

Resident Research Support Request Form Department of Medicine

- There is a \$2,000 cap per resident for their entire residency for research project support.
- Project faculty mentors must be approached and be unable to provide financial support for the research project.

Procedure:

Research Project Support Application to aid investigator-initiated original research projects
<p>1) All resident projects must be faculty-mentored projects (even if working with a fellow)</p> <p>2) The resident(s), collaborators, and mentor:</p> <ol style="list-style-type: none"> a) Formulate a hypothesis-driven research proposal <ol style="list-style-type: none"> i) Background / knowledge gaps / Objectives & Hypothesis / Aims / Methodology & Design / Analysis plan, and preliminary studies. b) Create a research budget, then either seek extra-mural funding or from the project mentor. If funds unavailable, proceed to the next step. c) Complete the Resident Research Support Request Form and have it signed by the faculty mentor and faculty's division head. <p>3) Submit the request to Dena Dowhaniuk with a copy of your most current CV. She will forward it to Dr. David Lewinsohn, Vice Chair for Research - Department of Medicine, to coordinate a Project Proposal presentation with the Department's Resident Research Advisory Group (RRAG) (Drs. Hough and Lewinsohn).</p> <ol style="list-style-type: none"> a) Please invite your mentor (and collaborators, if able) <p>4) Be prepared to be asked to return to present a revised protocol if requested by the RRAG.</p>
<p><u>Decision</u></p> <p>Dena Dowhaniuk will communicate the decision to the resident and, if approved, will outline what is needed to process resident expenses reimbursement.</p>

Resident Research Support Request Form

BIOGRAPHICAL SKETCH

Provide 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
<i>Medical School:</i>			
<i>Graduate School (s):</i>			
<i>Residency: OHSU</i>	N/A	-----	Internal Medicine

Research Project Support Application

Aims (Briefly describe in four sentences your project and how it relates to your future goals in academic medicine.)

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Project Information

Study Project/Title		
Brief description of question research is intended to answer		
I. Background		
II. Knowledge Gap (Question/answer you hope to fill)		
III. Objectives/Hypothesis		
IV. Aims		
V. Methods & Design (e.g. prospective, interventional, observational)		
VI. Preliminary Studies/data (if any). (Applications may be submitted without preliminary data)		
Identify two potential faculty project reviewers (not directly involved with the project) *** OHSU faculty (but external are clearly acceptable)		1) 2)
Indication of need for funding		
A2a: Research faculty mentor		
i. Name of mentor:		
ii. Has request been made for funding through mentor? (yes/no)		
iii. 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)		
Complete Cost Breakdown/Itemized Budget Items	Dollar Amount	
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5. (use & attached additional sheet if needed)	\$	
TOTAL AMOUNT REQUESTED (\$) =	\$	
	Faculty Mentor	Division Head
Signatures		
Name		

Academic Rank		
Division		

There is a \$2,000 cap per resident during the entire 3-year training period.

For Department Use Only:

Funding Approved Date: _____

Funding Denied Date: _____

X

C. Terri Hough, M.D., M.Sc.
Interim Chair, Department of Medicine