

University of Toronto, Department of Medicine

Request for Permission to Conduct Research Involving Internal Medicine Residents as Participants

All requests for Internal Medicine residents to participate in research must be submitted for approval by a subcommittee of the Internal Medicine program. **We strongly recommend submitting applications well in advance of any research blocks, as final decisions may take several weeks.**

Please ensure all relevant information is provided (incomplete or modified forms will not be accepted). If applicants believe that additional information is required, it can be append to the form as a separate document.

Timing recommendations/approval will be based on timing of resident research blocks (if applicable), time constraints noted below (see section 3) and with consideration of the timing and nature of other study-participation requests.

CONTACT INFORMATION

Date Submitted (MMM DD, YYYY):

Name:

Email Address:

Project Title:

Anticipated Recruitment Date (MM, DD, YYYY):

Is this request related to a resident research project?: Yes No (if yes, complete *Scholarly Activity Details)

SUPERVISOR/FACULTY INITIATING REQUEST

Name (if different than above):

Job Description: Clinician-Teacher Clinician-Educator Clinician-Investigator Clinician-Scientist
 Clinician in Quality & Innovation Clinician Administrator Research Scientist

Division:

Hospital:

COLLABORATORS

Name	Affiliation (Div., Hosp., Dept)

*SCHOLARLY ACTIVITY DETAILS (Section applicable to Internal Medicine PGY1-4s)

Resident Name (if different than contact):

Scholarly Activity Proposal Status: Approved Submitted Not Yet Submitted

PGY (at time of research activities): PGY1 2 3 4

Confirmed Research Blocks: Block 1 2 3 4 5 6 7 8 9 10 11 12 13

RESEARCH PROJECT DETAILS

1. What is your specific research/scholarly question(s)?:

2. Request details:

a. Level of Resident Required for Study: PGY1 2 3 4 All

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Participants

- b. Number of Participants Required:
- c. How long is each resident's involvement?:
- d. Is there a longitudinal component (will residents need to participate more than once): Yes No
If so, please explain:

3. When do you plan to begin and complete recruitment?

- a. Anticipated Recruitment Start Date (*MM, DD, YYYY*):
- b. Anticipated Recruitment End Date (*MM, DD, YYYY*):
- c. Time Constraints (i.e. particular rotation/time of year, etc.): Yes No
- d. If so, please explain:

4. What will resident participants be expected to do? Please be as concise and detailed as possible regarding the nature of their participation (i.e. survey(s), focus group/interview, simulation exercise, observation, etc.)

5. Will any personal data be collected or recorded? If so, please state and provide justification below:

6. What is the data being used for? (select all that apply)

- Investigator driven research project
- Course requirement (i.e. Master's project/thesis, Master Teacher Program)
- Scholarly activity requirement
- Resident research not part of scholarly activity requirement
- Internal use/quality assurance
- Other (specify):

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7. Provide details on how the data collected will be used (i.e. presentation, publication, etc.):

8. Have you sought approval from the Office of Research Ethics at the University of Toronto or from a relevant TAHSN Hospital Ethics Committee?:

- Yes – Approval Granted (if so, please provide a copy of the certificate of approval)
- Yes – Application Under Review (if so, please provide a copy of submission)
- No – Please justify why ethics approval is not being sought

(Most research involving residents must have approval from an appropriate ethics committee. Guidelines can be found on the Centre for Faculty Development website at <https://cfid.utoronto.ca/research/ethics>). Other useful resources include:

*<http://www.research.utoronto.ca/faculty-and-staff/research-ethics-and-protections/humans-in-research/>
<http://www.research.utoronto.ca/policies-and-procedures/#guidelines>*

9. Please attach the following to this application:

- a. Full research proposal and protocol
- b. All materials to be used for recruitment (emails, posters, etc.)
- c. Consent forms
- d. Ethics approval certificate (if applicable)

IMPORTANT: If you have submitted this proposal concurrent with a request for ethics approval, final approval by the Internal Medicine program will be delayed until the certificate is provided

SIGNATURES

My signature confirms that I am aware of, understand, and will comply with the guidelines set out by the Internal Medicine program for the proposed research activities involving resident participation. If any changes are made to the proposed research activities, including the materials used for recruitment, I will submit revised documentation for review by the Internal Medicine Program before proceeding with recruitment activities.

Signature of Supervisor/Faculty Initiating Request	Date
Signature of Resident (If Applicable to Scholarly Activity)	Date

PLEASE SUBMIT VIA EMAIL TO: core.medicine@utoronto.ca

c/o Dr. Rodrigo Cavalcanti – Program Director, Internal Medicine
Department of Medicine, University of Toronto