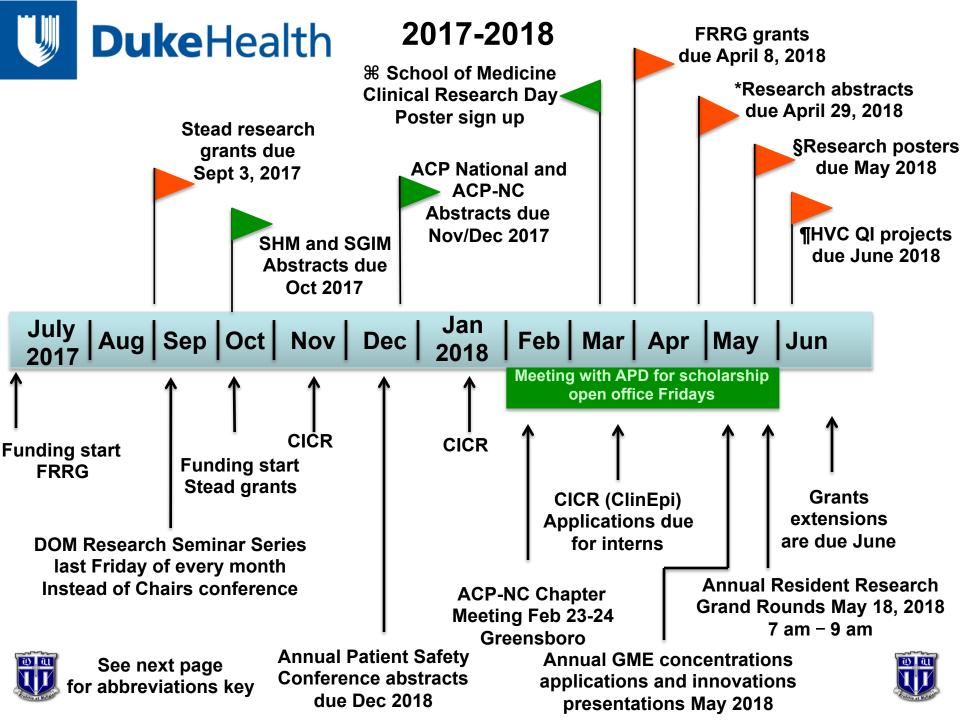


Department of Medicine Internal Medicine Residency Program Resident Scholarly Activities Calendar Academic Year 2017-2018







2017-2018

FRRG: Faculty Resident Research Grant applications, \$2,000/award

- Email announcement

Stead Resident Research Grant applications: \$2,000/award

- Email announcement

CICR: Comprehensive Introduction to Clinical Research 4 week course for JARs (ClinEpi)

SHM Society of Hospital Medicine (meeting in April 2018 in Orlando, FL

SGIM Society of General Internal Medicne (meeting in April 2018 in Denver, CO)

ACP-NC: American College of Physicians North Carolina Chapter meeting is February 23-24/2018. National meeting is in April 2018. Abstracts are due in November or December 2018

- * Research abstracts for entry into Califf Medicine Resident Research award competition during annual Research Grand Rounds on May 18, 2018 from 7 am 9 am
- § Posters (research, QI, case vignettes for presentation on Resident Research Grand Rounds and poster competition) on May 18, 2018

¶ Duke Graduate Medical Education High Value Care QI project proposals









Department of Medicine Residency Training Program

FACULTY RESIDENT RESEARCH GRANTS 2018

REQUEST FOR APPLICATIONS





FACULTY RESIDENT RESEARCH GRANTS 2018 REQUEST FOR APPLICATIONS

Purpose:

- To provide funding for Internal Medicine Residents to develop their skills in clinical or laboratory-based research, to carry out research projects, to present their research findings at scientific meetings and to publish their work

