THE UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE
DEPARTMENT OF INTERNAL MEDICINE
HOUSE OFFICER SCHOLARLY ACTIVITY PROPOSAL

Name: ________________________________
Telephone: ___________________________ E-mail: ________________________________

Residency Year: _________________________
Mentor(s): ______________________________
Telephone: ___________________________ E-mail: ________________________________

Full Title of Project: ____________________________
________________________________________________________________________
Type of Project: ____________________________
Site(s): ___________________________________

Anticipated dates: From ______________ to ______________
Presentation date: ___________ Presentation location: ____________________________

This proposal requires an outline of fewer than five (5) pages in length describing the objective/hypotheses, background data, methodology to be used, resources required, and estimated direct costs (see example in House Officer Scholarly Activity booklet). An application to the Institutional Review Board or funding agency also is acceptable. Additionally, see the reverse side for suggested format. This information should be reviewed and approved by the Mentor, then the House Officer Research Committee.

1 Resident Signature: ______________________ Date: ______________________

2 Mentor Review of Scholarly Project Proposal: I have reviewed the above information and attached narrative. I do [ ] do not [ ] support the proposal and agree to act as mentor. I also agree to submit to the program director a brief written evaluation of the project and the involved resident at its conclusion.

Signature: ____________________________ Date: ______________________

3 Appointment with Sarah Morley, Clinical Librarian: ____________________________
(date)

Please return this form to the Office of Research, DOIM, MSC 10 5550, ACC-5th floor, for further processing.

Approved/noted: ______________________ Date: ______________________
Committee for House Officer Scholarly Activity (CHOSA)

Approved/noted: ______________________ Date: ______________________
Residency Program Director

cc: House Officer, Mentor, Office of Education, File
Recommended Outline of
House Officer Scholarly Activity Proposal

Name:
Date:
Title of Project:
Name of Mentor(s):
Project Goal(s):
Background:
Plan:
Resources:
Costs:
Report and Presentation:

Recommended Outline of
House Officer Research Proposal

Name:
Date:
Title Of Project:
Mentor:
Research Question:
Background:
Design And Plan:
Selection Criteria:
Sampling Design:
Predictor Variables:
Outcome Variables:
Statistical Issues:
Size And Power:
Resources:
  Secretarial
  Ancillary Staff
  Laboratory
  Data Processing
Costs:
  Laboratory
  Equipment
  Data Processing
  Data Analysis
  Presentation Materials
  Travel
Time Line:

(Submit proposals to the Office of Research, DOIM, 5-ACC)