**Scholarship Travel, Research & Publication Support Request Form**

Please fill out and submit this form to Dena Dowhaniuk (dowhaniu@ohsu.edu) and Avi O’Glasser, MD (oglassea@ohsu.edu)

**This form is to be used for**

1. **Section A: Research Project Support Application**
2. **Section B: Travel Support if presenting at a Conference or Meeting (***After biosketch, skip to Section B***)**
3. **Section C: Request for manuscript submission &/or publication fees**

**NOTE:** There are funding limits for each of the above support requests (denoted at the bottom of each section)

**NOTE:** See the Appendices at the end of this form for background and guidance

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| BIOGRAPHICAL SKETCHProvide the following information for the Senior/key personnel and other significant contributors Follow this format for each person.  **DO NOT EXCEED FOUR PAGES** |
| NAME:  |  | PGY LEVEL: |  |
| Email: |  |  |  |
| INSTITUTION | DEGREE | MM/YYYY | FIELD OF STUDY |
| *Medical School*:xxx |  |  |  |
| *Graduate School* (s):xxx |  |  |  |
| *Residency*: Internal MedicineOregon Health & Science University | N/A |  | Internal Medicine |

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| **Section A: Research Project Support Application** |

1. This will entail presenting the project to the Department Chair and Vice Chair for Research, Department of Medicine
2. Briefly describe in four sentences your project and how it relates to your future goals in academic medicine.

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| --- | --- |
| **A1: Project Information** |  |
| **A1a: Study Project/Title** |  |
| **A1b: Brief description of question research is intended to answer** |
| 1. **Background**
 |  |
| 1. **Knowledge Gap** (Question/answer you hope to fill)
 |  |
| 1. **Objectives/Hypothesis**
 |  |
| 1. **Aims**
 |  |
| 1. **Methods & Design** (e.g. prospective, interventional, observational)
 |  |
| 1. **Preliminary Studies/data (if any). (**Applications may be submitted without preliminary data)
 |  |
| **A2: Identify two potential faculty project reviewers (not directly involved with the project)** **\*\*\*** OHSU faculty (but external are clearly acceptable) | 1) 2)  |
| **A3: Indication of need for funding**  |
| **A2a: Research faculty mentor** |  |
| 1. **Name of mentor:**
 |  |
| 1. **Has request been made for funding through mentor?** (yes/no)
 |  |
| 1. **Was funding secured?** *(if yes, please include amount)*
 |  |
| **A3b: Additional Funding Requested** |  |
| **Total Amount Requested (Budget):** *(Research Budget: e.g. supplies, statistics, recruitment, submission, publication fees, and may include travel)* |
| **Cost Breakdown/Itemized Budget Items\*,#** | **Dollar Amount** |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
| **TOTAL AMOUNT REQUESTED ($) =**  | $ |  |

\* **There is a $2000 limit for funding requests**

**# Requires complete itemization of budgetary asks**

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| **Section B: Project Presentation Funding** |

*To present results of research project at national scientific meeting as a poster or oral presentation. (includes conference registration fee, airfare, and 1 night of accommodation expenses)*

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| **Section B1: Presentation demographics** |
| **Study/Project Title:** | **Meeting Location** **xxx** | **Date of presentation****xxx** |
| **B1a: Presentation Abstract** (enter below) |
| **(Paste Here)** |
| **B1b: Required Attachments (Copies)** 1. **Your accepted abstract**
2. **The Official abstract acceptance letter**
3. **Meeting Brochure** *(If applicable)*
 | **🗹****🞏****🞏****🞏** |
| **Section B2: Funding** |  |  |
| **B2a: Meeting offers travel stipends/awards** *(Y/N)* | **🞏 Yes 🞏 No** |  |
| 1. **If yes has a submission been made for these?** *(Y/N)*
 | **🞏 Yes 🞏 No** |  |
| 1. **Was funding secured?** *(if yes, please include amount)*
 | **$** |  |
| **B2b: Research/Project faculty mentor**1. **Name of mentor:**
 |  |
| 1. **Has request been made for funding through mentor?**
 | **🞏 Yes 🞏 No** |
| 1. **Was funding secured?** *(if yes, please include amount)*
 | **$** |
| **B2c: Additional Funding requested (*Note: you will need to provide travel expense receipts to receive re-imbursement)*** |
| **Cost Breakdown/Itemized Budget Items\*** | **Dollar Amount** |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
| **TOTAL AMOUNT REQUESTED ($) =**  | $ |  |

\* **There is a $1000 limit for funding requests**

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| **Section C. Request for manuscript submission &/or publication fees** |

