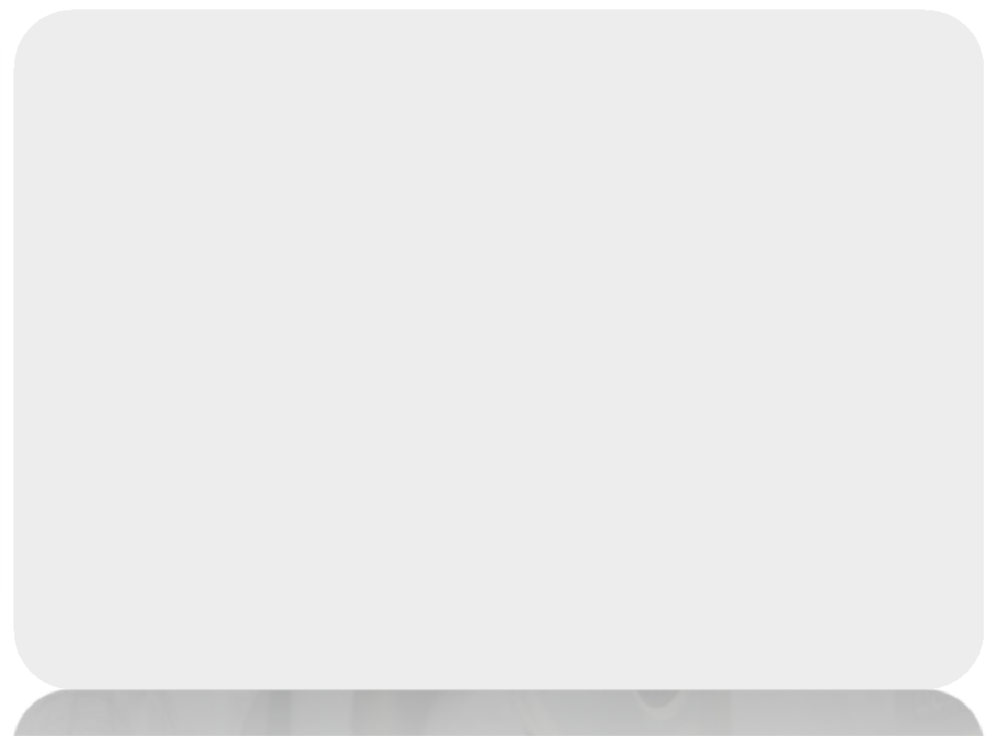
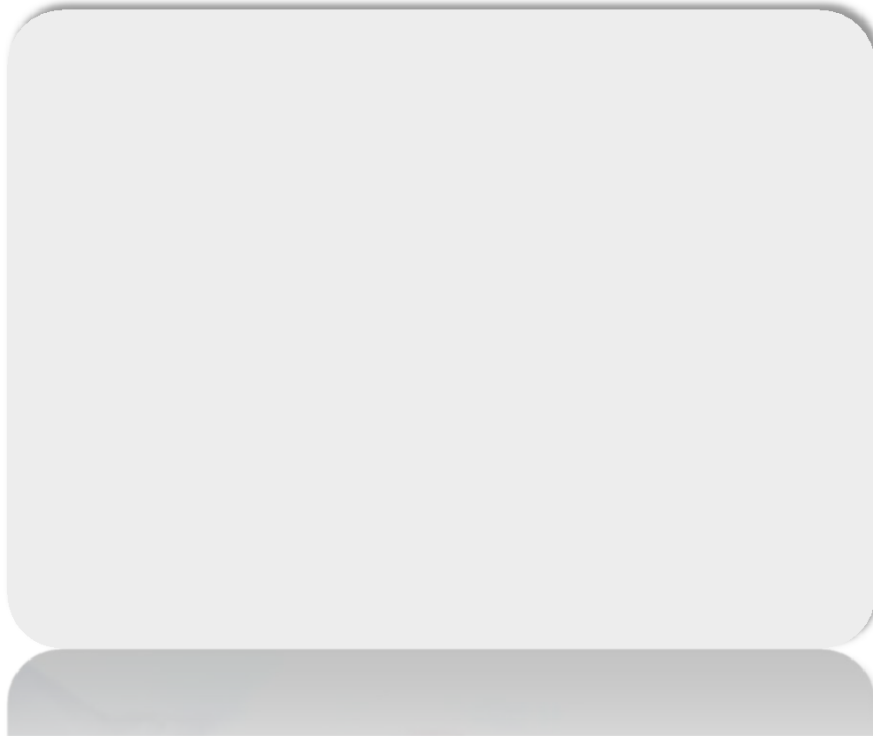




***FAMILY MEDICINE DIPLOMA PROGRAM
LOG BOOK OF RESEARCH ELECTIVE
RAWALPINDI MEDICAL UNIVERSITY, RAWALPINDI***



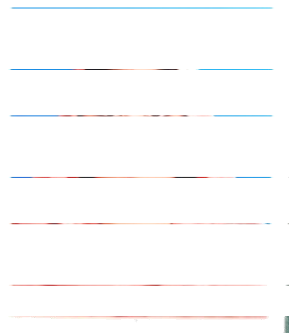


PREFACE

The horizons of *Medical Education* are widening & there has been a steady rise of global interest in *Post Graduate Medical Education*, an increased awareness of the necessity for experience in education skills for all healthcare professionals and the need for some formal recognition of postgraduate training in Internal Medicine.

We are seeing a rise in the uptake of places on postgraduate courses in medical education, more frequent issues of medical education journals and the further development of e-journals and other new online resources. There is therefore a need to provide active support in *Post Graduate Medical Education* for a larger, national group of colleagues in all specialties and at all stages of their personal professional development. If we were to formulate a statement of intent to explain the purpose of this log book, we might simply say that our aim is to help clinical colleagues to teach and to help students to learn in a better and advanced way. This book is a state of the art log book with representation of all activities of the **MD/MS Research Elective** program at RMU. A summary of the curriculum is incorporated in the logbook for convenience of supervisors and residents. It also allows the clinicians to gain an understanding of what goes into basic science discoveries and drug development. Translational **research** has an **important role** to play in **medical research**, and when used alongside basic science will lead to increased knowledge, discovery and treatment in **medicine**. A perfect monitoring system of a training program including monitoring of teaching and learning strategies, assessment and Research Activities cannot be denied so we at RMU have incorporated evaluation by **Quality Assurance Cell** and its comments in the logbook in addition to evaluation by **University Training Monitoring Cell (URTMC)**. Reflection of the supervisor in each and every section of the logbook has been made sure to ensure transparency in the training program. The mission of Rawalpindi Medical University is to improve the health of the communities and we serve through education, biomedical research and health care. As an integral part of this mission, importance of research culture and establishment of a comprehensive research structure and research curriculum for the residents has been formulated and a separate journal for research publications of residents is available.

Prof. Muhammad Umar
(Sitara-e-Imtiaz)
(MBBS, MCPS, FCPS, FACG,
FRCP (Lon), FRCP (Glasg), AGAF)
Vice Chancellor
Rawalpindi Medical University
& Allied Hospitals



DR SADIA AZAM KHAN

Head of Department
Family Medicine
Course Director,
Family Medicine Residency Program
Rawalpindi Medical University

DR FAIZA ASLAM

IMPACT Coordinator & Research Fellow
Institute of Psychiatry

CONTRIBUTION

Designing, structuring & formulation of Research Curriculum and Research Log Book of Family Medicine Diploma Program, under guidance of Prof. Muhammad Umar Vice Chancellor, Rawalpindi Medical University, Rawalpindi

ENROLMENT DETAILS

Program of Admission _____

Session _____

Registration / Training Number _____

Name of Candidate _____

Father's Name _____

Date of Birth ____ / ____ / ____ CNIC No. _____

Present Address _____

Permanent Address _____

E-mail Address _____

Cell Phone _____

Date of Start of Training _____

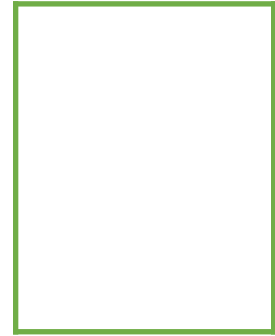
Date of Completion of Training _____

Name of Supervisor _____

Designation of Supervisor _____

Qualification of Supervisor _____

Title of department / Unit _____



MOTO OF RAWALPINDI MEDICAL UNIVERSITY

Truth, Wisdom & Service

MISSION STATEMENT

- To impart evidence based research oriented *medical* education.
- To achieve best standards of patient care.
- To inculcate the **values** of mutual respect and ethical practice of **medicine**.
- To become a recognized and accredited center of excellence in **Medical** Education, using evidence-based training techniques for development of highly competent health professionals.

