount of time.

Compensation:

No compensation will be offered for agreeing to have your data accessed through the ERD for educational research purposes
Voluntary participation and Right to Withdraw:

Your participation in the ERD for educational research purposes is completely voluntary. There is no penalty for not participating and by agreeing to have your data used for educational research there is no direct benefit to yourself. Choosing not to participate in the use of your data for educational research will in no way affect you or your academic standing.

You have the right to withdraw your consent for the use of your data in the ERD at anytime without consequence. If you choose to withdraw your consent of data use for educational research projects it will be effective for all research projects from that time forward. If you do choose to withdraw your consent you should contact Suzanne van den Hoogenhof (svandenh@umn.edu) and she will make sure your data is not released for any new research from that date forward.

Whom to contact if you have questions about the University Of Minnesota Medical School Education Research Database:

Suzanne van den Hoogenhof, PhD, Interim Assistant Dean for Assessment and Evaluation
B634 Mayo
420 Delaware St. SE
MMC 293
Minneapolis, MN 55455
Phone: (612) 625-6382
E-mail: svandenh@umn.edu

Whom to contact about your rights as a research participant in any study:

U of M Institutional Review Board
E-mail: irb@umn.edu
http://www.research.umn.edu/irb/
CONSENT for use of data for educational research:

I have read and understand the document “University of Minnesota Medical School Education Research Database (ERD)” regarding the use of my educational data for educational research purposes. I voluntarily AGREE to allow my data to be used in the University of Minnesota Medical School Education Research Database for educational research purposes as long as the stipulations outlined in the consent are upheld, and I have received a copy of this description. I understand that I can withdraw my consent at anytime.

Print Name: ___________________________  ______  ___________________________
  (First)  (MI)  (Last)

Signature: ___________________________ Date: ______________

OR

DECLINE for use of data for educational research:

I have read and understand the document “University of Minnesota Medical School Education Research Database (ERD)” regarding the use of my educational data for educational research purposes. I voluntarily DECLINE to allow my data to be used in the University Of Minnesota Medical School Education Research Database for educational research purposes as long as the stipulations outlined in the consent are upheld, and I have received a copy of this description. I understand that I can decide to consent at anytime. I understand that I may be contacted at a future date regarding the use of my data for educational research purposes.

Print Name: ___________________________  ______  ___________________________
  (First)  (MI)  (Last)

Signature: ___________________________ Date: ______________