

## 2017/2018 Summer Studentship Project Application Form

Send to: Research Office, University of Otago Christchurch, PO Box 4345, Christchurch, by 5pm on 3 July 2017

Supervisor Information <b>(First named supervisor will be the contact):</b>		
First <b>Supervisor's</b> Name and Title: Prof Tim Wilkinson		
Department - UOC &/or CDHB (if applicable): UOC		
First Supervisors Phone: 027 201 3131	First Supervisors Email: tim.wilkinson@otago.ac.nz	
First Supervisors Fax:		
First Supervisors Mailing Address: Education unit, UOC		
Co-Supervisors Name and Title(s):		
Research Category (Choose one category only – <b>to be used for judging the students' presentations</b> ):		
Clinical	Laboratory	Community <input checked="" type="checkbox"/>
Project Title (20 words MAXIMUM):		
The reasons for the ebb and flow of career intentions through medical school and pre-vocational training		

### Introduction:

The Medical Schools Outcomes database is a national collaboration that collects career intentions of medical student at entry to medical school, at exit and again in the post graduate years. The project now has data up to PGY3. We know that career intentions change over these periods but we are less clear what influences them. The data are available but require analysis and interpretation

### Aim:

To explore NZ medical student and early postgraduate doctor career intentions by stage of training and by location of training

### Possible impact (in lay terms):

Understanding factors behind medical career intentions is the first step before influencing such factors. The result may inform the nature of medical school experience, selection process and/or early postgraduate experiences. There are implications for workforce planning

### Method:

Use existing data already collected from Otago and Auckland medial students and explore associations with career intentions and/or changes in career intentions

Student Prerequisites (eg. Medical Student) if applicable:

## Administration Details

1. Is ethical approval required? Yes

If Yes: please circle or tick one of the following:

a) Approved (attach a copy of the letter of approval from the ethics committee or application #) 07/155

2. Are you able to provide the funding for this project (ie. \$5,000 for the student, incidental expenses should be met from departmental or research funds) Yes

If Yes: Please provide name of the funder \_Otago Medical School via Bruce Smith\_\_\_\_\_

If No: Please provide ideas of possible funding sources, including past funding agents and topics often associated with this research area, for the Research Office to contact.

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If Yes: You will be sent a request for more information.

3. Medical Records or Decision Support accessed No

4. Health Connect South or other DHB records No

5. Signatures:

- I have read the 2017/2018 Summer Studentship programme handbook.
- I am prepared to supervise the project and will be available to the student during the studentship (including Christmas/New Year break if the student is working during this time).
- I agree to assume responsibility for the submission **of the student's reports to the Research Office** by the due date 29 January 2018.
- I agree that the project lay report may be available to local media for publicity purposes.

Signature of Project Supervisor(s):

Date: 24/7/17

- I understand that I am responsible for hosting the Summer Student chosen for this project and will meet any costs incurred. I agree that incidental expenses will be met from departmental or research funds.

Signature of Head of Department:  
(Print Name)

Date:

Signature of Clinical Director: (if applicable)  
(Print Name)

Date: