CONSENT TO PARTICIPATE IN NON-BIOMEDICAL RESEARCH

Modeling the impact of increasing autonomy on core cognitive abilities in unmanned system operation

You are asked to participate in a research study conducted by Professor Mary Cummings, Ph.D. and Dr. Alexander Stimpson from the Department of Mechanical Engineering and Materials Science at Duke University. You may keep a copy of this consent form for your records.

PURPOSE OF THE STUDY

The studies of this protocol are aimed at understanding how different training programs influence the ability of Unmanned Aerial Vehicle (UAV) operators to fly in various real-world conditions. We are also investigating how UAVs can be effectively utilized in disaster response scenarios.

PROCEDURES

If you volunteer to participate in this study, we will follow a given protocol:

1. You will be given an overview of the experiment.
2. You will be asked to review and sign an approved informed consent form (this form).
3. You will be asked a few questions to ensure your eligibility for the study.
4. You will be asked to complete the demographic survey.
5. You will be given a training program to learn to fly a UAV. This training program will include both classroom and hands-on learning.
6. You will be instructed to complete a mission in a disaster response environment after finishing the training.
7. You will fill out a brief questionnaire.
8. You will then be given a short debrief, paid for your participation and any final questions can be answered.
9. If your performance is the best among all participants, you will be contacted to receive the $100 Amazon e-gift certificate.

The total experiment will take between 1.25 and 2.5 hours, depending on experimental group. You will be informed of the group you have been selected for during the experimental overview. During task performance (step 6), measures of your performance will be recorded in terms of your speed and target accuracy in the mission.

POTENTIAL RISKS AND DISCOMFORTS

There are no major risks anticipated from participation in this study. Should you wish to stop or delay the experiment, you are free to do so at any time. If you feel nauseous or sick, please let the experimenter know and the experiment can be stopped.

PAYMENT FOR PARTICIPATION

You will be paid either $40 for Group 1 participants (2 hours), $50 for Group 2 participants (2.5 hours), or $25 for Group 3 participants (1.25 hours) via Amazon gift card for participation in this study. This will be paid upon completion of the experiment. Should you elect to withdraw in the middle of the study, you will be compensated for the time you spent in the study.

CONFIDENTIALITY

You will be assigned a unique study ID that we will use to track your study responses. This study ID will be linked to your name and contact information, in case you have the highest score and are selected as the winner. Once we have selected a winner, all participants’ name and contact information will be discarded so that all research data will be identified only with your assigned study ID. Furthermore, our findings will be reported in groups and averages so that no individual participant is identified.

If you are selected as the winner of the $100 Amazon gift card, you will need to provide your email address for compensation.

PARTICIPATION AND WITHDRAWAL

Your participation in this study is completely voluntary and you are free to choose whether to be in it or not. If you choose to be in this study, you may quit at any time for any reason. The investigator may withdraw you from this research if necessary.

IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact the Principal Investigator, Mary L. Cummings, through phone: (919) 660-5306, e-mail: mary.cummings@duke.edu, or mailing address: P.O. Box 90300, 144 Hudson Hall, Duke University, Durham, NC 27708.

RIGHTS OF RESEARCH SUBJECTS

If you have questions regarding your rights as a research subject, you may contact the Duke Institutional Review Board, Phone (919) 668-5111, Email: campusirb@duke.edu.

SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE

If you agree to participate in this research, please sign and date below. If you would like a copy of this consent form, one will be provided upon request.

Name of Subject \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Subject \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_