Application Instructions

- ELIGIBILITY:
- Interns and residents in the Department of Medicine, Med-Peds, Med-Psych are eligible
- Clinical or Basic Science research proposals and selected QI projects are acceptable
- Research project must be performed at Duke under the direction of a Duke faculty member

FUNDING MECHANISM:

- Grants will be funded up to \$2,000
- The term of the award must NOT extend beyond the residency training period at Duke. The beginning date for funding is July 1, 2018. For JARs the grant end date is June 30th 2019 and for Interns the end date is June 30th 2020.
- An itemized budget must be included with the application (please use attached forms)

 APPLICATION PROCESS:
- Application deadline is April 8, 2018 by email to murat.arcasoy@duke.edu
- Please submit the grant as SINGLE word or pdf file; fill out Table of Content page numbers
- Late or incomplete applications will not be accepted. Please submit on time
- A faculty committee will review applications for scientific merit and provide feedback
- Letter of support from faculty mentor is requested and must accompany grant as a separate file please, Letter is addressed to "Award Review Committee, Faculty Resident Research Grant"
- Use application forms and follow instructions please. Scientific proposal strict 3 page limit with tables and figures (excluding references, budget page, and human subjects sections)
- Itemized budget may include but is not limited to research supplies, reagents, temporary personnel time for data collection, data analysis costs and statistician time, poster preparation, travel expenses to present abstract at scientific meeting, publication costs of research project
- Please e-mail application and any questions to:
 - Murat O. Arcasoy, MD, FACP, Associate Program Director at <u>murat.arcasoy@duke.edu</u>

Faculty Resident Research Grant Application 2018 Department of Medicine Duke University School of Medicine

TITLE OF PROJECT	(Do not exceed 81 charact	ters, including spaces and p	unctuation.)			
			1			
3. PRINCIPAL INVESTI	GATOR (PI)					
3a. NAME of INTERN / R	ESIDENT (Last, first, midd	lle)	3b. DEGREE(S)			
3c. Training level of the h	ouse officer		3d. MAILING ADDRESS OF PI (Intern/ resident)			
3e. Residency Program fa (not your research mento						
3f. TELEPHONE AND FA	AX <i>(Area code, number ar</i> FAX:	nd extension)	E-MAIL ADDRESS O	F PI:		
4. HUMAN SUBJECTS RESEARCH	4b. Human Subjects Assuran IRB protocol #		5. VERTEBRATE AI	NIMALS	⊠ No □ Y	es
□ No ⊠ Yes			5a. If "Yes," IACUC appr Date		If you are planni please contact D	ng animal studies Dr. Arcasoy
All projects involve human subjects			Not applicable	!		
6. DATES OF PROPOS SUPPORT (month, o	ED PERIOD OF lay, year—MM/DD/YY)	7. COSTS REQUESTED PERIOD	FOR BUDGET			
From 07/01/2018	Through 6/30/2019	7a. Direct Costs (\$) Maximum 2,000	7b. Total Costs (\$) Max. 2,000			
9. NAME OF MENTOR/ Name Address	SPONSOR for the RESEA	ARCH PROJECT			·	
					:	
			SIGNATURE OF PIN	IAMED IN	3a	DATE
			If original signature pa please type name her		t be scanned in	
			SIGNATURE OF RES If original signature pain mentor's name her for the application (se original signature plea	age can no e. The mer ee Table of	t be scanned in, ntor's letter of su	type

Faculty Resident Research Grants 2018

Principal Investigator (Last, First, Middle):

STRACT: State the application's broad, long-term objectives and specific aims, making reference to the health relatedness of the poscribe concisely the research design and methods for achieving these goals. Describe the rationale and techniques you will use to polis.	roject. oursue these

KEY PERSONNEL. See instructions. *Use continuation pages as needed* to provide the required information in the format shown below. Start with Principal Investigator (the resident's name). List all other key personnel in alphabetical order, last name first, and role on project.

