

# RESEARCH ETHICS SCREENING FORM FOR QUALITY ASSURANCE/IMPROVEMENT, AND PROGRAM EVALUATION ACTIVITIES

Please complete this form and submit it to the Bow Valley College (BVC) Research Ethics Board (REB) ([researchethics@bowvalleycollege.ca](mailto:researchethics@bowvalleycollege.ca)) to determine if an activity that appears to be quality assurance, quality improvement, or program evaluation requires ethics review. The screening must take place during the design stage, *prior* to the implementation of the activity. Note that it is the responsibility of the program manager/principal investigator to complete this form *when designing* an activity that involves human participants.

Project Title:

Project Manager / Principal Investigator:

Organization:

Department/School:

Job Title:

Email Address:

Please provide a brief (200 words) description of the activity, participants involved in the activity, and purpose for conducting the activity.

1. Is Research Ethics Board review of the activity required as part of its funding arrangements?

Yes      No

2. Is the activity designed to answer a specific question (or hypothesis) either qualitative (through text, images, discourses, interview transcripts) or quantitative (through numbers assigned to responses)?

Yes      No

3. Does the activity involve a control group or the comparison of multiple sites?

Yes      No

4. Is the activity designed in a way that may support generalizations that go beyond the participants being studied (e.g., results that could be applied to situations other than the one being studied)?

Yes      No

5. Is the activity intended to produce results that could be published in a research journal or to a community partner as a deliverable?

Yes      No

*Note:* If you wish to publish the results, you may want to contact the intended journal to determine if ethics review is needed.

***If you answer “Yes” to any of the questions above, the activity may have a component of research and would require research ethics review. Please submit your responses to the above questions to the REB for a formal decision and for guidance on next steps.***

***If you answered “No” to all of the questions above, please answer the following questions.***

6. Does the activity involve collecting information from special populations or any individuals or groups in a socially vulnerable position (e.g., pregnant women, children, frail elderly, prisoners, refugee claimants, students, staff, persons with disabilities, sexual minorities, Indigenous peoples, visible minority groups)?

Yes      No

7. Does the activity collect information about sensitive issues, illegal behaviour, stigmatizing conditions or behaviours, or religious, spiritual, or cultural beliefs or practices?

Yes      No

8. Does the activity produce a real or potential conflict of interest? A conflict of interest may occur when activities place an individual or institution in a real, potential, or perceived conflict between the duties or responsibilities related to research, and personal, institutional, or other interests. Researchers' conflicts may come from interpersonal relationships (e.g., family or community relationships), financial partnerships or other economic interests, academic interests or incentives, or the involvement in dual and multiple roles. For example, being an instructor and a researcher may be considered a conflict of interest if the research involves their students.

Yes      No

9. Is there a power relationship between the investigator and participants (e.g., manager/employee, service provider/recipient, instructor/student)?

Yes      No

10. Does the activity use tests, surveys, interviews, oral histories, focus groups, where participants can be directly or indirectly identified?

Yes      No

11. Does the activity use deception or intended partial disclosure of the nature of the research activity?

Yes      No

12. Does the activity involve any risks of breaching confidentiality of an individual's personal information beyond that experienced in day-to-day life?

Yes      No

13. Does the activity pose any of the following risks to the participants as individuals or as members of a community?

Yes      No

Risk of manipulation (e.g., psychological or emotional)

Please specify:

Risk of emotional distress or fatigue

Please specify:

Risk of psychological distress or trauma

Please specify:

Risk of deception

Please specify:

Risk of social-related distress (e.g., loss of status, reputation, privacy)

Please specify:

Risk of other harms (e.g., legal risks where there may be fear of being arrested or being identified as a member of a legally compromised group)

Please specify:

Date Submitted:

Date Reviewed:

Decision and Guidance on Next Steps:

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REB Chair Signature: