**APPENDIX 2**

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|  |  | **Kingdom of Saudi Arabia**  **King Saud bin Abdulaziz University for Health Sciences**  **College of Medicine** |

MEDICAL RESEARCH LEARNING CONTRACT

**(To be completed by the Student and signed by the Supervisors)**

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| **Date:** |  | | | **Group No.:** | | |  |
| **Research Idea:** |  | | Faculty Initiated |  | Student Initiated | | |
| **STUDENT’S DETAILS:** | | | | | | | |
| Name of Student: | |  | | | | | |
| Student ID Number: | |  | | Badge No.: | |  | |
| Saudi ID Number: | |  | | Email: | | *@ksau-hs.edu.sa* | |
| Mobile Number: | |  | | Other Email: | |  | |
| **STUDENT’S DETAILS:** | | | | | | | |
| Name of Student: | |  | | | | | |
| Student ID Number: | |  | | Badge No.: | |  | |
| Saudi ID Number: | |  | | Email: | | *@ksau-hs.edu.sa* | |
| Mobile Number: | |  | | Other Email: | |  | |
| **STUDENT’S DETAILS:** | | | | | | | |
| Name of Student: | |  | | | | | |
| Student ID Number: | |  | | Badge No.: | |  | |
| Saudi ID Number: | |  | | Email: | | *@ksau-hs.edu.sa* | |
| Mobile Number: | |  | | Other Email: | |  | |
| Mobile Number: | |  | | Other Email: | |  | |

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| --- | --- | --- | --- |
| **STUDENT’S DETAILS:** | | | |
| Name of Student: |  | | |
| Student ID Number: |  | Badge No.: |  |
| Saudi ID Number: |  | Email: | *@ksau-hs.edu.sa* |
| Mobile Number: |  | Other Email: |  |
| Mobile Number: |  | Other Email: |  |
| **STUDENT’S DETAILS:** | | | |
| Name of Student: |  | | |
| Student ID Number: |  | Badge No.: |  |
| Saudi ID Number: |  | Email: | *@ksau-hs.edu.sa* |
| Mobile Number: |  | Other Email: |  |
| Mobile Number: |  | Other Email: |  |

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| **SUPERVISORS DETAILS (Must be KSAU-HS, NGHA and KAIMRC Affiliated):** | | | |
| Name of Supervisor: |  | | |
| Title: |  | Specialty: |  |
| Phone: |  | Email: |  |
| Institution: |  | | |
| Department: |  | City: |  |
| **CO-SUPERVISORS DETAILS\* ( Research Unit, COM):** | | | |
| Name of Co-Supervisor: |  | | |
| Title: |  | Specialty: |  |
| Phone: |  | Email: |  |
| Institution: |  | | |
| Department: |  | City: |  |

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| **CO-SUPERVISORS DETAILS\* (Other Health Sciences Colleges at KSAU-HS or NGHA):** | | | |
| Name of Co-Supervisor: |  | | |
| Title: |  | Specialty: |  |
| Phone: |  | Email: |  |
| Institution: |  | | |
| Department: |  | City: |  |

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| **RESEARCH DETAILS** |
| **AREA OF INTEREST:** |
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| **RESEARCH QUESTION:** |
|  |
| **PROPOSED TITLE:** |
|  |
| **RESEARCH SIGNIFICANCE:** (How will the proposed research contribute to science?) |
|  |
| **LEARNING CONTRACT: terms and conditions:**   * **Research Topic:** * Students must choose a research topic that can be accomplished in two years (4-semesters). * The research topic will be checked for duplication upon the submission of the learning contract. New topics are recommended. * The research topic must utilize the currently available data collection methods (Database records, BestCare, questionnaires/surveys and KAIMRC lab-based research). Until COVID-19 issues are resolved, projects including direct contact with patients should be avoided. However, in the normal situation, any type of research that could be completed within the pre-clinical years (except Clinical Trial) is allowed to be conducted. * All research topics will be reviewed by the College of Medicine (COM) Research Unit for final approval. * If the chosen project is not feasible or not doable for any reason, the Research Unit has the right to provide the students with another Research project and shift the original project to be an extra project at any time during the research block to ensure students meet the requirements of the research block. * This learning contract does not stop students to be involved in any extra projects as long as it does not affect the progression of the Research block project. * **Research Supervisors:** * Student must choose a main supervisor “principal investigator” (PI). Requirements for the PI are provided in the lecture session. * If a co-supervisor is to be added in the research project, he/she must be a Research Unit member (Recommended), - faculty in KSAU-HS, NGHA or KAIMRC. * **Course Support:** * For violation of any of the conditions, the Research Unit have the right to take an action. * The Research Unit has the right to reject/suggest changes in the research topic if it is necessary. * Any modifications in the research project (e.g. adding new investigator and study title adjustments), should be communicated to the Medical Research Block Coordinators or their designated admin assistants. * **Group Project:** * Regular communication and meetings, in which group members share their ideas and accomplishments is a must for successful group work. * Group members must contribute equally for the day to day running of the project as they will be held responsible for their tasks. * **Publication and Authorship Guidelines:** * It is agreed by all concerned parts that whoever initiated the project (for example supervisors or students) will have the first opportunity to submit the research paper for publication. However, if the submission is from the students, they must get the approval of the supervisor, co-supervisor or the Research Unit. * If the students do not submit the paper to a journal in six months after the final oral presentation, the supervisor will have the responsibility of submitting the research paper to a journal.   **To be continued** |

* If the supervisor/students do not submit the research paper to any journal within 12 months of the oral presentation, then the responsibility for submitting the research paper will be shifted to a nominee from the COM Research Unit. In this case, the original names of the supervisors and students will be retained but the COM Research Unit member may be the first or second author as required based on the level of contribution.
* The Principle Investigator (PI) or supervisor has the right to choose the first author after two years of the research work. However, the order of authors can be changed throughout the research project based on the level of contribution of each member.

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| **SIGNATURES:** |  |
| **Students** | 1. |
| 2. |
| 3. |
| 4. |
| 5. |
| **Date** |  |
| **Supervisor** |  |
| **Date** |  |
| **1st Co-supervisor** |  |
| **Date** |  |
| **2nd Co-supervisor** |  |
| **Date** |  |
| **CONFLICT OF INTERESTS:**  We declare that there is no relationship between the supervisor and any of the students. |  |
| **Block Coordinator's Approval** |  |
| **Date** |  |
| **COMMENTS (if any):** |  |