Page $\underline{2}$ Form Page 2

Faculty Resident Research Grants 2018 Grant Application - Department of Medicine

TABLE OF CONTENTS

	Page Numbers
Face Page (Form Page 1)	1
Abstract, Mentor and other Key Personnel (Form Page 2)	2
Table of Contents (Form Page 3)	3
Detailed Budget for Budget Period (Form Page 4) total amount can not exceed \$2,000	4
Biographical Sketch—Principal Investigator (Not to exceed four pages) must be in NIH format	5-
Biographical Sketch— Faculty Mentor (Not to exceed four pages) must be in NIH format	
Research Plan (use Continuation page) A. Specific Aims	
Research Plan (use Continuation page)	
B. Background and Significance	
C. Preliminary Studies(Items A-D: not to exceed 3 pages)	
D. Research Design and Methods	
E. Human Subjects. This section must be completed for any research involving patients or human subjects	
F. Vertebrate Animals (if applicable) This section must be completed for any research involving animals	
G. Literature Cited	
H. Letter of Support from Mentor/Sponsor (This can be forwarded as a separate off file by email to Dr. Arcasov)	

Font Requirement: Requires the use of Arial or Helvetica and a font size of 11 points or larger. (A Symbol font may be used to insert Greek letters or special characters). Font size of 10 points may be used for figure legends.

Page 3 Form Page 3

DETAILED BUDGET FOR INITIAL BUDGET PERIOD								тнгоидн 6/30/2019	
PERSONNEL (Applicant organization only)		TYPE	% EFFORT	INST.			MOUNT REQUESTE		(omit cents)
NAME	ROLE ON PROJECT	APPT. (months)	ON PROJ.	BASE SALARY	SALA REQUE		FRING BENEF		TOTAL
	Principal Investigator					\$0			\$0
	SUBTOTALS			—		\$0			
					-				
EQUIPMENT (Itemize)									
SUPPLIES (Itemize by category,									
TRAVEL To present result Maximum amount budge	Its of research projec eted = \$1,000 (to						ntation		
PATIENT CARE COSTS INPATIENT									
ОПТ	PATIENT								
OTHER EXPENSES (Itemize by Maximum amount budge eg. poster preparation to eg. publication cost of reother	eted for: o present at mee	etings = \$1	100						
TOTAL DIRECT COSTS F	OR BUDGET PE	RIOD (car	n not exce	ed \$2,000)				\$	

The following sections A-D should not exceed a total of 3 pages please

- A. Specific Aim(s)
- B. Background and Significance (concise)
- C. Preliminary Studies (if any). Applications may be submitted without preliminary data
- D. Research Design and Methods (detailed)

- E. Human Subjects (all applications require this section)
- F. Vertebrate Animals (if applicable)
- G. Literature Cited
- H. Letter of support from research mentor

Research mentors are requested to please address letter to:

Award Review Committee, Faculty Resident Research Grant

The letter with an original signature can be scanned and emailed as pdf file together or separately from the application to Dr. Arcasoy)

Please submit your application as a SINGLE word or pdf file!

Wishing you success with your project!

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors in the order listed on Form Page 2. Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME	POSITION TITL	E	
	Intern / Juni	ior / Senior As	ssistant Resident
eRA COMMONS USER NAME (credential, e.g., agency login)			
EDUCATION/TRAINING (Begin with baccalaureate or other in residency training if applicable.)	nitial professional education, s	such as nursing, in	clude postdoctoral training and
INSTITUTION AND LOCATION	DEGREE (if applicable)	MM/YY	FIELD OF STUDY
University of	B.A or B.S.		
University of	M.D.		Medicine
Duke University School of Medicine	-		Internal Medicine

NOTE: The Biographical Sketch may not exceed 4 pages. Please follow the example formats below.

A. Personal Statement

Briefly describe in 4 sentences your project and how it relates to your future goals in academic medicine.

