#

# RECORD AND REVIEW OF RESEARCH PROTOCOL

# DOCTOR OF EDUCATION LEADERSHIP (EDL)

# DISSERTATION IN PRACTICE (DIP)

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| --- | --- | --- | --- |
| Student: | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | (Last) | (First) | (Middle Initial) |

|  |  |
| --- | --- |
| Student ID: W | Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Dissertation in Practice (DIP) Advisor: | Click here to enter text. | Dissertation in Practice (DIP) Advisor Email Address: | Click here to enter text. |

## Academic Level

|  |
| --- |
|[ ]  1. EDL DIP
 |
|  |  |  |

## Forms Check List

|  |
| --- |
|[ ]  1. EDL DIP Protocol
 |
|[ ]  1. CITI Training Certificate\*
 |
|  | * Attach a copy of your training certificate with this document
* Training certificate cannot be older than 3 years
 |
|[ ]  1. Instrument(s) *(as needed)*
 |
|[ ]  1. Letter of approval from superintendent or designee
 |
|[ ]  1. Other
 | Click here to enter text. |
|  |  |  |

*This section is to be completed by the HSR Committee*

|  |  |  |
| --- | --- | --- |
| Archive Number: | Click here to enter text. |  |
| EDL Category: | Choose an item. |  |
| Final Approval Date: | Click here to enter a date. |  |
|  |  |

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| Complete This Worksheet Prior to Completing This Form

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| **Purpose:**The purpose of this worksheet is to provide support for making Dissertation in Practice (DIP) determinations when there is uncertainty regarding whether the practice activities do no harm.  |
| **Directions:**For a proposed EDL DIP to be classified as containing only quality improvement activities answers to all of the activities in this worksheet must be ‘TRUE.’ If one or more answers is ‘FALSE’, the DIP requires completion of the Record and Review of Research Protocol and a HSRC committee review. |
| **TRUE** | **FALSE** |  |
| [ ]  | [ ]  | The intent of the proposed activity is to assess and improve the quality of a practice, product or program to ensure educational or program standards are met or best evidentiary practices attained. |
| [ ]  | [ ]  | No activity proposed provides less than standard of care, services, curriculum or instruction to participants. |
| [ ]  | [ ]  | No proposed practice, product, or program changes are violating established or evidentiary best practice. |
| [ ]  | [ ]  | The proposed activity **does not**: (1) include a ‘control group’ in whom care, products, services or educational instruction are intentionally withheld to allow an assessment of its efficacy; or (2) assign participants to receive different procedures or educational instruction based on a pre-determined plan such as randomization. |
| [ ]  | [ ]  | Research involving typical educational practices that are not likely to adversely impact students’ opportunity to learn required educational content or the assessment of educators who provide instruction such as: 1) Most research on regular and special educational instructional strategies; 2) research on the effectiveness of or the comparison among instructional techniques, curricula or classroom management.  |
| [ ]  | [ ]  | The proposed activity does not test an intervention that goes beyond established evidentiary educational best practice or is intended to generate generalizable knowledge. |
| [ ]  | [ ]  | The proposed activity would not cause more physical, psychological, social or economic harm than would normally be encountered by the individual if s/he was not participating in this activity. |
| [ ]  | [ ]  | The lead person on the project has organizational responsibility and authority to recommend or impose a corrective action plan based on the outcome(s) of the activity. |
| [ ]  | [ ]  | Interpretation of the data or any feedback to those who would benefit from the findings will not be deliberately delayed. |
| [ ]  | [ ]  | The proposed activity has merit and will likely be conducted regardless of any possibility of publication or presentation that may result from it. |

*Adapted from Vanderbilt* *University, Peabody College of Education, IRB Application (2019) with permission from Claire Smrekar, PhD.* EDL DIP Information  |
|  |

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| --- |
| Title of EDL Dissertation in Practice (12 word maximum):  |
| Click here to enter text. |

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| Problem Description:Provide a short summary of the problem of practice you will address with your EDL Dissertation in Practice. What is the gap in practice and what evidence will demonstrate the impact of your project?  |
| Click here to enter text. |

## External Projects

If the EDL DIP will involve other organizations, it may be necessary to obtain permission from these organizations prior to collecting data. Some organizations have Institutional Review Boards (IRBs), and it may be necessary to obtain formal approvals from these IRBs. In other cases, a document from an appropriate organizational executive specifically approving the EDL DIP would be sufficient. The EDL candidate is responsible for determining what type of approval is required and obtaining the approval.