LOG OF RESEARCH ELECTIVE

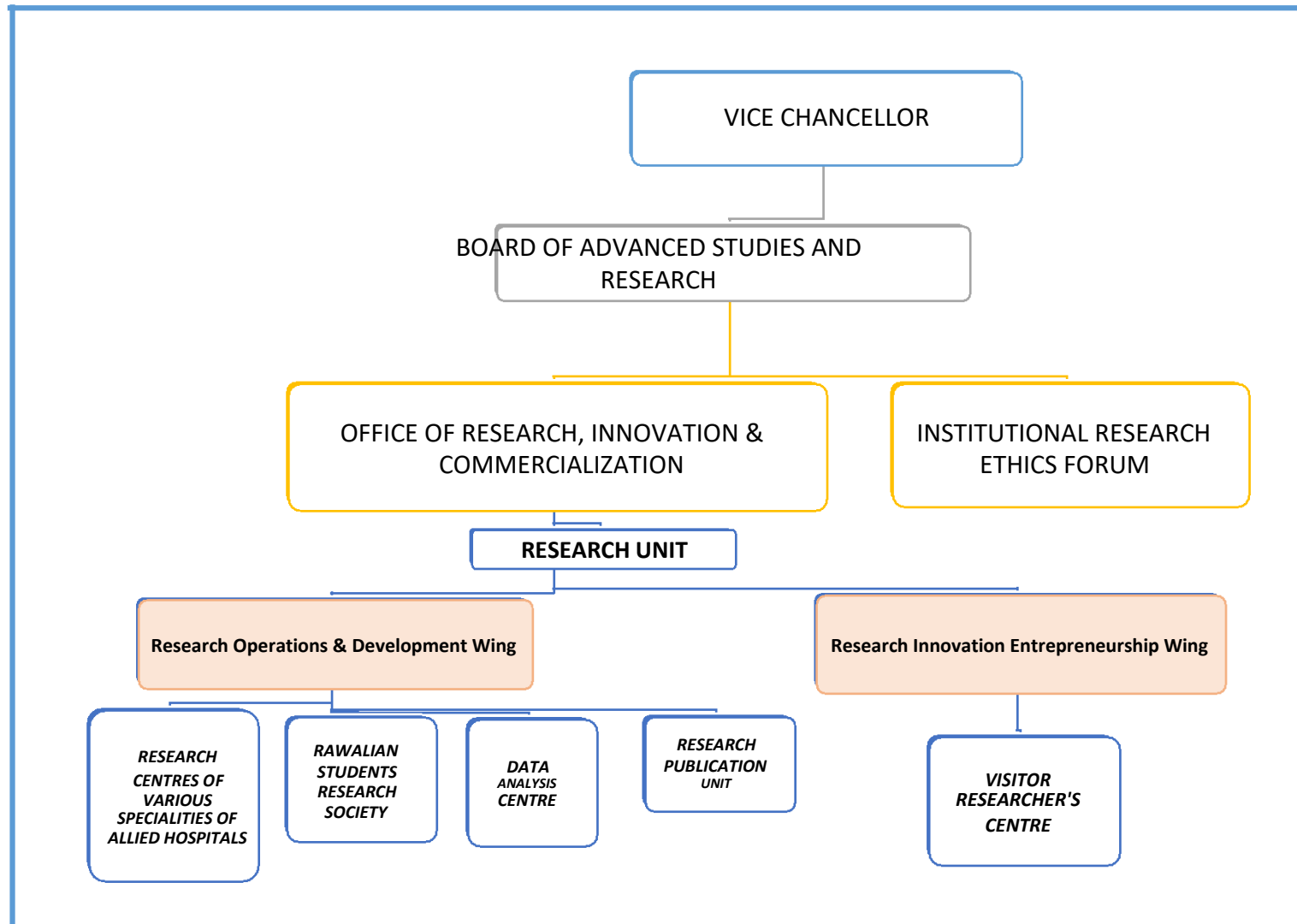
Family Medicine resident's outlook on research can be significantly improved using a research curriculum offered through a structured and dedicated research rotation. This is exemplified by the improvement noted in resident satisfaction, their participation in scholarly activities and resident research outcomes since the inception of the research rotation in family Medicine training program. Residents' involvement in research leads to better clinical care, correlates with the pursuit of academic career progression, increases numbers of clinician investigators, and is an asset to those applying for fellowships. We report our success in designing and implementing a "Structured Research Curriculum" incorporating basic principles of research to enhance participation and outcomes of our residents in scholarly activities within a busy residency training program.

REFERENCE:

<https://bmcmmededuc.biomedcentral.com/articles/10.1186/1472-6920-6-52>

ROTATION CURRICULUM OF MD MEDICINE FOR RESEARCH

ORGANIZATIONAL STRUCTURE OF RESEARCH AT RAWALPINDI MEDICAL UNIVERSITY



**BASELINE PERFORMA TO BE FILLED IN BY RESIDENTS
BEFORE ORIENTATION SESSION:
RAWALPINDI MEDICAL UNIVERSITY**

1. Name of Trainee: _____
2. Gender: Male: Female:
3. Specialty: _____
4. Unit/Department: _____
5. Hospital: _____
6. Date Of Commencement of Training: _____
7. Anticipated year of Training: _____
8. Registration No: _____
9. Name of Supervisor: _____
10. A. Have you ever attended any research methodology workshop/course/training: YES: NO:
10. B If yes, please enters the details of the course/workshop (mention the last 5 workshops/courses in case of exceeding 5, starting from the latest as SR # 1

SR #	Date/Month and year of training course/workshop	Title of training course/workshop	Organizing institution/company.	Duration of course in days	What was the main content/learning outcome of the research course?
1.					
2.					
3.					
4.					
5.					

11. A. Have you ever attended any workshop or course regarding synopsis development or research proposal development:
YES: NO:
11. B. If yes please mention details of the course/workshop (mention the last 3 workshops/courses in case of exceeding 3, starting from the latest as SR # 01):

SR #	Date/Month and year of training course/workshop	Title of training course/workshop	Organizing institution/company.	Duration of course in days	What was the main content/learning outcome of the research course?
1.					
2.					
3.					

12. Do you consider yourself proficient/skilled enough to write a research proposal independently with appropriate methodology:

13. YES: NO: UNCERTAIN:

14. A. Have you ever formulated a research proposal previously? YES: NO:

13. B. If yes please mention the details of the synopsis/proposals developed by you (mention the last 3 synopsis/proposals in case of exceeding 3, starting from the latest as SR # 01):

SR #	Date/Month and year of formulating proposal	Title of Proposal	Did you formulate as a pre-requisite to any degree or funding? Please mention its purpose and	Was the proposal submitted anywhere for approval/acceptance? If yes, where? And was it approved or modified or accepted?	Did you pursue that synopsis and completed the research? Yes /No. Please mention reason for not completing the research after development of synopsis if answer is no.
1.					
2.					
3.					

A. Have you ever written a research paper/manuscript previously: YES: NO:

14. B. If yes please mention the last five manuscripts in case of exceeding 5, starting from the latest as Sr # 1):

Sr #	Date/Month and year of formulating the manuscript/paper	Title of Paper	Was it an original article/short communication/case study/systematic review/meta analysis/editorial/any other academic writing in a journal? Please specify	Was the manuscript ever submitted any publication? Yes or No. If No give reason please. If yes to which journal/s and was it approved for publication or rejected?	If published please specify title of journal and edition and year of publication.
1.					
2.					
3.					
4.					
5.					

