

Arizona College of Emergency Physicians

State Chapter of the American College of Emergency Physicians

ADVANCING EMERGENCY CARE 

AzCEP's Resident/Student Research Seed Grant

PROJECT PROPOSAL OUTLINE

Rationale:

- AzCEP is supportive of Emergency Department based clinical research throughout the state of Arizona
- AzCEP is supportive of Emergency Medicine Fellow, Resident, and Medical Student education
- AzCEP supports Arizona emergency medicine residents and medical students as they work towards their future careers as emergency physicians
- AzCEP strives for an ongoing support and presence in EM training programs and medical schools throughout Arizona

2024 Award Timeline/Process:

- July 1: AzCEP announces the availability of a closed competitive grant process. Grants will be awarded at a maximum of \$1000 to the most competitive proposal(s).
- **November 15th:** Grant application deadline due; To be sent as a **Word document**.
- Late-November: Grant applications reviewed by AzCEP Seed Grant Review committee.
- December/January: Grants announced and awarded with recognition event at the next available resident (or medical school) conference followed by a lunch event sponsored by AzCEP.

Application process

Maximum four-page application to be completed by applicant. E-mail completed application (**in a Word document**) by **November 15th** to Stephanie at: stephanie@azcep.org Application must be accompanied by a letter, in a PDF format, from the residency program director (**resident applicant**), or **faculty advisor (student)** that contains verbiage on:

- Support for the application
- Assurance of ethical use of funds (none to be used on travel expenses)
- Assurances of local IRB sanctioned research
- Residency/medical school assumes liability and releases AzCEP from any liability whatsoever
- Assurances that awarded monies will be used only for the research outlined in the awarded proposal

Application forms distributed to Arizona Emergency Medicine residency program directors and/or research directors, to medical students through the EMIG website and NEW this year-to EM fellows. Application form is available on AzCEP and EMIG websites.

Review Process

AzCEP formed review committee to be comprised of: Two members of the AzCEP Executive Committee; two AzCEP board members; one member from each training program.

Applications to be distributed to all review committee members one week prior to review committee meeting. The meeting will comprise of the review of each application, scoring and ranking. Reviewers may submit evaluation scores remotely. Seed Grant Award review committee discussions may be conducted in person or by teleconference at a Seed Grant Award review committee meeting, where all applications will be ranked. The review committee will be chaired by the education sub-committee chair who will not be a voting member of the committee. The chair will be called to vote on applications only in the case of a committee tie vote.

Award Event:

AzCEP board representative will travel to the residency training site or medical school and announce/congratulate the award winner and provide breakfast or lunch. Recognition for residents would take place during residency conference for the benefit of recognition in front of their residency peers and faculty. Recognition for medical students would take place in a location/time to recognize students in front of peers/faculty.

The AzCEP Board is interested in maintaining an ongoing dialogue with the researcher and the involved residents/students throughout the duration of the study. Similarly, the chapter is eager to participate in the acknowledgement of the academic contributions that result from these grants. For these reasons, the chapter will request and make contingent upon the award that there will be a mid-cycle update on the progress of this study and its outcome. We would ask that the researchers please forward any written abstracts, papers or similarly written reports on the work stimulated through this seed grant so that your work may be showcased at our annual meeting. Lastly, we request that any publications, announcements or press releases include recognition of AzCEP's support. We also would invite a representative(s) to present any study results at a subsequent AzCEP summer retreat.

Project Application

- Name of Principal Investigator (Resident/Student applicant(s)) & e-mail address
- Name of Faculty Sponsor & e-mail address
- Name of Institution
- Title of Project
- **IRB approval/application number**
 - **If IRB approval has not been obtained at the time of this application, please include a copy of the IRB application form (F200 or equivalent)**
- Project Abstract
- Project Work Statement
 - Goals and Objectives
 - Methods
 - Project Description
 - Timeline
 - Future goals following seed grant timeline
- Budget (Travel or travel expense will not be considered)
- **Signature line (to include the following attestation verbiage)**

Initials

- ___ I agree that any publications, announcements or press releases will include recognition of AzCEP’s support.
- ___ I agree that a representative will be available to present any study results at a subsequent AzCEP retreat.
- ___ I agree to supply the AzCEP chapter board updates on any change in personnel and that there will at all times be a faculty advisor associated with the project.
- ___ I agree to supply the AzCEP chapter board with a brief progress report at the mid-cycle and conclusion of this research project.

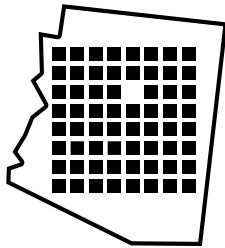
I attest that the requested seed grant support will be used solely for the research outlined in the attached application and summarized in the attached budget. All research conducted in this grant proposal will be conducted with the utmost consideration of ethical behavior in research and under the approval of my institution’s Institutional Review Board (IRB) for the ethical conduct of research. My residency training program/Medical School will assume full liability for the activities conducted in this research and releases AzCEP (Arizona College of Emergency Physicians) from any liability whatsoever from the conduct in this research.

IRB Study approval # _____ Date of approval: _____

Signature: _____
Resident/Student Principal Investigator(s)

Faculty Advisor Residency Director (or Dean/Advisor for medical student)

_____ Date



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Report Form

___ Mid-Cycle Report ___ Project Completion report IRB Approval # _____

___ # Study data sets obtained (subjects enrolled, surveys received, etc.)

List any existing barriers to the execution of your research

Is there anything that the AzCEP chapter members may assist with to execute your study?

Have you needed **to change personnel**, modify your hypothesis based on what you have found out so far?

Have you been able to make any conclusions based on your data so far and if so, what?