In cases where approval from Wilmington University’s HSRC is required as a precondition to obtaining approval from another educational institution, the HRSC’s approval will be provisional, requiring the additional step of obtaining EDL DIP approval documents from other educational institution before receiving full approval from Wilmington University’s HSRC.

If the EDL Dissertation in Practice involves other educational institutions, please answer these questions.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** |  | **NO** |
| Do these educational institutions require approval by their IRBs? | [ ]  |  | [ ]  |
| Has IRB approval been obtained? If **YES**, please attach the approval to this submission | [ ]  |  | [ ]  |
| Provide a letter of permission from the educational institution where this study will take place. This is a required letter that must be attached with this application. | [ ]  |  |  |

|  |
| --- |
| Other relevant information or comments:  |
|  Name of educational institution  |

 Superintendent or authorized designee contact information:

## Population Information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Population: |  Gender(s)  |  |  Age(s) |   |  Race/ethnicity(ies) |   |

|  |
| --- |
|  Problem of Practice (POP):  State the problem of practice. Include sufficient detail so that someone unfamiliar with the project would understand all aspects of the proposed EDL Dissertation in Practice.  |
| Click here to enter text. |

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| Who are the participants and how many participants are anticipated for the EDL DIP? If a letter of consent or ascent is required, it must be attached with this application. |
| Click here to enter text. |

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| --- |
| How will participants be selected for participation?  |
| Click here to enter text. |

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| What are the procedures that the participants will experience in the proposed EDL DIP, including the physical location and duration of participation? Provide a step-by-step outline of the project from start to finish. |
| Click here to enter text. |

**Attach a copy of all EDL DIP instruments, e.g., surveys, questionnaires, interview questions or other instruments of measurement.**

Confidentiality and Security

Select **YES** to certify that:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** |  | **N/A** |
| Procedures have been taken to ensure that individuals cannot be identified via names, digital identifiers (e.g., email address, IP address), images or detailed demographic information. | [ ]  |  | [ ]  |
| Code to name association data/information is securely and separately stored. (Participants are given codes and the codes are securely stored separately from their answers.) | [ ]  |  | [ ]  |
| All data is maintained in encrypted and/or password protected digital/electronic files. | [ ]  |  | [ ]  |
| Individually identifiable information will be securely maintained for three years past the completion of the research, and then destroyed rendering the data unusable and unrecoverable. | [ ]  |  | [ ]  |

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| Describe the procedures you are taking to maintain anonymity, confidentiality, or information security. |
| Click here to enter text. |

EDL DIP Protocol

Does this EDL DIP involve any of the following?

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** |  | **NO** |
| Prisoners, probationers, pregnant women (if there is a medical procedure or special risk relating to pregnancy), fetuses, the seriously ill or mentallyor cognitively compromised adults, or minors (under 18 years) as participants |[ ]   |[ ]
| The collection of information regarding sensitive aspects of the participants behavior (e.g., drug, or alcohol use, illegal conduct, sexual behavior) |[ ]   |[ ]
| The collection or recording of behavior which, if known outside the research, could place the participants at risk of criminal or civil liability or could be damaging to the participant’s financial standing, employability, insurability, or reputation |[ ]   |[ ]
| Procedures to be employed that present more than minimal risk**[[1]](#footnote-1)** to participants |[ ]   |[ ]
| Deception |[ ]   |[ ]
| Possible or perceived coercion (e.g., a concern in power relationships such as teacher/student, employer/employee, senior/subordinate) |[ ]   |[ ]
| Benefits or compensation to participants (beyond the general benefits of the knowledge to be gained or small gifts/lottery prizes) |[ ]   |[ ]
| A conflict of interest (e.g., the researcher’s material or other interests may bias collection, interpretation, or use of data) |[ ]   |[ ]

If you answered “**NO”** to all of the questions please proceed to the next page.

If you answered “**YES”** to any of the questions, provide evidence that you have taken the training module or modules that relate to this risk and discuss what you learned about reducing the risk from the training in the textbox below and/or by attaching the evidence to this document.

|  |
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| Click here to enter text. |

 Obligations of EDL Candidate

Any substantive changes made to the EDL protocol must be reported to and reviewed by your college’s HSRC representative(s) prior to implementation of such change. Any complications, adverse reactions, or changes in the original estimates of risks must be reported at once to the HRSC chairperson before continuing the project.