15. Have you ever been involved in any of the following research activities during last 2 years? (Please tick in the appropriate boxes):

a) Review of Medical literature

b) Write up of literature review

- c) Vancouver/Harvard referencing
- d) Used any Plagiarism detection tool
- e) Formulated research methodology of a research project/synopsis
- f) Formulated any data collection tool/Performa /checklist/questionnaire for research project
- g) Collected data through Performa's/interviews/observations/scales/Focus Group Discussions etc.
- h) Entered data in any computer based software e.g. SPSS, Epi-info, Microsoft Excel etc.
If yes mention name of soft ware: _____
- i) Analyzed quantitative or qualitative data in any computer based software
- j) Write up of results of study with formulation of tables or graphs
- k) Write up of discussion of a paper
- l) Ever submitted a manuscript to any journal

16. Title of research assigned to you by your supervisor you're your MD/MS programme: _____

17. Please mention which of the following activities you already have performed regarding your research project/THESIS as requisite to MD/MS programme: (Please tick in the appropriate boxes):

- a) Topic selection
- b) Review of literature
- c) Write up of literature review
- a) Vancouver/Harvard referencing
- b) Checked Plagiarism through detection tool
- c) Formulated research methodology of a research project/synopsis
- d) Formulated any data collection tool/Performa /checklist/questionnaire for your research
- e) Collected data through data collection tools/scales
- f) Entered data in any computer based software (e.g. SPSS, Epi info, Microsoft Excel etc.)
- g) Analyzed data in any computer based software
- h) Have formulated results of study with tables or graphs
- i) Formulated discussion of THESIS

j) Written conclusion and abstract of your THESIS

k) Submitted your THESIS to your supervisor

18. What are your expectations from this research course/module of MS/MD programme and any specific areas of training you want to be paid special emphasis by the trainers:?

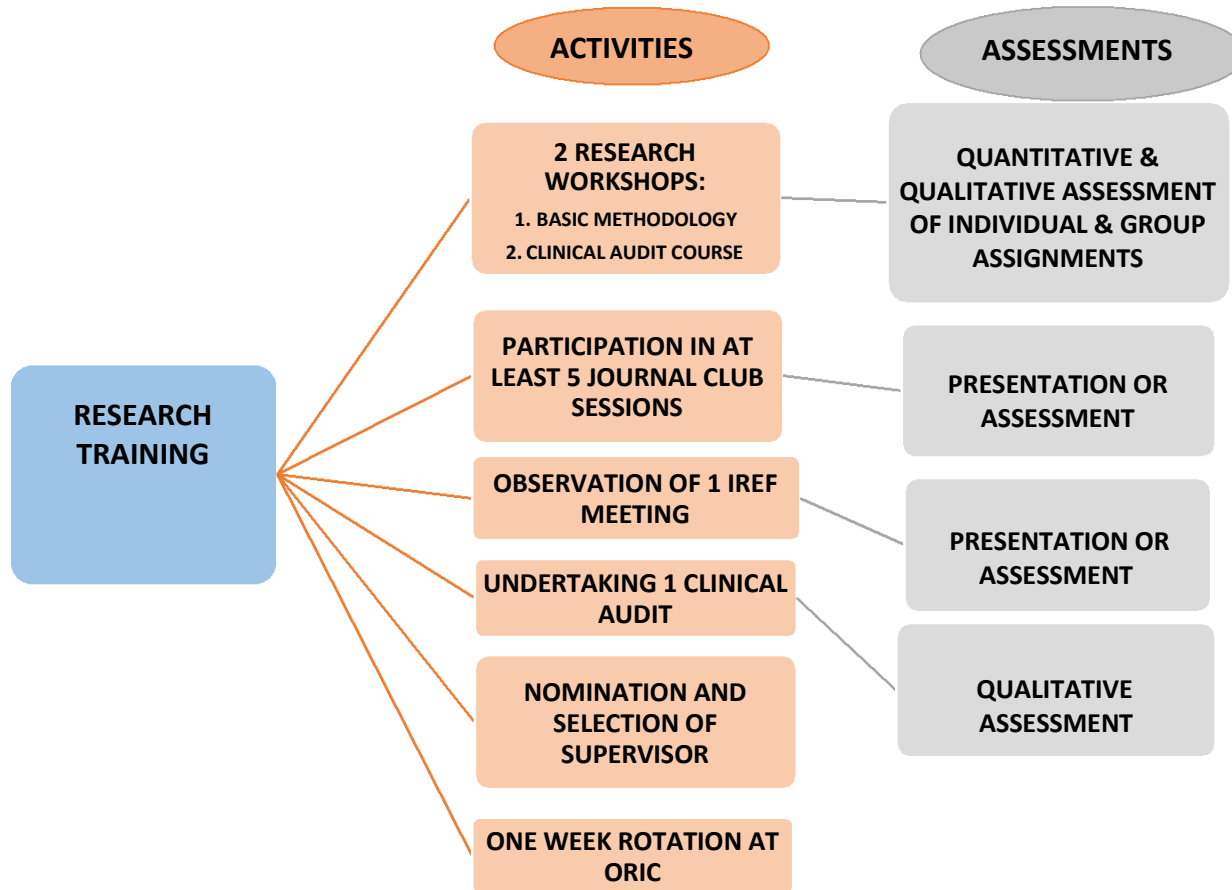
Thank you

Date of filling the Performa: _____

Signatures of the resident: _____

Signatures of the Director of ORIC, RMU: _____.

RESEARCH COURSE



SECTION- 1**3 DAYS -BASIC RESEARCH METHODOLOGY WORKSHOP
DAY 1 OF WORKSHOP:**

Date & Venue: _____

Modules of Day 1 of Workshop	TITLE OF MODULES OF DAY 1	NAMES AND SIGNATURES OF FACILITATORS OF EACH MODULE	FACILITATOR'S FEEDBACK REGARDING COMPLETION AND PERFORMANCE OF RESIDENT IN ON SPOT INDIVIDUAL OR GROUP ASSIGNMENTS OF THE COURSE MODULE	SIGNATURE OF DIRECTOR OF ORIC (NAME/STAMP)
Module 1	Introduction to health systems research Identifying and Prioritizing Research Problems			
Module 2	Analysis and statement of problem & Introduction to Literature review			
Module 3	Literature review Referencing systems; Vancouver & Harvard referencing systems			
Module 4	Literature review Referencing managing systems			
Module 5	Plagiarism			
Module 6	Formulation of research objectives			
Module 7	Formulation of Hypothesis for a research			
Module 8	Research methodology; Variables and Indicators			

DAY 2 OF BASIC RESEARCH METHODOLOGY WORKSHOP:

Date & Venue: _____

Modules of Day 2 of Workshop	TITLE OF MODULES OF DAY 2	NAMES AND SIGNATURES OF FACILITATORS OF EACH MODULE	FACILITATOR'S FEEDBACK REGARDING COMPLETION AND PERFORMANCE OF RESIDENT IN ON SPOT INDIVIDUAL OR GROUP ASSIGNMENTS OF THE COURSE MODULE	SIGNATURE OF DIRECTOR OF ORIC (NAME/STAMP)
Module 1	Research methodology; Study types			
Module 2	Data collection techniques			
Module 3	Data collection tools			
Module 4	Sampling			
Module 5	Plan for Data Entry , storage and Statistical Analysis			

DAY 3 OF BASIC RESEARCH METHODOLOGY WORKSHOP:

Date & Venue: _____

Modules of Day 3 of Workshop	TITLE OF MODULES OF DAY 3	NAMES AND SIGNATURES OF FACILITATORS OF EACH MODULE	FACILITATOR'S FEEDBACK REGARDING COMPLETION AND PERFORMANCE OF RESIDENT IN ON SPOT INDIVIDUAL OR GROUP ASSIGNMENTS OF THE COURSE MODULE	SIGNATURE OF DIRECTOR OF ORIC (NAME/STAMP)
Module 1	Pilot and project planning			
Module 2	Budgeting for a study			
Module 3	Project administration			
Module 4	Plan for dissemination			
Module 5	Research ethics & concepts of protection of human study subjects			
Module 6	Differences between original articles, short communication, case reports, systematic reviews and meta-analysis			
Module 7	Writing a Case report			
Module 8	Critical Appraisal of a research paper			
Module 9	<ul style="list-style-type: none"> • Making effective power-point presentations of a Research Project 			
Module 10	<ul style="list-style-type: none"> • Making effective poster presentations 			

SECTION- 2

**INDIVIDUAL AND GROUP (HOME TASK) ASSIGNMENTS OF THE RESIDENTS
REGARDING BASIC RESEARCH METHODOLOGY WORKSHOP**

ASSIGNMENT'S NUMBER	TITLE	DATE OF SUBMISSION:	ORIGINALITY SCORE OF ASSIGNMENT IN TURN-IT-IN PLAGIARISM DETECTION SOFTWARE	FACILITATOR'S REFLECTION ON CORRECTNESS, COMPLETION AND QUALITY OF INDIVIDUAL OR GROUP ASSIGNMENTS OF THE WORKSHOP	SCORES ATTAINED OUT OF TOTAL ATTAINABLE SCORE	SIGNATURE OF FACILITATORS	SIGNATURE OF DIRECTOR OF ORIC (NAME/STAMP)

