

MEDICAL DISSERTATION QUESTIONNAIRE EXAMPLE

We are eager to support projects that will help our patients, support family medicine academically, and move the scientific base of primary care forward.

We ask that you complete a brief questionnaire about your proposed project. We're looking

forward to receiving your information.

Our turn around to you is usually less than one month.

PI Name:

Department/Office:

Contact #:

E-mail address:

Study name:

Funding organization/sponsor:

Please attach or describe:

1. Abstract/brief concept paper (1-2 paragraphs)

2. Copy of RFA/PA or include link to the official announcement:

Please answer:

1. What is your research plan? Include any posters, surveys or handouts, (Examples: review medical records by practice staff, need a place for research staff to sit, review medical record by site staff, put up a poster, interview nurses or clinicians or patients, etc.)

2. How does the study benefit FCM's patients? (Examples: easier access to superior care, less cost for patients, services would not otherwise be available - be specific regarding the benefits)

3. Has the study received IRB approval?

4. What are the logistics with regard to informed consent and is there any research training required of our staff?

5. Are there any "costs" for our department or clinics from a financial or logistical perspective?
(Examples: disruption of patient flow, duplication costs, nurse or staff time, loss of income by referring these patients rather than treating them ourselves, use of clinic staff, or any other expense)

6. Address any concerns our clinicians might have about their own participation or participation of their patients.

7. Is there a way the clinicians can opt out for their patients or can opt out themselves?

8. Does the study provide any benefit for scholarly enhancement of family physician faculty or clinicians? (Example: Is a faculty member an investigator?)

9. After the end of study, is there any future benefit to the clinic or family physicians? (Examples: PI offers to put funding in future grants for the clinic or faculty member. PI offers to provide feedback that might help patient care or improve clinic management)

Please email this questionnaire to: mgraybill2@hmc.psu.edu

Submit by Email