

Title of the Study: Complex Skill Learning and Skill Transfer

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DESCRIPTION OF THE RESEARCH

You are invited to participate in a research study about how people learn to perceive and process sensory information and make decisions based upon that information. You have been asked to participate because you are an adult between 18 and 65 years of age and have normal (or corrected to normal) vision. This research will take place in the laboratory of Dr. C. Shawn Green in the Department of Psychology at the University of Wisconsin-Madison and has been approved by the Minimal Risk Research IRB at the University of Wisconsin-Madison. The IRB reviews and approves all human subject data collection in accordance with applicable state law and federal law governing Human Subject Research. This research is supported by a grant from the Office of Naval Research.

WHAT WILL MY PARTICIPATION INVOLVE?

If you decide to participate in this research you will be asked to view visual stimuli (such as black and white lines, simple shapes like triangles, circles, and squares, photographs of real world scenes, or video game scenes) presented on a computer or television screen and/or listen to auditory stimuli (such as pure tones) presented via headphone or speakers, make some simple judgments about the stimuli (such as indicating whether the stimulus you observed is the same or different from that on a previous trial), and indicate your judgment decision with a button press on a keyboard, a mouse click, a movement on a touchpad, or a physical movement (duck, jump, step left/right). Video games may contain depictions of physical violence (rated acceptable for individuals over 18 years of age). Various non-invasive physiological measurements such as heart rate, skin temperature, perspiration, pupil diameter, and blink rate may also be acquired while you complete the task. In certain cases, you may be given a neuroenhancing agent in liquid form. If this is the case for your study, you will be given more information about this process by the experimenter before the study proceeds. You will also be asked to complete a brief survey at the conclusion of the experiment (please note you can skip any questions you are not comfortable answering).

The length of each session and the number of sessions differs by the exact study. Session lengths may run between 15 minutes and 3 hours. The number of sessions may run between 1 and 40. The experimenter will have discussed the length of each session and the number of sessions with you prior to your reading this form. If you have questions about the time commitment, please inform the experimenter now.

ARE THERE ANY RISKS TO ME?

Some individuals may become nauseous or dizzy when viewing and/or interacting with simulated 3D objects on a large screen. Some conditions may require some amount of physical movement. You should not take part in the experiment if you have any medical condition that affects your ability to safely perform physical activities. Please remember that you may interrupt or terminate your participation for any reason, including discomfort, and can do so at any time. Finally, if any surveys require your email address to be utilized (to send the online survey), there is always a small risk of a breach of confidentiality. However, all care will be taken to ensure that your data cannot be linked to your name or your email address.

ARE THERE ANY BENEFITS TO ME?

There are no direct benefits to participation.

WILL I BE COMPENSATED FOR MY PARTICIPATION?

You will receive either course credit or \$10/hour for participating in this study. If you do withdraw prior to the end of the study, you will receive compensation for the time that you completed prior to withdrawing from the study.

HOW WILL MY CONFIDENTIALITY BE PROTECTED?

While there will probably be publications as a result of this study, your name will not be used. Only group characteristics will be published. If you participate in this study, we would like to be able to quote you directly without using your name. If you agree to allow us to quote you in publications, please initial the statement at the bottom of this form.

WHOM SHOULD I CONTACT IF I HAVE QUESTIONS?

You may ask any questions about the research at any time. If you have questions, concerns, or complaints, or think that participating in the research has hurt you, you can talk to the research team or contact the Principal Investigator, Christopher Shawn Green at (608) 263-4868. If you have any questions about your rights as a research participant or have complaints about the research study or study team, call the confidential research compliance line at 1-833-652-2506. Staff will work with you to address concerns about research participation and assist in resolving problems.

Your participation is completely voluntary. If you decide not to participate or to withdraw from the study, it will have no effect on any services or treatment you are currently receiving. Your signature indicates that you have read this consent form, had an opportunity to ask any questions about your participation in this research and voluntarily consent to participate. You will receive a copy of this form for your records.

Name of Participant (please print): _____

Signature: _____ Date: _____

I give my permission to be quoted directly in publications without using my name (initial): _____