SECTION- 3

ONE DAY – WORKSHOP ON UNDERTAKING CLINICAL AUDIT

Date & Venue: _____

Modules of Day 1 of Workshop	TITLE OF MODULES OF DAY 1	NAMES AND SIGNATURES OF FACILITATORS OF EACH MODULE	FACILITATOR'S FEEDBACK REGARDING COMPLETION AND PERFORMANCE OF RESIDENT IN ON SPOT INDIVIDUAL OR GROUP ASSIGNMENTS OF THE COURSE MODULE	SIGNATURE OF DIRECTOR OF ORIC (NAME/STAMP)
Module 1	Introduction to a clinical audit and its importance			
Module 2	Types of Clinical Audit			
Module 3	Process and steps of Clinical Audit			
Module 4	Methodology of Clinical Audit			
Module 5	Data Analysis of a Clinical Audit			
Module 6	Clinical Audit Report Writing			
Module 7	Dissemination of the report			

SECTION- 4

JOURNAL CLUB MEETINGS ATTENDED BY RESIDENT AS AN OBSERVER

JOURNAL CLUB MEETING #	DATE	TITLES OF THE ARTICLES PRESENTED IN THE JOURNAL CLUB MEETING	TITLE OF JOURNAL/ YEAR OF PUBLICATION	ANY QUESTION OR COMMENT MADE ON THE PRESENTATION BY THE OBSERVER	SUPERVISOR'S SIGNATURE	HEAD OF DEPARTMENT'S SIGNATURE (NAME/STAMP)
1.		A. B. C.	A. B. C.	A. B. C.		
2.		A. B. C.	A. B. C.	A. B. C.		
3.		A. B. C.	A. B. C.	A. B. C.		
4.		A. B. C.	A. B. C.	A. B. C.		
5.		A. B. C.	A. B. C.	A. B. C.		

SECTION- 5**INSTITUTIONAL RESEARCH & ETHICS FORUM MEETINGS ATTENDED BY RESIDENT AS AN OBSERVER**

IREF MEETING #	DATE/VENUE	TITLES OF THE RESEARCH PROPOSALS PRESENTED IN THE IREF MEETING	ANY QUESTION OR COMMENT MADE ON THE PRESENTATIONS BY THE OBSERVER	SIGNATURE OF THE CONVENER OF THE MEETING (NAME/STAMP)
1.				
2.				
3.				
4.				
5				

SECTION- 6**UNDERTAKING A CLINICAL AUDIT UNDERTAKEN AS A GROUP MEMBER**

TITLE OF THE CLINICAL AUDIT	UNIT/DEPARTMENT WHERE THE AUDIT WAS CONDUCTED/NAME OF SUPERVISOR	PERSON WHO CONDUCTED THE AUDIT AND CONTENT OF CONTRIBUTION IN THE CLINICAL AUDIT	DISSEMINATION OF REPORT OF AUDIT: (A. WAS CLINICAL AUDIT REPORT PUBLISHED AS ANNUAL AUDIT REPORT/IN A RESEARCH JOURNAL? IF YES, DATE AND YEAR OF PUBLICATION AND NAME OF JOURNAL B. WAS CLINICAL AUDIT PRESENTED IN CPC OF RMU? IF YES DATE AND VENUE)	SIGNATURE OF THE DEAN (NAME/STAMP)
1.				
2.				
3.				
4.				
5				

SECTION- 7**RECORD OF FORTNIGHTLY MEETINGS OF THE RESIDENT WITH THE SUPERVISOR**

Sr #	DATE/VENUE /DURATION OF MEETING	AGENDA AND OUTLINE OF THE MEETING (IN TERMS OF CONTENT, DISCUSSION POINTS)	ACTION POINTS AND SUPERVISOR'S REFLECTIONS	SUPERVISOR'S SIGNATURE (NAME/STAMP)	HEAD OF DEPARTMENT'S SIGNATURE (NAME/STAMP)
1					
2					
3					
4					
5					
6					
7					
8					

9					
10					
11					
12					
13					
14					
15					
16					

SECTION- 8**RECORD OF RESIDENT'S ONE WEEK'S ROTATION AT ORIC**

DAY #	DATE	ACTIVITY CARRIED OUT AT ORIC AND THE RESEARCH ASSOCIATE/ DEPUTY DIRECTOR WHO SUPERVISED THE ACTIVITY	ORIC STAFF MEMBER'S REFLECTIONS ON THE PERFORMANCE OF THE ACTIVITY	THE RESEARCH ASSOCIATE/ DEPUTY DIRECTOR SIGNATURE (NAME/STAMP)	DIRECTOR ORIC'S SIGNATURE (NAME/STAMP)
1					
2					
3					
4					
5					
6					
7					
8					

SECTION- 9**ANY RESEARCH COURSE COURSE/WORKSHOP ATTENDED BY THE RESIDENT**

Sr#	DATE/MONTH AND YEAR OF TRAINING COURSE/WORKSHOP	TITLE OF TRAINING COURSE/WORKSHOP	ORGANIZING INSTITUTION/COMPANY	DURATION OF COURSE IN DAYS/MODE OF COURSE (online or physically attended)	THE OBJECTIVES OR LEARNING OUTCOMES OF THE RESEARCH COURSE.

SECTION- 10**RECORD OF LITERATURE REVIEW CONDUCTED BY THE RESIDENT**

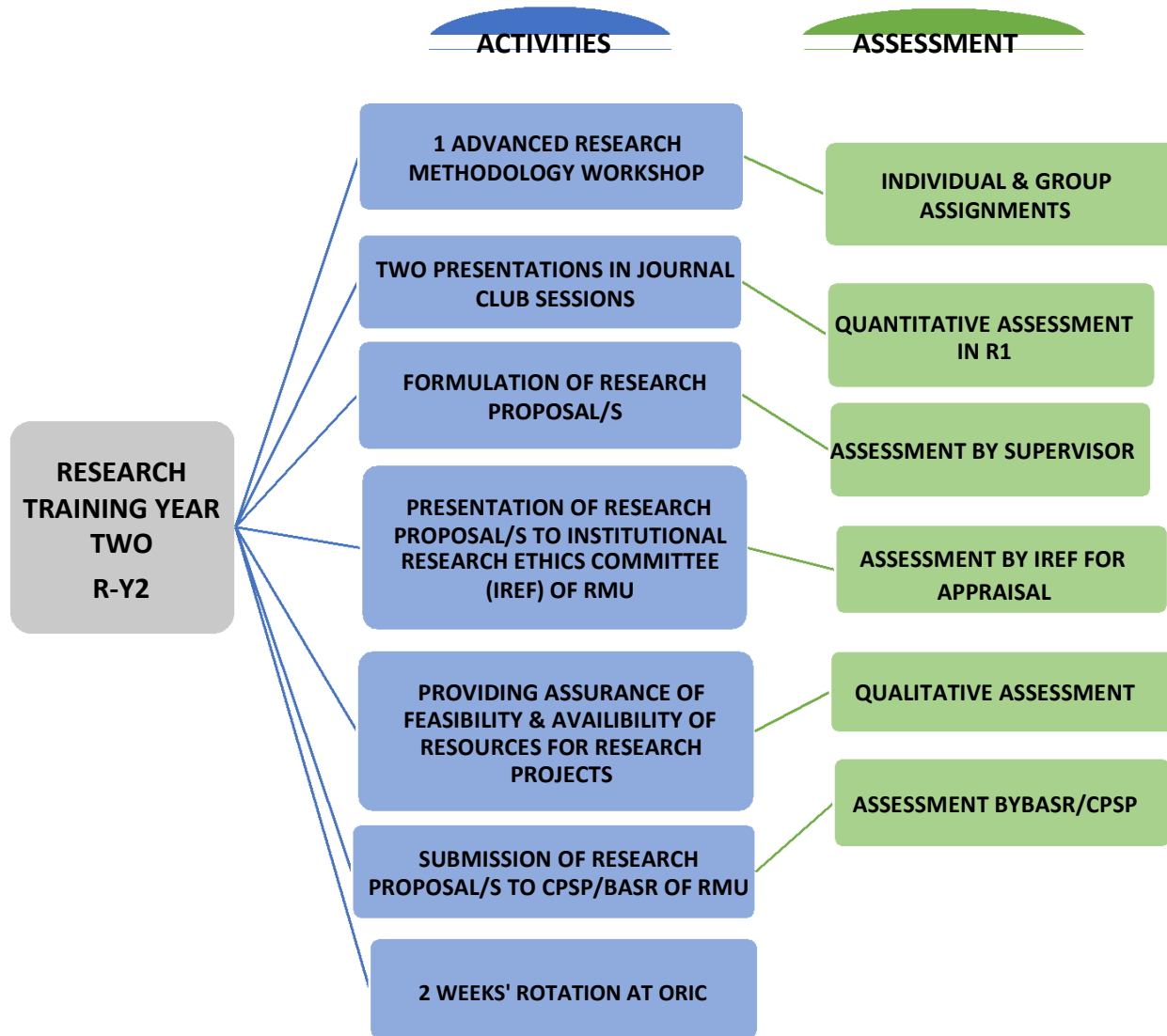
SR #	TITLE OF THE LITERATURE REVIEWED	DATE/MONTH AND YEAR OF PUBLICATION	TITLE OF THE JOURNAL/BOOK	WAS IT AN ORIGINAL ARTICLE/SHORT COMMUNICATION/CASE STUDY/SYSTEMATIC REVIEW/META ANALYSIS/EDITORIAL/ANY OTHER ACADEMIC WRITING (e.g. reports, books, conference papers, THESISs, Research and program reports- published/unpublished)?PLEASE SPECIFY
1				
2				
3				
4				
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6				
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10				
11				

