WSU Graduate Medical Education Resident Research Grant Application

Default Question Block

Applicant's full name

Residency program

Program year

Phone number

E-mail address

Project faculty mentor name

<div style="border:1px solid #ccc; height:40px;"></div>

Project faculty mentor title

<div style="border:1px solid #ccc; height:40px;"></div>

Project faculty mentor e-mail address

<div style="border:1px solid #ccc; height:40px;"></div>

Project title

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Select the project type

○ **Research**

○ **Quality Improvement (QI)**

Specific aims or research questions (Please state the problem/scope/rationale)

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Background synopsis (Use this section to explain the history behind your project and what makes your proposal vital. Why is this project important? Does it address a gap in the literature or clinical care? The reviewers will need this information when reviewing your application to determine the value of the project and the potential impact of project outcomes).

[   ]

Key references (reference list)

[   ]

Methods including statistical analysis plan (What methods do you plan to use to test your hypotheses?)

[   ]

Methods including quality improvement project plan? (What is your QI methodology?)

[   ]

Hypothesized results?

[   ]

QI aim(s)?

[   ]

IRB number and approval/review date (please email a copy of your IRB correspondence to astolins@med.wayne.edu)

○   **Enter number and approval/review date**

[   ]

Desired end result of project

☐ **Journal publication**   ☐ **Oral presentation**

☐ **Poster presentation**   ☐ **Other**

[   ]

Requested funding amount

[   ]

Please provide specific budget details below (e.g., #units, cost/unit, total projected expense). _Costs and unit numbers needed should be investigated and determined ahead of time-estimates are not acceptable in this section_. Please be advised that funded projects will abide by this budget and will be monitored through the resident's program.

☐ **Contract personnel**   ☐ **Research supplies**

[   ]   [   ]

☐ **Equipment**   ☐ **Other**

What part of the project do you expect to have completed within 6 months?

What do you hope to have accomplished within a year?

Mentoring plan (Please provide a brief description of your project faculty mentor's involvement in this project)

By providing my electronic signature below I verify that the information contained in this application is complete and true and that the requested funding will be used in the manner described above. I also verify that the proposed project has been discussed with the project faculty mentor named above and that this individual has agreed to provide oversight for the project as outlined in the mentoring plan above (WSU GME

office will contact the named mentor to verify mentoring plan)

Resident's electronic signature (Please type your first and last name)

[   ]

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above terms of acceptance

○ **I agree to the above terms of acceptance**

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