**Research Elective Proposal Form**

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| --- | --- |
| Resident Name: |  |
| Block of Research Elective: |  |
| Do you already have a research/scholarly project idea? | If **yes**, please complete the remainder of this form …If **no**, do you have any interests (e.g. special patient populations, diseases, inpatient vs outpatients; medical education vs QI vs clinical trials vs systematic reviews vs mortality review, etc) so we can discuss potential supervisors or areas of scholarly work?  |
| Research Title: |  |
| Primary Research Supervisor: |  |
| GIM Research Supervisor(only necessary if primary supervisor not GIM) |  |
| Supervisor Email Address: |  |
| Research Description: |  |
| Will REB approval be required to start the project?  | * Yes
* No, my project won’t require it (e.g. systematic review, QA project, case report with signed consent from patient)
* No, I will apply for a REB exemption letter for my QI project
* I don’t know
 |
| If YES, please specify date of research protocol submission to REB (if not yet done, please mark “pending”): |  |
| If applying for REB QI exemption letter, please specify date submitted to REB (if not yet done, please mark “pending”): |  |
| Is there designated research space for your use during the research block? |  |
| If YES, please specify where: |  |
| Do you need other supports to complete your project (e.g. funding, librarian support, etc)? | * No
* Yes, I need ….
 |
| Has anyone already worked on this project? |  |
| If YES, who has worked on the project? |  |
| If YES, what work has already been performed? |  |
| Deliverables: With input from your supervisor, please outline exactly what parts of the project do you plan to accomplish during your research block (this will form a part of your evaluation, be specific). |  |
| Knowledge translation plan (a.k.a. when, where, and how do you plan to disseminate the results of your research)? |  |
| Primary Supervisor Signature: |  |
| GIM Supervisor Signature:(Only necessary if primary supervisor not GIM) |  |
| Date of submission: |  |
| Research Director Signature:(Dr. Erin Spicer) |  |

 **Please submit completed form to the GIM Program Administrator:
Chrissy Kienapple . University Hospital . Rm B9-106 .** **chrissy.kienapple@lhsc.on.ca** **. Fax 519.663.3071**