

Aga Khan University

Cochrane Systematic Reviews Workshop

Dates: April 15 -17, 2019

Venue: Khyber College of Dentistry, Peshawar

REGISTRATION FORM

Personal Information

Name: _____

Department: _____

Institution _____

Email: _____

Telephone Ext. (Office): _____

Mobile No.: _____

Registration Details

I would like to register for this workshop entitled:

Cochrane Systematic Reviews: Protocol Development

NB. Please email this Registration Form along with completed pre-workshop questionnaire to shamsa.panjwani@aku.edu or farhadkcd@gmail.com by April 5, 2019). Successful applicant will be notified by **April 9, 2019**. Further details of the program will be communicated to the successful candidates.

Participants are required to **attend all 3 days of the workshop** and are committed to complete the protocol and review.

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PRE -WORKSHOP QUESTIONNAIRE

All responses to this questionnaire will be kept strictly confidential and will not be shared with any outside sources except to report group statistics.

Name: _____

Designation: _____

Department: _____

1. Your highest qualification

- A. Fellowship / Board
- B. PG diploma
- C. MD/ Masters
- D. M.B.B.S
- E. Other

2. Have you ever written or helped in the process of literature review by developing search strategies?

- A. Yes
- B. No
- C. Have helped in writing

3. Have you ever written or helped write a grant proposal?

- A. Yes
- B. No
- C. Have helped in writing

5. In scientific/ scholarly / medical writing you would rate yourself as a:

- A. novice
- B. some experience
- C. considerably experienced

6. Which of the following tools/resources and systems are known to you or utilized by you in literature search, writing manuscripts or dissertations and finding about funding? (you may choose multiple items)

- A. Chicago Manual of Style
- B. APA style for social sciences
- C. Vancouver style (biomedical sciences)
- D. PubMed /other databases for literature search
- E. Community of Science database for funding
- F. Endnote / Ref-Manager for bibliography
- G. Any other _____

7. Do you have easy access to computers in your work area?

- A. Yes
- B. No

8. How would you rate your computer skills?

- A. high
- B. medium
- C. low/rudimentary

9. Publications:

Involvement with Cochrane Collaborative and Systematic Reviews

1. Are you a member of Cochrane Group?

If Yes, state which CRG _____

2. Do you have a registered title, protocol or review with the Cochrane Collaboration?

If yes, state review title _____

3. Are you otherwise involved with Cochrane Collaboration?

If yes, please provide details _____

4. Are you independently or as a group involved in performing systematic reviews other than the Cochrane Collaborative and Systematic Reviews

If yes, please provide details and stage of the systematic review you are undertaking

State two research questions you are interested in pursuing (this will help us in tailoring the program to your needs.

Your question must state PICO (Participant, Intervention, Control and Outcome)

Question 1:



Question 2:

