STUDIES USING PSYCHOPHYSIOLOGICAL METHODS WITH ADULTS

1. SCOPE
An existing approved procedure IDREC_16 covers the use of psychophysiological recordings used in research with typically developing school children. This approved procedure is intended to extend the existing approved procedure to such recordings in adults.

This approved procedure is intended to cover research where all the boxes in Section D of the IDREC checklist are in unshaded boxes except:

- Question 12 (Does the research involve any *invasive procedure (Class B)?), where the shaded box is ticked because physiological recordings (see below) are used.

The types of physiological recordings that are covered by this approved procedure are those specified by the term “invasive procedures (Class B)” in the CUREC glossary, and include:

- eye movement recording by electrooculogram (EOG)
- electromyogram (EMG)
- Near Infrared Spectroscopy (NIRS)
- recording of heart rate or galvanic skin response (GSR)
- eye blink conditioning

Note that recordings of electroencephalogram (EEG) and magnetoencephalography (MEG) are covered by separate Approved Procedures (see IDREC_03 for EEG and IDREC_08 for MEG). If the procedures listed above are to be combined with either EEG or MEG, requirements specified in this Approved Procedure (IDREC_18) and in the Approved Procedures for EEG or MEG have to be met.

This procedure may be combined with Approved Procedure 03 to conduct recording of electroencephalogram (EEG), or with Approved Procedure 08 for magnetoencephalography (MEG).

2. TRAINING OF RESEARCH STAFF
Training in application of physiological equipment and setting up the recording must be given by a researcher with appropriate experience in the particular technique being used, and no inexperienced person should be left in sole charge of a physiological study. Where air cylinders are involved, researchers should have attended a gas cylinder safety course.

Before beginning research, new researchers will:

- Read and agree to the relevant sections of the following professional guidelines:
  CUREC Best Practice Guidance 02 ‘Storage of data collected for research purposes’
• Receive satisfactory ethical and methodological training from the Principal Investigator or designee, such that the Principal Investigator is satisfied that they may conduct research independently

While training is ongoing, new researchers may ‘shadow’ experienced researchers, but will not:

a) seek consent for the participant,
b) gain access to identifiable data.

During this period, new researchers will be able to familiarise themselves with the procedures of the research group, according to current documentation, including the details of this approved procedure. Once satisfactory training has been signed off, the new researcher may conduct research independently and have full access to identifiable data concerning participants.

3. METHODS FOR RECRUITING PARTICIPANTS

For general procedures, see CUREC Approved Procedure IDREC_03.

Participants for psychophysiological studies are typically recruited via posters around the University. It is acceptable to mention that there will be compensation in recruitment advertisements for this kind of study, provided the amount is not stated, where competent adults volunteer themselves to take part. There is no significant risk to the participant other than boredom.

Depending on the approved procedure for the particular research project, it may be most appropriate for the study to take place in a mobile testing facility, or at the researcher’s Department. Note that if research is to be carried out at health or higher education institutions other than the University of Oxford (e.g., NHS premises), it is likely that ethical approval will be needed from the bodies which cover those sites as well as from CUREC, and in such cases, this approved procedure is not sufficient to cover the research.

4. INFORMATION PROVIDED TO PARTICIPANTS

Researchers should be aware that the unfamiliarity of physiological recordings may in itself cause anxiety. The information sheet should, if possible, contain a picture demonstrating what will be involved in the physiological recording, as well as the usual verbal description. Researchers may also consider making a short video recording showing what is involved; this could be distributed to potential participants or made available on a website to help the participant decide whether to take part.

Where relevant, it is recommended that the word ‘sensors’ be used rather than ‘electrodes’ when describing a procedure.

The information sheet must make it clear that the procedure is for research and is not designed to identify health problems, and that the researcher has no training in identifying health-related problems from the recordings. A section such as the following may be included in the information sheet: "In the unlikely event of the researchers noting an irregularity in the recording they would discuss this with a clinical specialist and inform you if it was felt necessary for you to discuss further with your GP." (The precise wording might need modifying depending on the specific procedure).
5. CONSENT OF PARTICIPANTS
All participants sign a consent form which will always be on University headed paper.

Participants will sign, print and date their names and the researchers who secure the consent will also sign, print and date their names.

Guidance on the informed consent process can be found at: http://researchsupport.admin.ox.ac.uk/governance/ethics/resources/consent

6. FINANCIAL AND OTHER REWARDS TO PARTICIPANTS
Participants are typically rewarded with payments or vouchers for music or books to compensate them for the time spent in the study.

7. POTENTIAL RISKS TO PARTICIPANTS/RESEARCHERS/OTHERS AND WHAT WILL BE DONE TO MINIMISE
All the procedures covered by this approved procedure have been used safely for many years, including with children. We are not aware of any cases of adverse events associated with these procedures.

Nevertheless, although the equipment itself is safe, a physiological laboratory can contain hazards, and researchers should be alert to potential dangers from trailing wires, uncovered sockets, or heavy air cylinders. These will be covered by relevant Health and Safety procedures, and researchers must familiarise themselves with these and be vigilant in monitoring them.

In addition, where sounds or other stimuli are presented in the course of a study, it is important to ensure that the level is controlled. The researcher should always test the sound level before any auditory test to ensure that there is no risk of damaging the hearing of the participant; where air puffs are presented as stimuli, the level must be regulated so it cannot go above 7 psi.

During the session, the researcher should monitor the participant carefully, and if they show signs of distress or discomfort, they should be asked if they want to stop the experiment.

If the procedure requires skin contact, a further consideration for researchers is hygiene: the electrodes, and instruments used to apply gel must be cleaned/disinfected after each use; if necessary, participants may wash off gel at the end of the session, and freshly laundered towels should be provided. Anti-allergenic gel and cleaning solutions should be used.

Risks to researchers: Again, the main way to avoid risk is to adhere to a regime of hygiene. Hands are washed after any contact with the skin of a participant.
8. **MONITORING AND REPORTING OF ADVERSE OR UNFORSEEN EVENTS**
   If a participant should become unwell during the test session, the session will be terminated. Such a case will be reported in the Departmental Safety Book and discussed with the study's principal investigator. The appropriate CUREC Sub-Committee Secretariat will also be informed.

9. **COMMUNICATION OF RESULTS**
   It is unlikely that results from experimental physiological recordings will be meaningful to people other than the researchers. It should be made clear at the outset to participants that the procedure does not have diagnostic significance.

10. **DUTY OF CARE ISSUES / CONFIDENTIALITY**
    None.

11. **DATA PROTECTION ISSUES**
    Each participant is given a code number, and this, rather than the name, is used to label all data from the study, including computerised files and any paper records. If it is necessary to retain any personal information (e.g. contact details in the case that participants may be re-tested) the key linking codes to personal details will be kept in a locked filing cabinet.

12. **FURTHER INFORMATION**
    None.

13. **CHANGE HISTORY**

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