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| **Manuscript Title:** |  |
| **Manuscript / Project Type** | **□ Original research / Investigation****□ Clinical vignette/case report****□ Systematic review / meta-analysis****□ Review article****□ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Faculty Mentor (s):** |  |
| **Target Journal information** |  |
| **Name** |  |
| **Impact Factor (\*\*\* source)** |  |
| **Open access journal** |  |  | **Yes** |  | **No** |
| **If yes, is there an option for non-open access (e.g. no feeds)** |  | **Yes** |  | **No** |
|  |
| **Did you satisfy the following parameters?** |
| 1. The journal impact factor is ≥1?
 |  | **Yes** |  | **No** |
| 1. The journal is referenced in Medline &/or PubMed?
 |  | **Yes** |  | **No** |
| 1. The faculty mentor has been approached and is unable to pay these submission/publication fees
 |  | **Yes** |  | **No** |
| 1. The you and your faculty mentor have performed due diligence to assure the journal is not *predatory* (see instruction page)
 |  | **Yes** |  | **No** |
| 1. List journals to which you have already submitted the manuscript
 |
| a)  |  |
| b) |  |
| c) |  |
| d) |  |
| e) |  |
| **Requested Funds (Attached web site fee breakdown)** |  |

\* **There is a $1000 limit for funding requests**

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| **Section D. Current Positions and Honors** (examples listed below) |

**Positions and Employment**

1998-2000 Fellow, Division of Intramural Research, National Institute of Drug Abuse,

**Other Experience and Professional Memberships**

1995- Member, American Psychological Association

**Honors**

2003 Outstanding Young Faculty Award, Washington University, St. Louis, MO

**Peer-reviewed Publications**

1. Merryle, R.J. & Hunt, M.C. (2004). Independent living, physical disability and substance abuse among the elderly. Psychology and Aging, 23(4), 10-22.

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**For Department Use Only:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Funding Approved**  |  | **Date:** |  |  | **Funding Denied** |  | **Date:** |  |
|  |  |  |  |  |  |  |  |  |
|  | Contact Dezmoree Johnson (hagend@ohsu.edu) to schedule a date to present project proposal with Drs. Jacoby and Lewinsohn. |

|  |  |  |
| --- | --- | --- |
| ***X*** |  |  |
| David B. Jacoby, M.D.Chair, Department of Medicine |  |

Author: Alan J> Hunter, M.D. Associate Program Director for Scholarship

Approved: David Lewinsohn, M.D., Ph.D. Vice Chair for Research, Department of Medicine

**Original Date**: October 15, 2019 **Update:** June 15, 2021 *(Reference Only, not to be submitted with the final proposal)*

**Resident Scholarship Support Request Process**

**Department of Medicine**

**Background & Aims**

* The Department of Medicine and the Internal Medicine Residency Training Program strongly support resident engagement and success in research and all forms of scholarship
* This Funding Request Process aims to facilitate resident engagement, participation and success in those endeavors.
* The Department is supportive of all forms of original research, and will aim to support and nurture projects to their maximum scientific and scholarship potential
* This process incudes two distinct workflows:
	1. Resident requests for **Travel Support if presenting at a Conference or Meeting**
	2. Resident and mentor request **for Research Project Support Application** to aid investigator-initiated original research projects

**Examples of Funding Requests**

* While there may be other funding needs, the most common requests for **Research Project Support** are those for statistics support, performing laboratory (or other) testing, or database mining (e.g. Epic)

**Procedures**

|  |  |
| --- | --- |
| Resident requests for 1. **Travel Support** for a conference/meeting presentation
2. **Manuscript submission or publication fees**
 | Resident and mentor request **for Research Project Support Application** to aid investigator-initiated original research projects |
| 1. **Resident invited/accepted to present at a national or international scientific meeting**
	1. If no stipend exists from the inviting organization, ask the project mentor if funds exist to support this presentation. If not, proceed to the next step
	2. Complete **Scholarship Support Request Form** (SSRF) (Place link or route)
	3. As part of the SSRF you will be asked to provide a copy of;
		1. Your accepted abstract/presentation
		2. The Official abstract acceptance letter
		3. Meeting Brochure *(If applicable)*
		4. An itemized budget, with request for support (**limit $1000**)
2. **Resident is seeking support for manuscript submission or publication fees.**
	1. The following conditions must be met;
		1. The journal impact factor should be ≥1
		2. The journal should be in Medline &/or PubMed
		3. The faculty mentor must be unable to pay these submission/publication fees
		4. The resident & faculty mentor have done due diligence to assure the journal to not be predatory

