

**Office of Assessment, Evaluation, and Quality Improvement (OAEQI)**

**Research Proposal Form**

*Proposals will be reviewed in accordance with the COM Medical Education Research and Publication Policy. For medical education research assistance please complete this form and email to* *knollm@musc.edu*

**Contact Information**:

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: [ ]  No [ ]  Yes (IRB Approval number or QI Certificate)

**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? [ ]  No [ ]  Yes (describe)

**Survey Proposal Information**: ***Complete only if you are proposing a survey for study.***

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**:**

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

***Questions?***  *Please contact Michele Knoll Watson, MA, CHES at* *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: