Department of Medicine
Internal Medicine
Residency Training Program

STEAD
RESIDENT RESEARCH
GRANTS
2017

REQUEST FOR
APPLICATIONS
STEAD RESIDENT RESEARCH GRANTS 2017
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 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 in October 2017 and end date is June 30th 2018 for SARs, June 30th 2019 for JARs and June 30th 2020 for Interns.
- An itemized budget must be included with the application (use attached forms)

**APPLICATION PROCESS:**

- Application deadline is **September 3, 2017** by email to murat.arcasoy@duke.edu
- Late or incomplete applications will not be accepted. Please submit on time!
- A faculty committee will review applications for scientific merit
- **Letter of support** from faculty mentor is requested and must accompany grant please, Letter addressed to “Award Review Committee, Stead 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. Computer purchases are not budgeted.
- Please e-mail application as one file and any questions to:
  
  Murat O. Arcasoy, MD, FACP, Associate Program Director at murat.arcasoy@duke.edu
<table>
<thead>
<tr>
<th><strong>3. PRINCIPAL INVESTIGATOR (PI)</strong></th>
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<tbody>
<tr>
<td><strong>3a. NAME of INTERN / RESIDENT (Last, first, middle)</strong> &amp; <strong>3b. DEGREE(S)</strong> &amp; <strong>3d. MAILING ADDRESS OF PI (Intern/ resident)</strong></td>
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<td><strong>3c. Training level of the house officer</strong> &amp; <strong>3e. Residency Program faculty advisor’s name :</strong> (not your research mentor/sponsor) &amp; <strong>3f. TELEPHONE AND FAX (Area code, number and extension)</strong></td>
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<td><strong>4. HUMAN SUBJECTS RESEARCH</strong></td>
<td><strong>4b. Human Subjects Assurance No.</strong></td>
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<tr>
<td>No ☐ Yes ☑</td>
<td>If IRB pending please state this here</td>
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<td>Nearly all projects involve human subjects</td>
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<td><strong>5. VERTEBRATE ANIMALS</strong></td>
<td><strong>5a. If “Yes,” IACUC approval Date</strong></td>
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<tr>
<td>☑ No ☐ Yes</td>
<td>If you are planning animal studies please contact Dr. Arcasoy</td>
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<tr>
<td>Not applicable</td>
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<tr>
<td><strong>6. DATES OF PROPOSED PERIOD OF SUPPORT (month, day, year—MM/DD/YY)</strong></td>
<td><strong>7. COSTS REQUESTED FOR BUDGET PERIOD</strong></td>
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<tr>
<td>From 10/01/2017 Through 6/30/2017</td>
<td><strong>7a. Direct Costs ($)</strong> Maximum 2,000</td>
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<td><strong>7b. Total Costs ($)</strong> Max. 2,000</td>
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<tr>
<td><strong>9. NAME OF MENTOR/SPONSOR for the RESEARCH PROJECT</strong> Name Address</td>
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**SIGNATURE OF PI NAMED IN 3a**
If original signature page can not be scanned in please type name

**SIGNATURE OF RESEARCH MENTOR/SPONSOR**
If original signature can not be scanned in, type in mentor’s name here. The mentor’s letter of support for the application (see Table of contents) must have original signature please

**DATE**
ABSTRACT: State the application’s broad, long-term objectives and specific aims, making reference to the health relatedness of the project. Describe concisely the research design and methods for achieving these goals. Describe the rationale and techniques you will use to pursue these goals.

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.
Stead Resident Research Grants 2017
Grant Application - Department of Medicine

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<td>Table of Contents (Form Page 3)</td>
<td>3</td>
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<tr>
<td>Detailed Budget for Budget Period (Form Page 4) total amount can not exceed $2,000</td>
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<tr>
<td>Biographical Sketch—Principal Investigator (Not to exceed four pages) must be in NIH format</td>
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<tr>
<td>Biographical Sketch— Faculty Mentor (Not to exceed four pages) must be in NIH format</td>
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Research Plan (use Continuation page)

A. Specific Aims ............................................................................................................................... |
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. Literature Cited .......................................................................................................................... |
G. Letter of Support from Mentor/Sponsor with signature (This can be forwarded as a separate file by email to Dr. Arcasoy) |

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.
<table>
<thead>
<tr>
<th>NAME</th>
<th>ROLE ON PROJECT</th>
<th>TYPE APPT. (months)</th>
<th>EFFORT ON PROJ.</th>
<th>INST. BASE SALARY</th>
<th>SALARY REQUESTED</th>
<th>FRINGE BENEFITS</th>
<th>TOTAL</th>
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<td>SUBTOTALS</td>
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**EQUIPMENT (Itemize)**

**SUPPLIES (Itemize by category)**

**TRAVEL** To present results of research project at national scientific meeting as a poster or oral presentation

Maximum amount budgeted = $1,000 (includes conference registration fee, airfare, and 1 night of accommodation expenses)

**PATIENT CARE COSTS**

- INPATIENT
- OUTPATIENT

**OTHER EXPENSES (Itemize by category)**

Examples of other expenses. Maximum amount budgeted for:

- Poster preparation to present at meetings = $100
- Publication cost of research project = $750

**TOTAL DIRECT COSTS FOR BUDGET PERIOD (can not exceed $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)

Each proposal must have a Human subjects section that describes the protections of the patients and patient data, describe the consent procedure if applicable, status of IRB protocol (to be submitted, already submitted or already approved, as appropriate) etc.

This section is required whether to not your project is a retrospective or prospective study, whether patient identifiers are exposed (or not) during data collection/analysis, whether consent is to be obtained or there is a waiver for consent. Please see attached example language that you can adapt to your own protocol after discussing with your research mentor who has already thought about the Human subjects issues.

F. Literature Cited

G. Letter of support from research mentor

Research mentors are requested to please address letter to:
Award Review Committee, Stead Resident Research Grant

The application must be submitted with all pages in order as a single file please.

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

Wishing you much 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.

<table>
<thead>
<tr>
<th>NAME</th>
<th>POSITION TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Intern / Junior / Senior Assistant Resident</td>
</tr>
</tbody>
</table>

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)

<table>
<thead>
<tr>
<th>INSTITUTION AND LOCATION</th>
<th>DEGREE (if applicable)</th>
<th>MM/YY</th>
<th>FIELD OF STUDY</th>
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</thead>
<tbody>
<tr>
<td>University of B.A or B.S.</td>
<td>M.D.</td>
<td></td>
<td>Medicine</td>
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<tr>
<td>Duke University School of Medicine</td>
<td>-</td>
<td></td>
<td>Internal Medicine</td>
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NOTE: The Biographical Sketch may not exceed 4 pages. Please follow the example formats below.

A. Personal Statement

Briefly describe in four 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

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. Briefly state hypothesis and specific aim.

Identification of human subjects: The human subjects component of this research will be limited to subjects > 18 years 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 xxx 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 subject 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’s 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.