SECTION-11**RECORD OF ANY MANUSCRIPT/RESEARCH PAPER FORMULATED BY THE RESIDENT**

SL #	TITLE OF THE MANUSCRIPT	IF SUBMITTED FOR PUBLICATION, DATE/MONTH AND YEAR OF PUBLICATION, IF PUBLISHED	TITLE OF THE JOURNAL	WAS IT REVIEWED, MODIFIED, ACCEPTED OR REJECTED. PLEASE SPECIFY	DIRECTOR ORIC'S SIGNATURE (NAME/STAMP)

RESEARCH COURSE OF SECOND RESEARCH TRAINING



SECTION- 1

3 DAYS –ADVANCED RESEARCH METHODOLOGY WORKSHOP

DAY 1 OF WORKSHOP:

Date & Venue: _____

Modules of Day 1 of Workshop	TITLE OF MODULES OF DAY 1	NAMES AND SIGNATURES OF FACILITATORS OF EACH MODULE	FACILITATOR’S FEEDBACK REGARDING COMPLETION AND PERFORMANCE OF RESIDENT IN ON SPOT INDIVIDUAL OR GROUP ASSIGNMENTS OF THE COURSE MODULE	SIGNATURE OF DIRECTOR OF ORIC (NAME/STAMP)
Module 1	<ul style="list-style-type: none"> • Introduction to Biostatistics • Description of Variables Numerical methods of Data summarization (Manual as well as through Statistical Package of Social Sciences) 			
Module 2	Graphical presentation of Data			
Module 3	Cross-tabulation of quantitative data			
Module 4	Measures of Association based on risk			
Module 5	Confounding and methods to control confounding			
Module 6	Basic statistical concepts; Measure of dispersion and confidence Intervals			

DAY 2 OF ADVANCED RESEARCH METHODOLOGY WORKSHOP:

Date & Venue: _____

Modules of Day 2 of Workshop	TITLE OF MODULES OF DAY 2	NAMES AND SIGNATURES OF FACILITATORS OF EACH MODULE	FACILITATOR'S FEEDBACK REGARDING COMPLETION AND PERFORMANCE OF RESIDENT IN ON SPOT INDIVIDUAL OR GROUP ASSIGNMENTS OF THE COURSE MODULE	SIGNATURE OF DIRECTOR OF ORIC (NAME/STAMP)
Module 1	Hypothesis testing for a research			
Module 2	Tests of Significance			
Module 3	Determining difference between two groups- categorical data Paired & unpaired observations			
Module 4	Determining difference between two groups- numerical data Paired & unpaired observations			
Module 5	Determining difference between more than two groups- numerical data ANOVA (Analysis of Variance)			

DAY 3 OF ADVANCED RESEARCH METHODOLOGY WORKSHOP:

Date & Venue: _____

Modules of Day 3 of Workshop	TITLE OF MODULES OF DAY 3	NAMES AND SIGNATURES OF FACILITATORS OF EACH MODULE	FACILITATOR'S FEEDBACK REGARDING COMPLETION AND PERFORMANCE OF RESIDENT IN ON SPOT INDIVIDUAL OR GROUP ASSIGNMENTS OF THE COURSE MODULE	SIGNATURE OF DIRECTOR OF ORIC (NAME/STAMP)
Module 1	Determining Correlation between variables			
Module 2	Regression Analysis			
Module 3	Diagnostic Accuracy of a test			
Module 4	Writing a research paper			
Module 5	Writing a THESIS			

SECTION- 2

**INDIVIDUAL AND GROUP (HOME TASK) ASSIGNMENTS OF THE RESIDENTS
3 REGARDING ADVANCED RESEARCH METHODOLOGY WORKSHOP**

ASSIGNMENT'S NUMBER	TITLE	DATE OF SUBMISSION:	ORIGINALITY SCORE OF ASSIGNMENT IN TURN-IT-IN PLAGIARISM DETECTION SOFTWARE	FACILITATOR'S REFLECTION ON CORRECTNESS, COMPLETION AND QUALITY OF INDIVIDUAL OR GROUP ASSIGNMENTS OF THE WORKSHOP	SCORES ATTAINED OUT OF TOTAL ATTAINABLE SCORE	SIGNATURE OF FACILITATORS	SIGNATURE OF DIRECTOR OF ORIC (NAME/STAMP)

SECTION- 3**4 JOURNAL CLUB MEETINGS ATTENDED BY RESIDENT AS AN OBSERVER**

JOURNAL CLUB MEETING #	DATE	TITLES OF THE ARTICLES PRESENTED IN THE JOURNAL CLUB MEETING	TITLE OF JOURNAL/ YEAR OF PUBLICATION	ANY QUESTION OR COMMENT MADE ON THE PRESENTATION BY THE OBSERVER	SUPERVISOR'S SIGNATURE	HEAD OF DEPARTMENT'S SIGNATURE (NAME/STAMP)
1.		A. B. C.	A. B. C.	A. B. C.		
2.		A. B. C.	A. B. C.	A. B. C.		
3.		A. B. C.	A. B. C.	A. B. C.		
4.		A. B. C.	A. B. C.	A. B. C.		
5		A. B. C.	A. B. C.	A. B. C.		

SECTION- 4**2 JOURNAL CLUB MEETINGS ATTENDED BY RESIDENT AS A PRESENTER**

Journal Club Meeting #	Date	Title Of The Article Presented By Resident In The Journal Club Meeting	Title Of Journal/ Year Of Publication	Reflection Of Two Senior Faculty Members On The Presentation	Senior Faculty Members Signature	Reflection Of The HOD On The Presentation And Scores Given Out Of Attainable Total Score Of 25	Head Of Department's Signature (Name/Stamp)
1.							
2.							

SIGNATURE OF THE DEAN OF SPECIALITY: _____

SIGNATURE (NAME/STAMP): _____

SECTION- 5

APPROVAL OF TOPIC OF RESEARCH PROPOSAL/SYNOPSIS FOR THESIS FORMULATED BY RESIDENT

TOPIC OF THE RESEARCH PROPOSAL/SYNOPSIS FOR THESIS

APPROVAL OF THE TOPIC: _____

NAME OF THE PERSON APPROVING THE TOPIC OF SYNOPSIS	DESIGNATION OF THE PERSON APPROVING THE TOPIC OF SYNOPSIS	SIGNATURES	STAMP/DATE
	<i>SUPERVISOR</i>		
	<i>HEAD OF DEPARTMENT</i>		
	<i>DEAN OF SPECILAITY</i>		
	<i>DIRECTOR ORIC</i>		
	<i>CO- CHAIRPERSON OF THE BOARD OF ADVANCED STUDIES & RESEARCH OF RMU</i>		

SECTION- 6

COMPLETION OF RESEARCH PROPOSAL/SYNOPSIS FOR THESIS FORMULATED BY RESIDENT

TOPIC OF THE RESEARCH PROPOSAL/SYNOPSIS FOR THESIS: _____

SR #	DATE	ASPECTS OF THE SYNOPSIS/RESEARCH PROPOSAL REVIEWED	REFLECTION OF RESEARCH ASSOCIATES/DEPUTY DIRECTOR ORIC ON THE CONTENT & QUALITY OF THE PROPOSAL	RESEARCH ASSOCIATES/DEPUTY DIRECTOR'S SIGNATURE	REFLECTION OF THE SUPERVISOR ON THE CONTENT & QUALITY OF THE PROPOSAL	SUPERVISOR'S SIGNATURE (NAME/STAMP)
1.		Introduction and rationale (with Vancouver/Harvard in text citations)				
2.		Research aim, purpose and objectives				
3		Hypothesis, if required according to the study design.				
4		Operational Definitions				

