



Research Proposal Form

Name: _____

PGY-year: 1 2 3 4

Block (include date range of block): _____

Is the research supervisor Queen's DOM faculty? YES NO

Name of supervisor: _____

Email address of supervisor: _____

RESIDENT TO COMPLETE:

Project Information

Background:

Objectives:

Methods:

Implications of findings:

SUPERVISOR TO COMPLETE:

Resident's role on the project:

Primary (or co-primary) resident on the project

Participating resident (not primary resident)

Select ALL aspects of the project for which resident contribution is expected:

Literature search

Development of research methods

Research Ethics Board Submission

Data collection

Data analysis/interpretation

By signing below, I am verifying that I will be supervising the resident's work during the block indicated on this form:

(Supervisor's Signature)

(Date)