HBRS DigiStrucMed Program 2023/24

- Project Proposal Form -

*Please send your application in* ***machine-readable*** *format[[1]](#footnote-1) to* [*digistrucmed@mh-hannover.de*](mailto:digistrucmed@mh-hannover.de) *- Application Deadline:* ***January 31 2023***

# Overview of the Project

## Title and Applicants

*Please remove boxes with instructions and annotations (e.g. this box) before sending the application.*

*Blue and italic text indicates descriptive placeholder text.*

**Project title:**

*[Title]*

**Project Leader**

Name: *[First name, Surname, academic title]*

*[Affiliation: institute/department, organization/company]*

Address: *[Postal address]*

Telephone: *[Telephone number]*

Email: *[Email address]*

Background: *[Medicine/Informatics, to be specified as appropriate]*

**Coapplicant 1**

*Please add or delete number of co-applicant descriptions as required.*

*All project team members should be introduced (if new team members enter the project at a later time, please let us know via Email (digistrucmed@mh-hannover.de)*

Name: *[First name, Surname, academic title]*

*[Affiliation: institute/department, organization/company]*

Address: *[Postal address]*

Telephone: *[Telephone number]*

Email: *[Email address]*

Background: *[Medicine/Informatics, to be specified as appropriate]*

**Coapplicant 2**

Name: *[First name, Surname, academic title]*

*[Affiliation: institute/department, organization/company]*

Address: *[Postal address]*

Telephone: *[Telephone number]*

Email: *[Email address]*

Background: *[Medicine/Informatics, to be specified as appropriate]*

**Coapplicant 3**

Name: *[First name, Surname, academic title]*

*[Affiliation: institute/department, organization/company]*

Address: *[Postal address]*

Telephone: *[Telephone number]*

Email: *[Email address]*

Background: *[Medicine/Informatics, to be specified as appropriate]*

## Summary

*[Please describe the planned project briefly (maximum 0.5 pages) with focus on the overall concept and the interdisciplinary cooperation between medicine and informatics. The summary should be written to be understood by students[[2]](#footnote-2) and should include the following information: Clinical problem and connection to digitalization, hypothesis to be tested, aims, evidence and own preliminary studies, work program with methods, cooperation partners and their contributions (which parts will be performed and developed by medicine, which by informatics?), relevance]*

# Subprojects

## Subproject for a medical student

*Please let us know via Email if supervision responsibilities change at a later time, e.g. after possible project initiation (digistrucmed@mh-hannover.de)*

**Main Supervisor** *(must be available full-time, professional background must be medicine)*

Name: *[First name, Surname, academic title]*

*[Affiliation: institute/department, organization/company]*

**Co-Supervisor 1** *(professional background must be informatics/data science)*

Name: *[First name, Surname, academic title]*

*[Affiliation: institute/department, organization/company]*

**Co-Supervisor 2** *(professional background must be medicine)*

Name: *[First name, Surname, academic title]*

*[Affiliation: institution/department, organization/company; institute/department must differ from main supervisor]*

**Objective of the project**

*[Scientific question, overall objective(s), main aim(s)]*

**Does the project include animal experiments?**

Yes  No

**Innovation of the project and state of the art**

*[Innovative aspects of the project, state of the art (please describe specifically each aim)]*

**Own preliminary work and expertise of the working group**

*[Please ensure that all preliminary work that is necessary for the successful conduct of the project has been already accomplished and that all data, samples and materials that are required are or will be available by the beginning or timely in the course of the project]*

**Research and Work plan**

*[What is the specific task of the medical student? Research and work plan, time schedule (to be accomplished within 10 months) should be included.]*

**Methods**

*[Description of the planned methods, including statistical methods]*

**References**

*[References, own references should be highlighted in* ***bold****]*

## Subproject for an informatics student

**Main Supervisor** *(must be available full-time, professional background must be informatics or related)*

Name: *[First name, Surname, academic title]*

*Please let us know via Email if supervision responsibilities change at a later time, e.g. after possible project initiation .(digistrucmed@mh-hannover.de)*

*[Affiliation: institution/department, organization/company]*

**Co-Supervisor 1** *(professional background must be medicine)*

Name: *[First name, Surname, academic title]*

*[Affiliation: institution/department, organization/company]*

**Objective of the project**

*[Scientific question, overall objective(s), main aim(s)]*

**Innovation of the project and state of the art**

*[Innovative aspects of the project, state of the art (please describe specifically each aim)]*

**Own preliminary work and expertise of the working group**

*[Own preliminary work and expertise of the working group. Please ensure that all preliminary work that is necessary for the successful conduct of the project has been already accomplished and that all required data are or will be available by the beginning or timely in the course of the project]*

**Research and Work plan**

*[What is the specific task of the informatics student? Research and work plan, time schedule (to be accomplished within 4-5 months full-time work), should be included]*

**Methods**

*[Description of the methods to be used, including statistical methods]*

**References**

*[References, own references should be highlighted in* ***bold****]*

# Declarations and Confirmations

*Only projects for which all statements in the checklist are confirmed by signature (section 5) can be considered within the application process*.

