# Project Overview



**Project Title:**

**Project Start Date:** 2018-09-01

**Project End Date:** 2018-12-31

**Keywords:**

## Research Team

### Principal Investigator

**Name:** Dr. Charles Xavier

**Affiliation:** Medical Sciences, Xavier’s School for Gifted Medics

**Rank:** Research Staff

**Email:**

**Phone:**

**Country:** Canada

### Others

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Rank** | **Last Name** | **First Name** | **Email** | **Institution** | **Affiliation** | **Role** |
| MD Student | Howlett | Logan |  | Xavier's School | Undergraduate Medicine | Co-Investigator |
| MD Student | Grey | Jean |  | Xavier's School | Undergraduate Medicine | Co-Investigator |
| Research Staff | McCoy | Hank |  | Xavier's School | Sciences/Microbiology | Research Support Staff |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

## General Questions

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Prompt** | **Response** | | | |
| 1.1 | Does the proposed research include a medical student on the research team?  **Additional Information:**  The CFMS endeavours to support research that involves medical students as investigators. If there are no medical students on the research team, please provide justification for the affiliation of this research with the CFMS. | Yes – Please ensure that the medical student(s) are included in the research team table of this document.  No – Please provide justification as requested in Prompt 1.1: | | | |
| 1.2 | Please confirm that your proposed research will be conducted in adherence with the Tri-Council Policy Statement (TCPS2) Ethical Conduct in Research Involving Humans, and any other relevant regulations and guidelines.  **Additional Information:**  All research involving human participants in Canada must adhere to the TCPS2. The TCPS2 contains both mandatory provisions to which all researchers, research ethics board (REB) members, and institutions must adhere, alongside guidelines for the interpretation of its core principles. Thus, ethics review processes slightly vary from institution to institution. Most universities have designated REBs for different types of research (often medical and non-medical research).  You must consult with the institutions involved in your proposed research to determine the necessary ethics review processes. Even if another member of your research team completes the ethics approval processes for your investigation, you are responsible for confirming with the CFMS that these approvals have been obtained and that your proposed research adheres to the TCPS2. You are welcome to contact the National Officers of Research at the CFMS for additional support ([nor@cfms.org](mailto:nor@cfms.org)). | I agree to conduct the proposed research in compliance with the Tri-Council Policy Statement (TCPS2) Ethical Conduct in Research Involving Humans, and any other relevant regulations and guidelines. | | | |
| 1.3 | Is the proposed research a multi-centred investigation? Additional information concerning multi-centred investigations in provided in Prompt 1.4. | Yes – Please list all participating institutions:  No, my proposed research is not a multi-centred investigation. | | | |
| 1.4 | If this is a multi-centred investigation, please confirm that you will obtain approval from all relevant ethics boards at each participating institution.  **Additional information:**  The ethics review process for research involving multiple institutions or multiple REBs is somewhat complex. At the time of writing, the official statement and definition of multi-centred investigations can be found in the eighth chapter of the TCPS2: <http://www.pre.ethics.gc.ca/eng/policy-politique/initiatives/tcps2-eptc2/chapter8-chapitre8/>  Research that involves student participants from multiple medical schools may require approval from all relevant REBs at each institution. However, the TCPS2 framework allows for cross-institutional agreements to be made to avoid duplicate review processes. To determine the ethics review process for your proposed investigation, contact the research ethics offices at each participating institution. You are welcome to contact the National Officers of Research at the CFMS for additional support ([nor@cfms.org](mailto:nor@cfms.org)). | I assume full responsibility to the CFMS for ensuring that approval is obtained from all REBs pertaining to my proposed multi-centred investigation, as outlined in Prompt 1.4 and in compliance with the TCPS2.  My proposed research is not a multi-centred investigation. | | | |
| 1.5 | For each REB approval that you have or will obtain for the proposed research, please list a contact person, affiliation (*e.g.*, non-medical REB) and method of communication for each board at each institution. | **Contact** | **Institution** | **Affiliation** | **Email or phone** | |
|  |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |
| 1.6 | Does the proposed research include any of the following (see list in Response 1.6)? | Select all that apply:  Biological specimen collection  Biological specimen analysis (current study or future use)  Drug use  Natural product use  Clinical trial  Non-human animals  Minors  Persons unable to provide consent for themselves  Deception | | | |
| 1.7 | If you selected any item in Response 1.6, please provide justification for why this project should be affiliated with the CFMS.  **Additional Information:**  Studies that involve any of the conditions listed in Response 1.6 are beyond the scope of CFMS-affiliated research. Exceptions will rarely be granted by the CFMS Board. |  | | | |
| 1.8 | How will you ensure that the CFMS retains access to the data obtained from the proposed research? We recommend authorising the current CFMS President or another CFMS Board member to access study data in all ethics review processes. |  | | | |
| 1.9 | Please confirm that you have read, understood, and will adhere to the CFMS Data Access Policy. | I confirm that I have read, understood, and will adhere to the CFMS Data Access Policy. | | | |

