

Research: Advanced Education Programs

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OADR
Office of Assistant
Dean of Research



Outline

- I. Research Courses: Advanced Education Programs
- II. List of Research Coordinators and Mentors by Program
- III. Student Research Project Development
- IV. Approval of Thesis Evaluation Committee & Research Project
- V. Research Proposal Evaluation Form
- VI. Research Evaluation Form

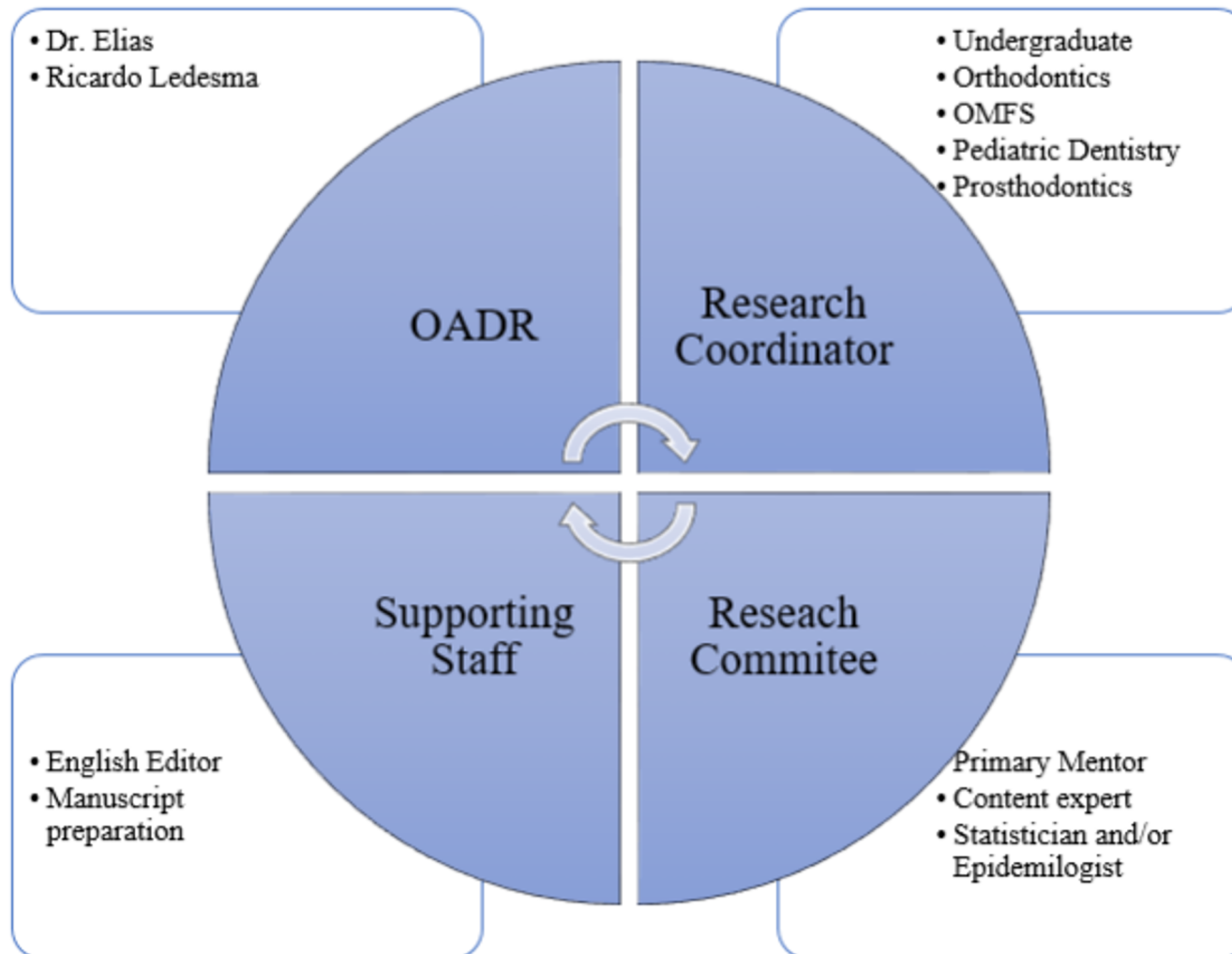
I. Research Courses: Advanced Education Programs