**Request/Funding Timeline:** Residents may apply at any time of the year, respecting the varied times of invitations for different conferences. | 1. All resident projects must be faculty-mentored projects (even if working with a fellow)
2. The resident(s), collaborators, and mentor;
	1. Formulate a hypothesis-driven research proposal
		1. Background / knowledge gaps / Objectives & Hypothesis / Aims / Methodology & Design / Analysis plan, and preliminary studies.
	2. Create a research budget, then either seek extra-mural funding or from the project mentor. If funds unavailable, proceed to the next step (**limit $2000**)
	3. Complete **Scholarship Support Request Form** (SSRF) (Place link or route)
3. If the SSRF is approved contact Dezmoree Johnson (Hagend@ohsu.edu) to schedule a Project Proposal presentation with the Department’s Resident Research Advisory Group (RRAG) (Drs. Jacoby and Lewinsohn)
	* 1. Please invite your mentor (and collaborators if able)
4. Be prepared to be asked to return to present a revised protocol if requested by the RRAG.

**Request/Funding Timeline:** Resident requests for financial support may occur quarterly: due on July 1, October 1, January 2, and April 1 (or the first business day following if holiday or weekend) |
| **Approval*** If approved Dr. Jacoby or Dr. Lewinsohn will communicate with the resident applicant and the Residency Program Coordinator (Dena Dowhaniuk, dowhaniu@ohsu.edu)
 |

Author: Alan J> Hunter, M.D. Associate Program Director for Scholarship

Approved: David Lewinsohn, M.D., Ph.D. Vice Chair for Research, Department of Medicine

**Original Date**: October 15, 2019 **Update:** June 15, 2021

**OHSU Internal Medicine Residency Publication Fee Request Process**

In order to support the growth and dissemination of resident scholarly work, the Department of Medicine recognizes the need to support the publication of resident research. While the primary responsibility for supporting these publications rests with the mentor, the DOM has developed a process by which residents may request funds to support manuscript submission and publication fees when such support is not available. Due to a need to regulate the process, the following algorithm should guide residents and their faculty mentors on both the likelihood of receiving funding and the requirements.

In order to be considered for Department support for manuscript submission &/or publication fees the below should be satisfied;

1. The Journal should be indexed in PubMed (<https://www.ncbi.nlm.nih.gov/nlmcatalog/journals>) or Medline (NLM) referenced (<https://www.ncbi.nlm.nih.gov/nlmcatalog?term=currentlyindexed>)
2. The Journal should have an Impact Factor of ≥1 One potential resource: <https://academic-accelerator.com/>
3. Processing and publication fees to not exceed $1000
	1. **Note:** Journal selection and potential fees should be discussed with the faculty mentor(s) prior to submitting, as generally it is assumed that the faculty would pay for this activity if able.

* **Cautionary Note:** See commentary/advice below on how to avoid predatory journals

**Comments (Predatory Journals)**

Be wary of submitting (even letters of inquiry) to journals that practice predatory behavior. With the rapid growth of on-line open access journals that need to legitimately charge for publication and processing *(~90% of case report journals are open access & only ~ 40% are listed in PubMed*), it is important to be able to identify predatory, *pseudo-academic* journals. These journals can be challenging to identify but by answering **yes** to the below questions, you may be able to avoid such journals:

**Questions to Ask to Avoid Predatory Journals**

*Rison et al. Journal of Medical Case Reports (2017) 11:198; DOI 10.1186/s13256-017-1351-y)*

1. Do you or your colleagues know the journal?
	* Have you read any articles in the journal before?
	* Is it easy to discover the latest papers in the journal?
2. Can you easily identify and contact the publisher?
	* Is the publisher name clearly displayed on the journal website?
	* Can you contact the publisher by telephone, email, and post?
3. Is the journal clear about the type of peer review it uses?
	* Does the journal site explain what these fees are or and when they will be charged?
4. Do you recognize the editorial board? (Ask your faculty mentor for guidance)
	* Have you heard of (any) the editorial board members?
	* Do members of the editorial board mention the journal on their own websites?
5. Is the publisher a member of a recognized industry initiative?
	* Do they belong to the Committee on Publication Ethics (COPE)?
	* If the journal is open access, is it listed in the Directory of Open Access Journals (DOAJ)? (<https://doaj.org/>)
	* If the journal is open access, does the publisher belong to the Open Access Scholarly Publishers Association (OASPA)? (<https://oaspa.org/membership/members/>)

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