# Study Background and Design

|  |  |  |
| --- | --- | --- |
| **#** | **Prompt** | **Response** |
| 2.1 | Briefly describe why this project should be affiliated with the CFMS. A response of no more than 150 words should be sufficient. |  |
| 2.2 | Briefly describe the study design and methodology (e.g. Randomized control trial, cohort, double blind, survey). | This is a cross-sectional study using an online survey of medical students at recognised Mutant Medical Schools. |
| 2.3 | State the inclusion criteria. | Aged 18 or older with normal or corrected-to-normal visual acuity |
| 2.4 | State the exclusion criteria. | Any student involved in the study design or research team |
| 2.5 | What is the target sample size? |  |
| 2.6 | How will data be collected for the proposed research? If this project involves an online survey, please specify the survey platform to be used.  **Additional Information:**  When selecting an online survey platform, it is worth investigating data ownership and intellectual property policies for the platform and nation to which the platform is affiliated. An example of an online survey platform based in Canada is Simple Survey. | Data will be collected through an online survey hosted by SimpleSurvey. |
| 2.7 | How will the results of this study be made public?  **Additional Information:**  The CFMS has recently implemented a Research Highlights program to showcase research by Canadian medical students. Consider submitting your completed research to this program to advertise your work. | Select all that apply:  Peer reviewed journal article  Thesis  Conference presentation  Social media  CFMS research webpage  Other | Specify: |
| 2.8 | Please outline the estimated timeline of the proposed research. | Participant recruitment and data collection:  Data analysis:  Estimated date when results will be available:  Other: |
| 2.9 | Please list five references that informed your research project design and other methodology. You may list these references in any citation style, but please ensure you include enough information to allow us to easily locate each reference (*i.e.,* article title, author list [an abbreviated list is acceptable], journal title, volume, pagination, DOI if available, *etc.*). |  |

# Recruitment and Informed Consent

|  |  |  |
| --- | --- | --- |
| **#** | **Prompt** | **Response** |
| 3.1 | How will potential participants be contacted and/or recruited? | Mutant medical students at recognised mutant medical schools will be contacted via email and invited to participate in study. The email will include a brief description of the research protocol and a link to an online survey. Advertisement will be shared on the Mutant Medical Student Society website and its social media platforms on Facebook and Twitter. |
| 3.2 | Briefly describe how often and via which media participants will be contacted to participate in this study. | Two weeks prior to data collection, participants will be contacted by email to promote the survey. Additional advertisements will be made on the Mutant Medical Student Society website, Facebook page, and Twitter account at a limit of one post/week/platform. Advertisements will also be shared or duplicated by one designated representative for each targeted school's Facebook page and Twitter account at a limit of one post/week/platform.  For the subsequent four weeks of data collection, a reminder email will be sent out every two weeks. There will also be a limit of one post/week/platform as in the pre-study period.  In the final two weeks of the study, researchers will identify schools with below average response rates. A final reminder email will be sent during this two-week period to schools with low response rates to attempt to gain equal representation of all targeted schools. |
| 3.3 | Describe the process for obtaining informed consent. | Participants will provide explicit consent to participate in the proposed research through a consent form at the beginning of the online survey. |
| 3.4 | Indicate what compensation, if any, will be provided to participants, and include a justification for this compensation. | Participants will not be compensated for their participation in this study. |

# Confidentiality Considerations

|  |  |  |
| --- | --- | --- |
| **#** | **Prompt** | **Response** |
| 4.1 | Are you collecting personal identifiers for this study? | Yes  No |
| 4.2 | Select any personal identifiers collected for this study. | Mark all that apply:  Full name  Initials  Health card number  Mailing address  Full postal code  Partial postal code  Telephone number  Email address  Date of birth  Partial date of birth |
| 4.3 | Explain and justify the use of all identifiers selected in Response 4.2. | **Partial date of birth:** We are collecting the age of participants to examine how age may be related to our primary outcome measures of quality of life and future decision-making. |

# Conflict of Interest

|  |  |  |
| --- | --- | --- |
| **#** | **Prompt** | **Response** |
| 5.1 | Will any investigators, members of the research team, and/or their partners or immediate family members function as advisors, employees, officers, directors or consultants for a study-related sponsor or funding source? | Yes  No |
| 5.2 | Will any investigators, members of the research team, and/or their partners or immediate family members receive any personal benefit (apart from fees for service) as a result of, or in connection with, this study? | Yes  No |
| 5.3 | If YES is selected in response 5.1 or 5.2, please describe the nature of the conflict(s) of interest and how all conflict(s) of interest will be managed. |  |

Bottom of Form