Codification	Title	Course Coordinator	Offered
PDOC 9006	Research Methods and Applied Statistics for Dental Residents	<ul style="list-style-type: none"> Dr. Rivas Tumanyan 	<ul style="list-style-type: none"> First Year - First and Second trimester
PDOC 9101	Introduction to Research Planning : SLR	<ul style="list-style-type: none"> Dr. López-Del Valle Dr. Elías-Boneta Dr. Tumanyan-Rivas Prof. Pedro Del Valle 	<ul style="list-style-type: none"> First Year - Third Trimester
PDOC 9102	Research Planning and Statistical Design I (MSD Track)	<ul style="list-style-type: none"> Dr. Elías-Boneta Dr. López-Del Valle Dr. Tumanyan-Rivas Dr. Oelisoa Andriankaja 	<ul style="list-style-type: none"> Second Year - First Semester
PDOC 9103	Research Project and Statistical Design II (Certificate Track)	<ul style="list-style-type: none"> Dr. López-Del Valle 	<ul style="list-style-type: none"> Second Year - First Semester
PDOC 9104	Research Project III	<ul style="list-style-type: none"> Dr. López-Del Valle Dr. Rosana Hanke 	<ul style="list-style-type: none"> Second Year - Second Semester
PDOC 9000	Thesis	<ul style="list-style-type: none"> Dr. Elías-Boneta Dr. López-del Valle Dr. Tumanyan-Rivas 	<ul style="list-style-type: none"> Second Year - Second Semester Third Year

II. List of Research Coordinators and Mentors by Program

Program/Director	Research Coordinators	Primary Mentors
Orthodontics: • Dr. Morales	Dr. Ilse Salcedo	<ul style="list-style-type: none"> • Dr. Polo • Dr. De Jesús • Dr. Buxó-Martínez • Dr. Castellvi • Dr. Pagán
Pediatric Dentistry: • Dr. Agrait	Dr. Lydia Lopez	<ul style="list-style-type: none"> • Dr. Hanke • Dr. Molina • Dr. Morou • Dr. Paulo
OMFS: • Dr. Guerrero	Dr. Lidia Guerrero	<ul style="list-style-type: none"> • Dr. Bermudez • Dr. Echevarria
Prosthodontics: • Dr. Rodriguez	Dr. Arturo Blanco	<ul style="list-style-type: none"> • Dr. Chardón
Undergraduate	Dr. Molina	<ul style="list-style-type: none"> • Dr. Medina • Dr. Pratts • Dr. Zorilla • Dr. Díaz • Dr. Colón • Dr. Andrianakaja

Student Research Project Development





Graduate Master's Program/ Certificate

RESEARCH COMMITTEE APPROVAL FORM: THESIS/CERTIFICATE

Name: _____ Student ID#: _____

Advance Education Program: _____

Title of the Thesis Project: _____

Committee:

Name – Principal Advisor

Signature

Date

Signature- Research Coordinator

Day

Month

Year

Signature- Program Director

Day

Month

Year

Signature- Assistant Dean of Research

Day

Month

Year

IV. Research Committee Approval Form: Thesis/Certificate

V. Research Proposal Evaluation Form



University of Puerto Rico, Medical Sciences Campus
Office of Assistant Dean of Research
School of Dental Medicine



RESEARCH PROPOSAL EVALUATION FORM

PRINCIPAL INVESTIGATOR _____

DEPARTMENT _____ FACULTY ____ RESIDENT ____ STUDENT ____

PROJECT TITLE _____

1. Is the title descriptive and complete?
Note: Study design included
() Yes () No () Other _____
If no, explain _____
2. Is the background and significance of the study clearly stated?
() Yes () No () Other _____
3. Is the Aim(s) of the project clearly stated?
() Yes () No () Other _____
4. Is the study hypothesis clearly stated?
() Yes () No () Other _____
5. Is the systematic review complete and adequate?
() Yes () No () Other _____
6. Is the methods description clear and complete?
() Yes () No () Other _____
7. Is the research design reliable according to the objectives of the study?
() Yes () No () Other _____
8. Is the statistical design employed?
() Yes () No () Other _____



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9. This approval should be:

- ☐ Approved as is
☐ Approved if the following recommendations are made:

☐ Not approved because:

Signature _____ Date _____



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RESEARCH EVALUATION FORM

PRINCIPAL INVESTIGATOR: _____

DEPARTMENT _____ FACULTY ____ RESIDENT ____ STUDENT ____

PROJECT TITLE _____

1. Is the title descriptive and complete?
() Yes () No () Other _____
If no, explain _____
2. Is the literature review complete and adequate?
() Yes () No () Other _____
3. Is the Aim(s) of the project clearly stated?
() Yes () No () Other _____
4. Are the methods descriptions clear and complete?
() Yes () No () Other _____
5. Type of study:
() Pilot Study () Full Study
6. Is the research design reliable according to the objectives of the study?
() Yes () No () Other _____
7. Is the correct statistical design employed?
() Yes () No () Other _____
8. Are the results presented in a graph and tables in a clear manner and help understand the results?
() Yes () No () Other _____
9. Is the discussion related to the specific aims of the project?
() Yes () No () Other _____



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10. Is the conclusion in concordance with the findings, the statistics and the results of the project?
() Yes () No () Other _____

11. Are the recommendations pertinent to the clinical applicants of findings?
() Yes () No () Other _____

12. Does the study have the approval of the MSC Institutional Review Board?
() Yes () No () Other _____

13. Are the informed consent forms (English and Spanish) acceptable?
() Yes () No () Other () N/A

14. This project should be:
☐ Approved as is
☐ Approved if the following recommendations are made:

☐ Not approved because:

Signature _____ Date _____

VI. Research Evaluation Form