

# **College of Medicine**

## **Office of Assessment, Evaluation, and Quality Improvement**

### **Research Proposal Form**

For medical education research assistance please complete this form and send to [knollm@musc.edu](mailto:knollm@musc.edu)

Name of Principal Investigator:

Email address:

Phone:

Please choose your current designation:

Student

Faculty

Staff

*\*Note: If student must have a faculty mentor*

Faculty Rank or Faculty Mentor Rank:

Faculty/Mentor Department:

Other authors or collaborators (please list):

#### **General Proposal Information:**

Describe your proposal briefly.

Identify objectives and/or research questions.

Summarize the current literature or comment on novelty of constructs/proposal. Please include search terms you used.  
(Optional - If you want to publish data.)

Discuss the research method(s) and plans for analysis, if known:

Discuss the plans for this study (Research, Quality Improvement, Curriculum change):

Targeted Timeline:

Plans for publication and/or presentations:

IRB application submitted: Yes (IRB Approval number or QI Certificate) No

#### **Proposal Considerations:**

Sources of funding, if applicable:

Sources of other support (data entry, transcription, etc.) for proposal, if applicable:

Any known Conflict of Interest by any party?

***Complete only if you are proposing a survey for study.***

#### **Survey Proposal Information:**

Describe the purpose of your survey briefly.

Summarize the current literature or comment on the novelty of this survey and questions.

Targeted Timeline for Survey:

***Attached draft of survey with submission of proposal form.***

**Questions?** Please contact Michele Knoll Friesinger, MA, CHES at [knollm@musc.edu](mailto:knollm@musc.edu).

**OAEQI OFFICE USE ONLY:**

Date submitted:	Date reviewed – and by whom:	Data approved:
IRB approval number:	Academic Year:	
Feedback sessions?	OAEQI resources required:	