

b 11,

Individual Research Consultation

Please send the completed form to support_med.ub@unibe.ch

Ь UNIVERSITÄT BERN

University Library Medical Library Research Support

Surname, Name		
Member of the University of Bern	□ yes □ no	
E-Mail		
Phone (optional)		
Preferred way of one-on- one consultation	☐ on site at the library ☐ online/virtual consultation	1
Department		
Status (select all that apply)	 Human Medicine Dentistry Medicine Veterinary Medicine Biomedical engineering Biomedicine Bachelor student year 1 2 3 Master student year 4 5 6 	 PhD student Name of graduate school Medical Faculty Member Dentistry Faculty Member Veterinary Faculty Member Clinician: Inselspital staff: Other:
Did you already had a	□ yes	

course in searching the medical literature?

∐no

2 Request form: individual research consultation

Master / PhD Supervisor (if applicable)		
Time frame for working on the literature search	from	to
Type of services (select all that apply)	Consultation and support for developing search strategies	
	Feedback on framing of research question and advice to how translate into a search strategy customized for each database/source to search	
	Feedback on initial search strategy	
	Peer Review of search strategies	
	 Advice on relevant sources to search (medical databases, trial registries, grey literature) 	
	□ Advice on adaption of strategy for different databases	
	Referral to relevant handbooks and guidance documents for conducting literature reviews	
	Setting up search alerts for new publications	
	Advice on reference management	
Purpose of project (select all that apply)	 Publication Summary Review Systematic Review Scoping Review Book chapter 	 ☐ Thesis / Dissertation ☐ Guideline ☐ Grant application ☐ Other:
Objective of your study		



Background Descibe the background of your study		
Research question of your study		
Research question in PICO (if applicable)	P roblem / Patient / Population	
	Intervention / Exposure / Phenomenon of interest	
	C omparison (if applicable) / Context	
	Outcome	

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