5A		<i>Research Methodology:</i> Setting				
5B		<i>Research Methodology:</i> Study Population				
5C		<i>Research Methodology:</i> Study Duration				
5D		<i>Research Methodology:</i> Study Design				
5E		<i>Research Methodology:</i> a) Sampling: (Sample size with statistical justifications, sampling technique, inclusion criteria & exclusion criteria)				

5F		<i>Research Methodology:</i> Data Collection technique/s				
5G		<i>Research Methodology:</i> Data Collection tool/s				
5H		<i>Research Methodology:</i> Data Collection procedure				
6		Plan for Data entry & Analysis				
7		Ethical Considerations				

8		Work plan/Gantt chart				
9		Budget with justifications				
10		Reference list according to the Vancouver referencing style				
11		Annexure <i>(including data collection tool or Performa, consent form, official letters, scales, scoring systems and/or any other relevant material)</i>				

SECTION- 7

APPROVAL OF RESEARCH PROPOSAL/SYNOPSIS FOR THESIS FORMULATED BY RESIDENT

TOPIC OF THE RESEARCH PROPOSAL/SYNOPSIS FOR THESIS:

APPROVAL OF THE SYNOPSIS/PROPOSAL: _____

DATE ON WHICH PROPOSAL WAS PRESENTED	NAME OF THE PERSON APPROVING THE SYNOPSIS	DESIGNATION OF THE PERSON APPROVING THE SYNOPSIS	SIGNATURES	STAMP
		<i>SUPERVISOR</i>		
		<i>HEAD OF DEPARTMENT</i>		
		<i>DEAN OF SPECILAITY</i>		
		<i>DIRECTOR ORIC</i>		
		<i>CHAIRPERSON OF THE INSTITUTIONAL RESEARCH AND ETHICS FORUM OF RMU</i>		
		<i>CO- CHAIRPERSON OF THE BOARD OF ADVANCED STUDIES & RESEARCH OF RMU</i>		

SECTION- 8

RECORD OF FORTNIGHTLY MEETINGS OF THE RESIDENT WITH THE SUPERVISOR

SR #	DATE/VENUE /DURATION OF MEETING	AGENDA AND OUTLINE OF THE MEETING (IN TERMS OF CONTENT, DISCUSSION POINTS)	ACTION POINTS AND SUPERVISOR'S REFLECTIONS	SUPERVISOR'S SIGNATURE (NAME/STAMP)	HEAD OF DEPARTMENT'S SIGNATURE (NAME/STAMP)
1					
2					
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13					

SECTION- 9**RECORD OF RESIDENT'S TWO WEEK'S ROTATION AT ORIC**

DAY #	DATE	ACTIVITY CARRIED OUT AT ORIC AND THE RESEARCH ASSOCIATE/ DEPUTY DIRECTOR WHO SUPERVISED THE ACTIVITY	ORIC STAFF MEMBER'S REFLECTIONS ON THE PERFORMANCE OF THE ACTIVITY	THE RESEARCH ASSOCIATE/ DEPUTY DIRECTOR SIGNATURE (NAME/STAMP)	DIRECTOR ORIC'S SIGNATURE (NAME/STAMP)
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SECTION- 10**ANY RESEARCH COURSE/WORKSHOP ATTENDED BY THE RESIDENT**

SR #	DATE/MONTH AND YEAR OF TRAINING COURSE/WORKSHOP	TITLE OF TRAINING COURSE/WORKSHOP	ORGANIZING INSTITUTION/COMPANY	DURATION OF COURSE IN DAYS/MODE OF COURSE (online or physically attended)	THE OBJECTIVES OR LEARNING OUTCOMES OF THE RESEARCH COURSE.
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SECTION- 11

RECORD OF LITERATURE REVIEW CONDUCTED BY THE RESIDENT

SL #	TITLE OF THE LITERATURE REVIEWED	DATE/MONTH AND YEAR OF PUBLICATION	TITLE OF THE JOURNAL/BOOK	WAS IT AN ORIGINAL ARTICLE/SHORT COMMUNICATION/CASE STUDY/SYSTEMATIC REVIEW/META ANALYSIS/EDITORIAL/ANY OTHER ACADEMIC (e.g. reports, books, conference papers, THESISs, Research and program reports- published/unpublished)? PLEASE SPECIFY
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SECTION- 12**RECORD OF ANY MANUSCRIPT/RESEARCH PAPER FORMULATED BY THE RESIDENT**

SL #	TITLE OF THE MANUSCRIPT	IF SUBMITTED FOR PUBLICATION, DATE/MONTH AND YEAR OF PUBLICATION, IF PUBLISHED	TITLE OF THE JOURNAL	WAS IT REVIEWED, MODIFIED, ACCEPTED OR REJECTED. PLEASE SPECIFY	DIRECTOR ORIC'S SIGNATURE (NAME/STAMP)
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SECTION- 13

OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY SUPERVISOR

SECTION- 13

OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY *BASR*(BOARD OF ADVANCED STUDIES AND RESEARCH)

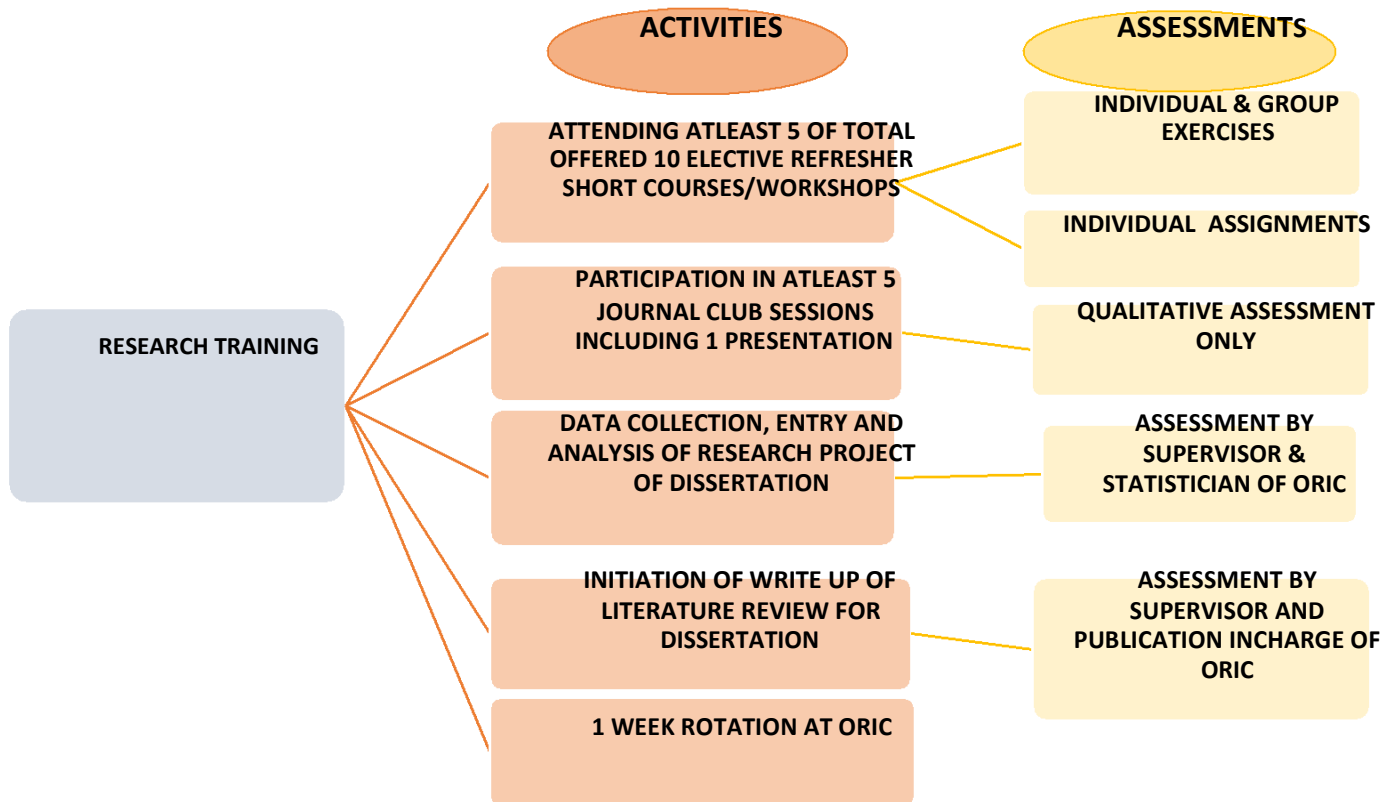
SECTION- 13

OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY ORIC (OFFICE OF RESEARCH INNOVATION AND COMMERCIALIZATION)