Select **YES** to certify that:

|  |  |
| --- | --- |
|  | YES |
| EDL DIP data will be retained for a minimum of three years past the completion of the project in accordance with federal regulations | [ ]  |
| The EDL candidate will submit document and form revisions and updates, as appropriate | [ ]  |
| The EDL candidate will submit a renewal petition if the data collection has not been completed within one year of the most recent HSRC approval\* |  [ ]  |
| * **Note**: HSRC approval expires after one year, requiring renewal of the HSRC Protocol
 |

The EDL candidate’s signature below certifies that he/she has (a) read and understands the obligations as an EDL candidate, (b) EDL DIP HSRC approval expires one year after the final approval date shown on page 1 of this document, and (c) that the information contained in and submitted with this HSRC protocol is accurate and complete.

*EDL Candidate*:

|  |  |  |  |
| --- | --- | --- | --- |
| Print name: | Click here to enter text. |  |  |
| Signature: |  |  Date: | Click here to enter a date. |

Obligations of the EDL DIP Advisor

The EDL DIP Advisor has two major obligations. First, the EDL DIP Advisor must ensure the EDL candidate completes all relevant training courses. Second, the EDL DIP Advisor must ensure the EDL candidate submits all documents and form revisions and updates, as appropriate for the research.

The EDL DIP Advisor’s signature below certifies that he/she has (a) read and understands the obligations as a EDL DIP Advisor and (b) that the information contained in and submitted with this HSRC protocol is accurate and complete.

**EDL DIP Advisor**:

|  |  |  |  |
| --- | --- | --- | --- |
| Print name: | Click here to enter text. |  |  |
| Signature: |  |  Date: | Click here to enter a date. |

# PROTOCOL REVIEW

*This section is to be completed by the HSR Committee.*

|  |  |
| --- | --- |
| EDL Candidate: | Click here to enter text. |
| Date Submitted: | Click here to enter a date. |

The protocol and attachments were reviewed:

|  |
| --- |
| The proposed EDL DIP is approved as: |
| [ ]  |  Exempt |  | [ ]  |  Expedited |  |  [ ]  |  Full Committee |  | [ ]  |  Provisional (see External Projects section) |

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| The proposed EDL DIP capstone project was approved pending the following changes: |
|  | [ ]  | See attached letter |
|  | [ ]  | Resubmit changes to the HSRC chairperson |

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| The proposed EDL DIP capstone project was disapproved: |
|  | [ ]  | See attached letter for more information. |   |

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| --- | --- | --- | --- |
|  | **YES** |  | **N/A** |
| The HSRC representative sent a copy of the HSRC Protocol to the VP of Academic Affairs for research requiring access to Wilmington University students, employees, or data. | [ ]  |  | [ ]  |

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| HSRC Chair or Representative |  | Click here to enter text. |  |  |  |  |
|  |  | Printed Name |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  | Signature |  |  | Date | Click here to enter a date. |
|  |  |  |  |  |  |  |
| HSRC Chair or Representative |  | Click here to enter text. |  |  |  |  |
|  |  | Printed Name |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  | Signature |  |  | Date | Click here to enter a date. |

**Sample Parent and Student Consent Letters**

Dear *Parent*:

During this school year, I plan to use a different approach to . I am hoping it will improve how our students do in . It is also something I am doing as part of my doctoral studies at Wilmington University.

No student information will be identifiable as a result of this practice, but if you do not want your student’s scores included in my results, please let me know.

I will let you know the results of my approach later in the year.

Thank you,

*EDL Candidate name and contact information*

Dear *Student*:

This is going to be an exciting year for us. I want you to know that we will be trying something new in the way we learn . If you have any questions about it as we go along I will be happy to discuss them with you.

I am doing this as part of my doctoral studies at Wilmington University.

Thanks for your help in this process.

Thank you,

*EDL Candidate name and contact information*

1. Minimal risk means that the probability and magnitude of harm or discomfort anticipated in the proposed research are not greater than those ordinarily encountered in everyday life or during the performance of routine physical or psychological examinations or tests [↑](#footnote-ref-1)