



**THE 25th ANNUAL NATIONAL
PEDIATRIC RESIDENT AND FELLOW
RESEARCH COMPETITION**

**Winnipeg, Manitoba
May 9, 2013**

**INFORMATION, GUIDELINES AND
APPLICATION
for
2013**

The 25th Annual National Pediatric Resident and Fellow Research Competition

PREAMBLE

The Manitoba Institute of Child Health (The Research Division of the Children's Hospital Foundation of Manitoba, Inc.), along with the Department of Pediatrics and Child Health, University of Manitoba, hosts an annual Pediatric Resident and Fellow Research Competition which is open to all pediatric departments across Canada. Below are the guidelines for entry into the competition. It is hoped that this competition will stimulate academic endeavors by both pediatric core and subspecialty trainees, and allow interaction between pediatric departments across Canada.

GUIDELINES

1. Each Department of Pediatrics in Canada may select two candidates (1 resident and 1 fellow, or 2 residents or 2 fellows).
2. **RESIDENT (Category 1):** The trainee must currently be in a four year core pediatric training program accredited by the Royal College of Physicians and Surgeons of Canada.

FELLOW (Category 2): The candidate must be in a pediatric subspecialty training program. Those candidates that have previously obtained a PhD will also be considered in this category.
3. The research project must be conducted during the years of residency or subspecialty training. Research completed prior to a pediatric residency program will not be eligible.
4. The competition will consist of:
 - a) A written manuscript consisting of a title, abstract, introduction, methods, results, discussion, references and figures/tables. The manuscript can be up to 15 pages in length (double spaced) excluding references, figures and tables. **It must be written in English.**
 - b) A ten-minute oral presentation in **English**. Unfortunately, we cannot afford to have simultaneous translation during these presentations.
 - c) A ten-minute question period from judges and audience.
5. A panel of three judges for each category will include two local faculty members and one external member chosen from other Canadian Departments of Pediatrics or related research clinical departments.

6. **COSTS:**

- There is a registration fee of \$300 per candidate, to be paid by cheque or credit card, by their own University Department.
- The cost of travel is the responsibility of the candidate's sponsoring University Department.
- The Manitoba Institute of Child Health will arrange and pay for each candidate's accommodations while in Winnipeg, at the Fort Garry Hotel, Spa and Conference Centre. En route to and from Winnipeg, ground transportation to the departure airport and meal costs will be reimbursed to candidates, after the conference, provided all receipts are submitted by June 10, 2013. The meal per diem rates are: \$10 for breakfast, \$15 for lunch and \$25 for dinner. No alcohol charges will be reimbursed.

7. The **DEADLINE** for entrance into the competition is **Friday, April 19, 2013 at 4:00 pm (CST)**.

8. **APPLICATIONS** consist of the following:

- the trainee's information page
- an electronic copy of the manuscript as described above with the name of the candidate on the cover page
- the supervisor's evaluation form, signed by the supervisor and emailed or faxed
- \$300 registration fee made payable to the Manitoba Institute of Child Health. The credit card authorization form follows on page 8 of this application.
- Please direct all inquiries via email to ResearchCompetition@mich.ca
- Please send your completed application to:
National Resident and Fellow Research Competition
c/o Debbie Korpesho
Manitoba Institute of Child Health
513 – 715 McDermot Ave
Winnipeg, MB R3E 3P4
Ph: 204-789-3447, Fax: 204-789-3915
Email: ResearchCompetition@mich.ca

Incomplete applications will not be considered.

9. **AWARDS**

In each category, the winner will receive The Children's Hospital Foundation of Manitoba, Inc. award of \$1,000. In the event of a tie, the award will be divided equally.

10. The Competition will be held in Winnipeg, MB on **Thursday, May 9, 2013**. Awards will be presented at a banquet that evening being held at the Fort Garry Hotel, Spa and Conference Centre.

**2013 ANNUAL NATIONAL RESIDENT & FELLOW
RESEARCH COMPETITION**

TRAINEE'S INFORMATION PAGE

NAME		PHONE	
CATEGORY		E-MAIL	
INSTITUTION			
ADDRESS			

2013 ANNUAL NATIONAL RESIDENT & FELLOW RESEARCH COMPETITION

SUPERVISOR'S EVALUATION OF TRAINEE'S PERFORMANCE

Name of Trainee: _____

Name of Supervisor: _____

Address of Supervisor: _____

Supervisor e-mail _____

Title of Project: _____

Date of Project: _____

Please score on a scale of 0 – 10 (10 = outstanding)

<p><u>Project:</u></p> <ol style="list-style-type: none">1. Literature Search<ol style="list-style-type: none">a. Information resources usedb. Data base search strategyc. Bibliography2. Critical Appraisal3. Problem Formulation4. Methods5. Execution (including: enthusiasm, initiative, independence, industry, open-mindedness, persistence in face of difficulty, ability to work with others, advice sought appropriately, response to criticism, oral communication skills, laboratory/technical skills.	
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Please score on a scale of 0 – 10 (10 = outstanding)

<p><u>Written Report</u></p> <ol style="list-style-type: none">1. Language<ol style="list-style-type: none">a) clarityb) conciseness2. Description3. Discussion4. Conclusions5. Graphs, tables	
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<p><u>Additional Comments:</u></p>

Overall performance of project: (please circle)

Excellent

Satisfactory

Unsatisfactory

Overall evaluation of written report: (please circle)

Excellent

Satisfactory

Unsatisfactory

This is to attest that I have read this evaluation:

Trainee's Signature

Supervisor's Signature

Date: _____

Date: _____

2013 ANNUAL NATIONAL RESIDENT AND FELLOW RESEARCH COMPETITION

SUPERVISOR'S REPORT

Trainee's Activity in Research Project:



Credit Card Authorization Form

*** If this form is being hand written and faxed in,
please print clearly and send to 204-789-3915. ***

Name of Cardholder _____

Type of card (check one) MasterCard _____ Visa _____ Amex _____

Card Number _____

Expiry Date _____

Amount _____

I hereby authorize the Manitoba Institute of Child Health to debit my card as shown above:

Signature _____

Date _____