Informed Consent Letter for Biomedical Research Training Evaluation

The University of Florida’s CTSI Translational Workforce Development is interested in better understanding how mentoring and team science influence career trajectories of pre-doctoral, post-doctoral, and junior faculty biomedical scholars.

You are being asked to participate in this study for the following reasons: there are very few studies available that describe biomedical scholars’ experiences or the effectiveness of training programs. The overall purpose of this investigation is to obtain data from the biomedical scholars to gauge and/or improve the effectiveness of biomedical training programs and mentoring approaches. Additional information about this study is available below. Please read this information before deciding whether to participate in this study.

**Procedure:** The purpose of this study is to understand how mentoring influences career trajectories of biomedical scholars and fosters their independence as research scientists. This study is part of the overall evaluation component for the CTSI Translational Workforce Development program. You will be asked to participate in up to four individual or group interviews and three surveys throughout your training. Each time you will receive a separate informed consent letter. Interviews will last between 45 and 75 minutes. They are conducted using a semi-structured interview guide. You will also be asked to provide responses to two short questionnaires. The surveys will take about 20 minute to complete.

Interviews will be audio recorded and transcribed with identifying information removed. Audio recordings will be destroyed once transcripts are verified for accuracy within 30 days of data collection. You will be asked to provide your UFID for questionnaires and surveys. Your UFID will be used to create a trainee ID and compare trainee evaluation data longitudinally. The file containing information about your UFID and assigned trainee ID will be maintained by the CTSI Director of Educational Evaluation and will not be shared with mentors or training program directors to protect the anonymity of your responses. We intend to use quotes or paraphrases in reports, and we will strive to avoid including anything that could identify you in those reports. No personal identifying information will be included in analyses, program reports, or publication.

**Voluntary Participation:** Your participation is voluntary. You can withdraw from participation in any of the focus groups or surveys at any time.

**Risks:** There are no foreseeable risks to you as a result of participation in the Translational Workforce Development evaluation study. Though there is always some risk that online data collected through an online survey may be compromised, our survey host uses encryption and other methods to protect your information. Also, we can’t guarantee that all members of the focus group will keep the discussion confidential.

**Benefits:** There are no direct benefits to you as a result of participating the Translational Workforce Development program evaluation study.

**Costs:** There is no cost to you for participation in the Translational Workforce Development evaluation study.

**Payment:** You will not be compensated for participation in the Translational Workforce Development evaluation study.

**Questions:** Any questions regarding this study or your participation in it can be directed to Dr. Yulia A. Strekalova at yulias@ufl.edu or 352-846-2399. Questions or concerns about your rights as a research participant may be directed to the IRB02 Office, University of Florida P. O. Box 112250, Gainesville, FL 32611-2250.

**Consent:** I have read the above information I volunteer and agree to participate in the Translational Workforce Development evaluation study. My participation in this study is voluntary and my participation will not have an impact on participation in any future educational, research, or professional development initiatives. I have received a copy of this information packet.

_______________________________________
Printed Name of Participant

_______________________________________   ______________
Signature of Participant      Date