B. Positions and Honors

Positions and Employment

1998-2000	Fellow, Division of Intramural Research, National Institute of Drug Abuse, Bethesda, MD
2000-2002	Lecturer, Department of Psychology, Middlebury College, Middlebury, VT
2001-	Consultant, Coastal Psychological Services, San Francisco, CA
2002-2005	Assistant Professor, Department of Psychology, Washington University, St. Louis, MO
2007-	Associate Professor, Department of Psychology, Washington University, St. Louis, MO

Other Experience and Professional Memberships

1995-	Member, American Psychological Association
1998-	Member, Gerontological Society of America
1998-	Member, American Geriatrics Society
2000-	Associate Editor, Psychology and Aging

Honors

2003	Outstanding Young Faculty Award, Washington University, St. Louis, MO
2004	Excellence in Teaching, Washington University, St. Louis, MO
2009	Award for Best in Interdisciplinary Ethnography, International Ethnographic Society

C. 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.
- 2. Hunt, M.C., Jensen, J.L. & Crenshaw, W. (2007). Substance abuse and mental health among community-dwelling elderly. International Journal of Geriatric Psychiatry, 24(9), 1124-1135.
- 3. Hunt, M.C., Wiechelt, S.A. & Merryle, R. (2008). Predicting the substance-abuse treatment needs of an aging population. American Journal of Public Health, 45(2), 236-245

	Principal Investigator's (Resident's) Name (Last, First, Middle):
4.	Hunt, M.C., Newlin, D.B. & Fishbein, D. (2009). Brain imaging in methamphetamine abusers across the life-span. Gerontology, 46(3), 122-145.

Section E. Human Subjects. Please adapt to your specific proposal

IRB Protocol Title: xxxxxx this is the title of your research project as submitted to the IRB

Site of Research: Duke University Medical Center

Investigators: PI: your name, list your mentor and other key collaborators

Introduction: The purpose of this research will be to assess xxxx. very brief state hypothesis and specific aim.

Identification of human subjects: The human subjects component of this research will be limited to subjects > 18years of age. Retrospective vs prospective, Deduce search vs pre-existing database at Duke that your mentor has access to, or other method of identifying subjects

Subjects and Recruitment: Subjects hospitalized/seen in the clinics for xxxx condition at Duke University Hospitals between xxx and xxxx dates will be recruited in this study (or have been incorporated into an existing database that this retrospective study will utilize)

Informed consent: Informed consent will be obtained from each subjects or we requested a waiver of informed consent and submitted an IRB protocol that is pending or we have already received IRB approval for this research project: Duke IRB protocol number xxxx

Risks and Discomforts: There will be minimal risk for patients included in this retrospective study (or list any potential major risks). One potential risk to the subjects will be loss of confidentiality. We will maintain the patients' names and contact information (i.e. Identifiers) and all PHI (protected health information) in an encrypted computer database or all PHI identifiers will be removed in the database during data analysis.

Data collection and storage: Patient identifiers will not be used. None of the samples will be linked to the patient' names or contact information directly. The identifiers that link to protected health information will be secured in a locked file cabinet. The computer laptops containing patient data will be encrypted. The database will be in Redcap or other data storage medium

Data analysis: State here briefly if any power analysis has been performed to determine the sample size and the basic elements of the type of statistical analysis of the data planned

Potential benefits: Patients will not receive any direct benefit from this retrospective study. We hope to learn more about the incidence and outcomes of xxxxxxxx

Compensation: There will be no monetary compensation for the subjects in this study.

Confidentiality: We will collect protected health information (the names and contact information and other identifiers of the subjects) and store and protect the information on an encrypted computer database. The database will be destroyed (or not) xxxx months after analysis of all data and completion of the project. Survey data will not be linked to the survey participant.

IRB process: The IRB proposal for this study has been submitted and we have received IRB approval or IRB submission is being prepared or IRB protocol has already been submitted and is pending at the time of grant application.