## Confirmation about requirements

We confirm that **all** of the following criteria for the project application are met:

**Project**:

* Is suitable for the subject ‘Digital Transformation in Medicine’ and contains content of both medicine and informatics to create subprojects for both disciplines
* Scientific quality of both subprojects is sufficient, scope of subprojects is sufficiently distinct for medical and informatics students to complete their thesis successfully and independently (medicine: doctoral thesis, informatics: master thesis)
* Scope enables students to complete project within timeframe (medicine: 12 months, informatics: 6 months)
* All data, samples and other materials that are required to work on the project are available or will be available latest by the beginning of the project (if applicable: patient collectives to be analyzed have already been recruited or are recruitable within 6 months)
* Sufficient project funding is available: (if additional funding beyond possible DigiStrucMed funding for students and 9500 € non-personnel costs is necessary and available OR will be available latest by the begin of the project, please specify):
  + *[if applicable, please specify sponsor/funding program here]*

**Project leader**:

* Completed habilitation (Prof., PD, or equivalent) of at least one project member, qualified[[3]](#footnote-3) to supervise the medical doctor student
* At least 5 lead author publications (first author/last author)
* Prior supervision of doctoral theses or master theses that were successfully completed

**Work group**:

* Offering regular group meetings and journal clubs
* Can guarantee full-time supervision of both students
* Has necessary infrastructure (e.g. access to clinical data) and equipment (computers/computing capacity, lab...)
* Willing to participate in central events of the DigiStrucMed program

## Declaration

**Legal requirements declaration**

I declare that I will comply with all applicable

* relevant legal requirements
* directives by the authorities
* safety and accident prevention regulations (including instruction manuals for devices).

This includes that I will obtain all required ethical votes prior to starting the research program and that I will begin with animal experiments only upon receipt of the written consent by the responsible authorities.

Furthermore, I commit to comply with all rules and conventions that are applicable to my field of research. These include, but are not limited to:

* The declaration of Helsinki in its current version regarding the planning and conduct of medical and clinical trials in humans
* Rules of Good Scientific Practice (GSP)

I agree to share and exchange research materials with other researchers.

I agree to the above terms and confirm that I have made all of the statements in this form to the best of my knowledge.

Yes  No

**Consent under data protection law**

I hereby agree that the data on my person that I have given within this form may be collected, filed and utilized as described on the homepage of the program (https://www.mhh.de/hbrs/digistrucmed) for the purpose of registering me as potential project leader under the DigiStrucMed program.

I am aware that I can revoke this consent at any time without giving reasons, and furthermore, that I may request information about the stored data and that I may request the correction, deletion and blocking of my personal data.

# Optional statements

|  |  |
| --- | --- |
| If this project is positively evaluated (invitation to the project conference), we agree that the project summary in combination with name and email address of the project leader may be | |
| 1. forwarded to program applicants and students who are interested in the program via Email: | Yes  No |
| 1. put online on the homepage of the program (<https://www.mhh.de/hbrs/digistrucmed>) for information and promotion purposes | Yes  No |

# Signatures of all applicants

*(minimum: signature of project leader)*

By my signature below, I certify the information I provided in this project application is true and correct to the best of my knowledge.

*Please add or remove signature lines for all team members as necessary.*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Place, Date |  | Signature **Project Leader**  Name: *[Full Name]* |
|  |  |  |
| Place, Date |  | Signature **Cooperation Partner 1**  Name: *[Full Name]* |
|  |  |  |
| Place, Date |  | Signature **Cooperation Partner 2**  Name: *[Full Name]* |
|  |  |  |
| Place, Date |  | Signature **Cooperation Partner 3**  Name: *[Full Name]* |

*-------------------------------------------------------------------------------------------------------------------------------------------------------------------------*

***Information about the Application and selection process for projects***

*Project selection criteria:*

1. *Scientific Quality*
2. *Innovation*
3. *Feasibility (own preliminary work, expertise, realistic work plan, funding)*
4. *Valid statistical methods*
5. *Cooperation between medicine and informatics*
6. *Selection of experienced supervisors for the doctoral/master thesis*

*For more information, please visit:* [*https://www.mhh.de/hbrs/digistrucmed/bewerbungsverfahren-projekte*](https://www.mhh.de/hbrs/digistrucmed/bewerbungsverfahren-projekte)

*-------------------------------------------------------------------------------------------------------------------------------------------------------------------------*

1. Electronic signatures are accepted. Else, two versions of the application, 1. the .docx-file or an electronically printed .pdf-version (directly machine-readable) and 2. a signed scanned .pdf-version can be sent. [↑](#footnote-ref-1)
2. The project may be forwarded to students prior to the project presentation day. [↑](#footnote-ref-2)
3. Requirement to supervise MHH doctoral students is membership of the MHH teaching staff (“Lehrkörper der MHH”, see [MHH doctoral regulations](https://www.mhh.de/fileadmin/mhh/forschung/Promotion/Med_Dent/20210519_71620_PromO_Dr.med_Dr.med.dent_Senat.pdf)) [↑](#footnote-ref-3)