SECTION- 13

OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY DEPARTMENT OF MEDICAL EDUCATION (DME)

RESEARCH TRAINING



SECTION- 1**10 ELECTIVE RESEARCH WORKSHOPS TO BE OFFERED**

DATE & VENUE & DURATION OF WORKSHOP	TITLE OF ELECTIVE WORKSHOPS ATTENDED	NAMES AND SIGNATURES OF FACILITATORS OF EACH WORKSHOP	FACILITATOR'S FEEDBACK REGARDING COMPLETION AND PERFORMANCE OF RESIDENT IN ON SPOT INDIVIDUAL OR GROUP ASSIGNMENTS OF THE COURSE MODULE	SIGNATURE OF DIRECTOR OF ORIC (NAME/STAMP)
	End note referencing manager			
	Mendeley referencing manager			
	Effective write up of Literature review			
	Data entry in Statistical Package of Social Sciences			
	Graphical presentation of data in Microsoft Excel			

	Univariate, Bivariate and Multivariate analysis in Statistical Package of Social Sciences			
	Effectively writing up of a THESIS.			
	Research article write up			
	Critical appraisal of research			
	How to Present Research through power-point or posters			

SECTION- 2**INDIVIDUAL AND GROUP (HOME TASK) ASSIGNMENTS OF THE RESIDENTS
REGARDING ADVANCED RESEARCH METHODOLOGY WORKSHOP**

ASSIGNMENT'S NUMBER	TITLE OF WORKSHOP	DATE OF SUBMISSION:	ORIGINALITY SCORE OF ASSIGNMENT IN TURN-IT-IN PLAGIARISM DETECTION SOFTWARE	FACILITATOR'S REFLECTION ON CORRECTNESS, COMPLETION AND QUALITY OF INDIVIDUAL OR GROUP ASSIGNMENTS OF THE WORKSHOP	SIGNATURE OF FACILITATORS	SIGNATURE OF DIRECTOR OF ORIC (NAME/STAMP)

SECTION- 3

5 JOURNAL CLUB MEETINGS ATTENDED BY RESIDENT AS AN OBSERVER

JOURNAL CLUB MEETING #	DATE	TITLES OF THE ARTICLES PRESENTED IN THE JOURNAL CLUB MEETING	TITLE OF JOURNAL/ YEAR OF PUBLICATION	ANY QUESTION OR COMMENT MADE ON THE PRESENTATION BY THE OBSERVER	SUPERVISOR'S SIGNATURE	HEAD OF DEPARTMENT'S SIGNATURE (NAME/STAMP)
1.		A. B. C.	A. B. C.	A. B. C.		
2.		A. B. C.	A. B. C.	A. B. C.		
3.		A. B. C.	A. B. C.	A. B. C.		
4.		A. B. C.	A. B. C.	A. B. C.		
5.		A. B. C.	A. B. C.	A. B. C.		

SECTION- 5

CONFIRMATION OF COMPLETENESS OF DATA COLLECTION OF THE OF RESEARCH PROJECT FOR THESIS BY RESIDENT

TOPIC OF THE RESEARCH PROPOSAL/SYNOPSIS FOR THESIS:

CONFIRMATION OF COMPLETENESS OF DATA COLLECTION: _____

NAME OF THE PERSON CONFIRMING	DESIGNATION OF THE PERSON CONFIRMING	SIGNATURES	STAMP/DATE
	<i>SUPERVISOR</i>		
	<i>HEAD OF DEPARTMENT</i>		
	<i>STATISTICIAN AT ORIC</i>		
	<i>DIRECTOR ORIC</i>		

SECTION- 6**RECORD OF FORTNIGHTLY MEETINGS OF THE RESIDENT WITH THE SUPERVISOR**

SR #	DATE/VENUE /DURATION OF MEETING	AGENDA AND OUTLINE OF THE MEETING (IN TERMS OF CONTENT, DISCUSSION POINTS)	ACTION POINTS AND SUPERVISOR'S REFLECTIONS	SUPERVISOR'S SIGNATURE (NAME/STAMP)	HEAD OF DEPARTMENT'S SIGNATURE (NAME/STAMP)
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SECTION- 7**RECORD OF RESIDENT'S ONE WEEK'S ROTATION AT ORIC**

DAY #	DATE	ACTIVITY CARRIED OUT AT ORIC AND THE RESEARCH ASSOCIATE/ STATISTICIAN/DEPUTY DIRECTOR WHO SUPERVISED THE ACTIVITY	ORIC STAFF MEMBER'S REFLECTIONS ON THE PERFORMANCE OF THE ACTIVITY	THE RESEARCH ASSOCIATE/ DEPUTY DIRECTOR SIGNATURE (NAME/STAMP)	DIRECTOR ORIC'S SIGNATURE (NAME/STAMP)
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SECTION- 8**ANY RESEARCH COURSE COURSE/WORKSHOP ATTENDED (ON OWN) BY THE RESIDENT**

SL #	DATE/MONTH AND YEAR OF TRAINING COURSE/WORKSHOP	TITLE OF TRAINING COURSE/WORKSHOP	ORGANIZING INSTITUTION/COMPANY	DURATION OF COURSE IN DAYS/MODE OF COURSE (online or physically attended)	THE OBJECTIVES OR LEARNING OUTCOMES OF THE RESEARCH COURSE.
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SECTION- 9

RECORD OF LITERATURE REVIEW CONDUCTED BY THE RESIDENT

SR #	TITLE OF THE LITERATURE REVIEWED	DATE/MONTH AND YEAR OF PUBLICATION	TITLE OF THE JOURNAL/BOOK	WAS IT AN ORIGINAL ARTICLE/SHORT COMMUNICATION/CASE STUDY/SYSTEMATIC REVIEW/META ANALYSIS/EDITORIAL/ANY OTHER ACADEMIC (e.g. reports, books, conference papers, THESISs, Research and program reports- published/ unpublished)? PLEASE SPECIFY
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SECTION- 10**RECORD OF ANY MANUSCRIPT/RESEARCH PAPER FORMULATED BY THE RESIDENT**

SR #	TITLE OF THE MANUSCRIPT	IF SUBMITTED FOR PUBLICATION, DATE/MONTH AND YEAR OF PUBLICATION, IF PUBLISHED	TITLE OF THE JOURNAL	WAS IT REVIEWED, MODIFIED, ACCEPTED OR REJECTED. PLEASE SPECIFY	DIRECTOR ORIC'S SIGNATURE (NAME/STAMP)
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SECTION- 11

OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY SUPERVISOR

SECTION- 11

OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY *BASR*(BOARD OF ADVANCED STUDIES AND RESEARCH)

