

University of Pittsburgh
Institute for Clinical Research Education (ICRE)
Master of Science in Clinical Research
Final Project – Prospectus and Review Committee Form
STANDARD THESIS OPTION

Student Name _____

The ICRE Standard Thesis will be composed of the following sections (below) with content determined by primary and secondary research questions. Data must be human. A thesis produced under this option must conform to all applicable University policies regarding theses (visit: <http://www.pitt.edu/~graduate/etd> for details).

The final project must meet the NIH definition of clinical research or translational research: , “

1. Clinical Research: "1) Patient-oriented research. Research conducted with human subjects (or on material of human origin such as tissues, specimens and cognitive phenomena) for which an investigator (or colleague) directly interacts with human subjects. Excluded from this definition are in vitro studies that utilize human tissues that cannot be linked to a living individual. Patient-oriented research includes: 2) Epidemiologic and behavioral studies 3) Outcomes research and health services research"
<http://grants.nih.gov/grants/policy/hs/glossary.htm> (accessed on 10.27.2016)
2. Translational Research: “Translational Research includes two areas of translation. One is the process of applying discoveries generated during research in the laboratory, and in preclinical studies, to the development of trials and studies in humans. The second area of translation concerns research aimed at enhancing the adoption of best practices in the community. Cost-effectiveness of prevention and treatment strategies is also an important part of translational science (Rubio D, Schoenbaum E, Lee L, Schteingart D, Marantz P, Anderson K, Platt L, Baez A, Esposito K. Defining Translational Research: Implications for Training. Acad Med. 2010 March; 85(3): 470-475).”

1. **Introduction:** Introduces the problem, research questions, previous research on the problem, and the conceptual approach used in this study.
2. **Literature Review**
3. **Methods:** Describes in detail the research methods used in the study.
4. **Results:** Provides a clear, systematic presentation of results, linked back to the research questions and conceptual model. It does not include interpretation or discussion of results.
5. **Discussion:** Provides the opportunity to discuss the findings, compare them with previous research, and consider the implications of the findings.
6. **References**

Return this completed form to: ICRE Administrative Office, 200 Meyran Avenue, Suite 300.

For Office Use Only

Approved: _____

Not Approved: _____

Date: _____

Guidelines:

1. This form must be submitted the by last day of the term **PRIOR** to the term you wish to register for CLRES 2080: Masters Thesis Research credits. The form must have all committee members' signatures in order to be reviewed.
2. The Director of Academic Programs must approve your Project Prospectus before you can register for thesis credit.
3. You must defend your project to the committee designated on this form. Both your defense committee and the ICRE Degree Program Coordinator must receive a copy of your final project **at least 2 weeks** prior to your defense date.
4. You must schedule your defense **at least 8 weeks** prior to the last day of the term you intend to graduate.

PART 1. Title of Final Project

Option selected: Standard Thesis

Project title:

PART 2. List of Review Committee Members (with signatures)

The ICRE Review Committee is chaired by your ICRE academic advisor (or another ICRE faculty member named by the advisor). The Committee also must include your mentor, another ICRE faculty member, and at least one ad hoc member familiar with your project. (If your mentor is not in your primary department, the ad hoc member should be someone from your department.) The ICRE faculty member and ICRE Leadership Committee may indicate that additional reviewers (e.g., independent reviewers, statisticians) are needed.

ICRE Advisor (print): _____
Title: _____
Signature: _____
Email Address: _____

ICRE Faculty Member (print): _____
Title: _____
Signature: _____
Email Address/Phone Number: _____

Project Mentor (print): _____
Title: _____
Signature: _____
Email Address/Phone Number: _____

Faculty Member #1 (print): _____
Title: _____
Signature: _____
Email Address/Phone Number: _____

Faculty Member #2 (print): _____
Title: _____
Signature: _____
Email Address/Phone Number: _____

PART 3. Description of Final Project

Attach a description of your Final Project before submitting this form to your ICRE advisor. Your description should be 1-2 pages in length and include the following information:

- Introduction/Background;
- Aims;
- Research Questions/ Brief Methods

PART 4. Approval of the ICRE Advisor

Advisor Comments:

Signature of ICRE Academic Advisor

Date