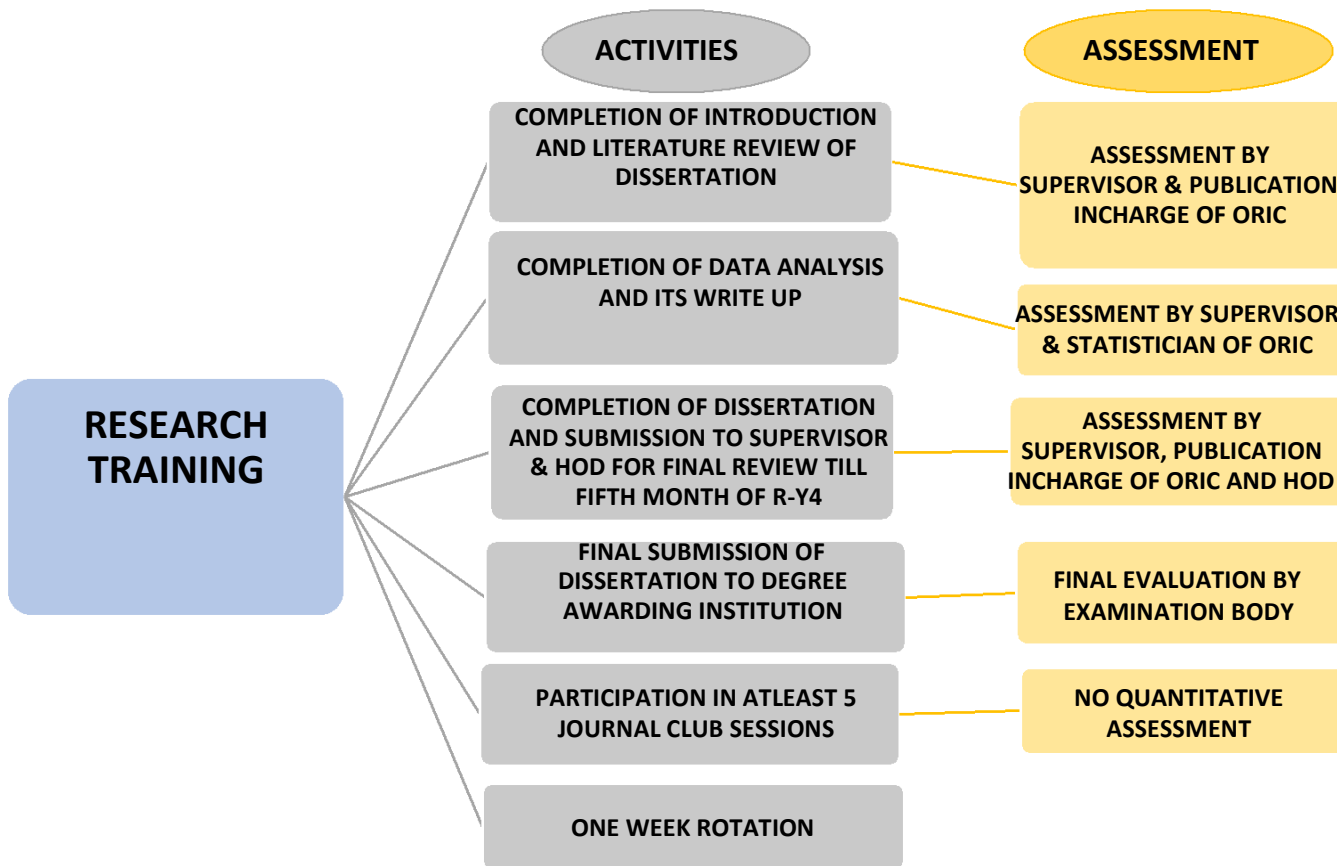
SECTION- 11

OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY ORIC (OFFICE OF RESEARCH INNOVATION AND COMMERCIALIZATION)

SECTION- 11

OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY DEPARTMENT OF MEDICAL EDUCATION (DME)

RESEARCH TRAINING



SECTION- 1

5 JOURNAL CLUB MEETINGS ATTENDED BY RESIDENT AS AN OBSERVER

JOURNAL CLUB MEETING #	DATE	TITLES OF THE ARTICLES PRESENTED IN THE JOURNAL CLUB MEETING	TITLE OF JOURNAL/ YEAR OF PUBLICATION	ANY QUESTION OR COMMENT MADE ON THE PRESENTATION BY THE OBSERVER	SUPERVISOR'S SIGNATURE	HEAD OF DEPARTMENT'S SIGNATURE (NAME/STAMP)
1.		A. B. C.	A. B. C.	A. B. C.		
2.		A. B. C.	A. B. C.	A. B. C.		
3.		A. B. C.	A. B. C.	A. B. C.		
4.		A. B. C.	A. B. C.	A. B. C.		
5.		A. B. C.	A. B. C.	A. B. C.		

SECTION- 2

CONFIRMATION OF COMPLETENESS OF WRITE UP OF INTRODUCTION OF RESEARCH PROJECT FOR THESIS BY RESIDENT

TOPIC OF THE RESEARCH PROPOSAL/SYNOPSIS FOR THESIS:

CONFIRMATION OF COMPLETENESS OF INTRODUCTION OF RESEARCH PROJECT FOR THESIS BY RESIDENT

NAME OF THE PERSON CONFIRMING	DESIGNATION OF THE PERSON CONFIRMING	SIGNATURES	STAMP/DATE
	<i>SUPERVISOR</i>		
	<i>HEAD OF DEPARTMENT</i>		
	<i>RESEARCH ASSOCIATE/DEPUTY DIRECTOR AT ORIC</i>		
	<i>DIRECTOR ORIC</i>		

SECTION- 3

CONFIRMATION OF COMPLETENESS OF DATA ANALYSIS & WRITE UP OF RESULTS OF RESEARCH PROJECT FOR THESIS BY RESIDENT

TOPIC OF THE RESEARCH PROPOSAL/SYNOPSIS FOR THESIS:

CONFIRMATION OF COMPLETENESS OF DATA ANALYSIS & WRITE UP OF RESULTS OF RESEARCH PROJECT FOR THESIS BY RESIDENT

NAME OF THE PERSON CONFIRMING	DESIGNATION OF THE PERSON CONFIRMING	SIGNATURES	STAMP/DATE
	<i>SUPERVISOR</i>		
	<i>HEAD OF DEPARTMENT</i>		
	<i>RESEARCH ASSOCIATE/DEPUTY DIRECTOR AT ORIC</i>		
	<i>STATISTICIAN AT ORIC</i>		
	<i>DIRECTOR ORIC</i>		

SECTION- 4

CONFIRMATIONS OF COMPLETENESS OF THESIS WRITE UP BY RESIDENT

TOPIC OF THE RESEARCH PROPOSAL/SYNOPSIS FOR THESIS:

NAME OF THE PERSON CONFIRMING	DESIGNATION OF THE PERSON CONFIRMING	SIGNATURES	STAMP/DATE
	<i>SUPERVISOR</i>		
	<i>HEAD OF DEPARTMENT</i>		
	<i>RESEARCH ASSOCIATE/DEPUTY DIRECTOR AT ORIC</i>		
	<i>STATISTICIAN AT ORIC</i>		
	<i>DIRECTOR ORIC</i>		

SECTION- 5

CONFIRMATION OF SUBMISSION OF COMPLETED THESIS BY RESIDENT

TOPIC OF THE RESEARCH PROPOSAL/SYNOPSIS FOR THESIS:

NAME OF THE PERSON CONFIRMING	DESIGNATION OF THE PERSON CONFIRMING	SIGNATURES	STAMP/DATE
	<i>SUPERVISOR</i>		
	<i>HEAD OF DEPARTMENT</i>		
	<i>RESEARCH ASSOCIATE/DEPUTY DIRECTOR AT ORIC</i>		
	<i>DIRECTOR ORIC</i>		
	<i>CHAIRPERSON OF BOARD OF ADVANCED STUDIES & RESEARCH (BASR) OF RMU</i>		

SECTION- 6**RECORD OF FORTNIGHTLY MEETINGS OF THE RESIDENT WITH THE SUPERVISOR**

SR #	DATE/VENUE /DURATION OF MEETING	AGENDA AND OUTLINE OF THE MEETING (IN TERMS OF CONTENT, DISCUSSION POINTS)	ACTION POINTS AND SUPERVISOR'S REFLECTIONS	SUPERVISOR'S SIGNATURE (NAME/STAMP)	HEAD OF DEPARTMENT'S SIGNATURE (NAME/STAMP)
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SECTION- 7**RECORD OF RESIDENT'S ONE WEEK'S ROTATION AT ORIC**

DAY #	DATE	ACTIVITY CARRIED OUT AT ORIC AND THE RESEARCH ASSOCIATE/ STATISTICIAN/DEPUTY DIRECTOR WHO SUPERVISED THE ACTIVITY	ORIC STAFF MEMBER'S REFLECTIONS ON THE PERFORMANCE OF THE ACTIVITY	THE RESEARCH ASSOCIATE/ DEPUTY DIRECTOR SIGNATURE (NAME/STAMP)	DIRECTOR ORIC'S SIGNATURE (NAME/STAMP)
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SECTION- 8

ANY RESEARCH COURSE COURSE/WORKSHOP ATTENDED BY THE RESIDENT

SL #	DATE/MONTH AND YEAR OF TRAINING COURSE/WORKSHOP	TITLE OF TRAINING COURSE/WORKSHOP	ORGANIZING INSTITUTION/COMPANY	DURATION OF COURSE IN DAYS/MODE OF COURSE (online or physically attended)	THE OBJECTIVES OR LEARNING OUTCOMES OF THE RESEARCH COURSE.
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SECTION- 11

OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY SUPERVISOR

SECTION- 11

OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY *BASR*(BOARD OF ADVANCED STUDIES AND RESEARCH)

SECTION- 11

OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY ORIC (OFFICE OF RESEARCH INNOVATION AND COMMERCIALIZATION)

SECTION- 11

OVERALL EVALUATION OF RESEARCH THESIS PROGRAM BY DEPARTMENT OF MEDICAL EDUCATION (DME)