

## **Instructions for Completing the Empire Clinical Research Investigator Program (ECRIP) Project Abstract**

*The following information includes comprehensive instructions for completing the Empire Clinical Research Investigator Program project abstract, an objective of the GME Reform Incentive Pool.*

### **Select Hospital**

Select your hospital and operating certificate number from the drop down menu if it does not already appear, then click select.

### **Select a Year**

Choose the year you are submitting information or select a previous year to review previously submitted information.

### **Principal Contact Information**

**Please include the name of one principal contact for ALL projects submitted by your institution**

Provide the name, address, phone number, fax number and e-mail address of a person that can be contacted regarding ALL the projects for the Empire Clinical Research Investigator Program that your institution is submitting. This person will be responsible for answering all questions and providing any follow-up information to the Department of Health as well as act as a liaison between your institution's GME office and the medical departments that support clinical research.

**I certify that this institution has read and agrees to abide by the requirements of the program**

This attestation, made by the principal contact, certifies the accuracy and completeness of the submitted information to the best of his or her knowledge, and that the institution abides by all the program requirements.

**Tracking of the career development of the participating physician researcher(s).**

Describe the method that the hospital will have in place to track the career development of the participating physician researcher(s) to determine if the physician(s) pursued a career in research.

Will the researcher be contacted after completion of project?

- Frequency of contact – yearly, every two years?
- Duration of contact – should continue for at least 15 years
- Method of contact – via phone, mail, e-mail

What information will be asked for?

- Employment status – academia, industry, research, practicing medicine
- Current rank, position, promotion/tenure
- Active participation in clinical research, bench research, oversight positions, mentor positions
- Support received from research grants- government, private
- Biographical sketch, curriculum vitae

Will a Medline, Pubmed or other computerized medical literature database search be performed for published articles?

Will meeting abstracts for relevant medical meetings be reviewed for researcher participation?

Who will maintain contact?

- hospital, GME office, clinical department, sponsor/mentor

Will sponsor/mentor contact be continued for additional information regarding the researcher?

### **Project Information**

Please refer to the reference file Maximum Number of Clinical Research Positions for the total positions each teaching hospital is eligible to submit for funding.

**Questions with a word count limit will only save the maximum specified words. It will not be possible to continue beyond a question with a word limit if the maximum number has been exceeded. An error message will appear.**

**If your teaching hospital is reporting multiple projects, report them in priority order, with project #1 being the most preferred project. This is necessary in case projects need to be eliminated within a region.**

**Complete all questions. Responses that are blank, incomplete or solely reference to see response in another question will not meet program requirements.**

## **GME Consortium**

Provide the name of the GME consortium **only if this project is being submitted by the hospital on behalf of the GME consortium.**

### **1. Research Topic**

Enter a few words to describe the research project (in layman's terms).

### **2. Project Title**

Provide a title to identify the proposed research project. Please select Yes in the box if the project is associated with another ECRIP project submitted this year, and give the name of the associated project, the institution submitting the project and the project number. Check the box to verify that the project is not a previously funded ECRIP project.

### **3. Project Director**

Enter the name of an individual who is responsible for the overall project. This person may be the sponsor/mentor.

### **4. Sponsor/Mentor of Clinical Researcher**

Enter the name of an individual who is responsible for the guidance and supervision of the physician executing the research project along with a phone number and e-mail address.

### **5. Sponsor/Mentor Education/Training (250 word limit)**

Provide the education/training of the sponsor mentor, including the institution and location where the education/training took place, the degree received (if applicable), year(s) of study, and the field of study.

### **6. Sponsor/Mentor Positions and Honors (250 word limit)**

List in chronological order previous positions, beginning with your present position. List any honors. Include present membership on any State or Federal Government public advisory committees.

### **7. Sponsor/Mentor Peer-Reviewed Publications (250 word limit)**

List in chronological order, publications in selected peer-review publications, beginning with the most recent. Do not include publications submitted or in preparation. Include only publications that are related to the topic covered in the proposed ECRIP project.

### **8. A. Sponsor/Mentor Research Support (200 word limit)**

List selected ongoing or completed (during the last five years) clinical research projects (government and non-government support). Begin with the projects that are most relevant to the research in this project description. Briefly

indicate the overall goals of the projects and your role (e.g. PI, Co-Investigator, Consultant) in the research project. Do not list award amounts or percent effort in projects.

**B. Sponsor/Mentor Experience in Mentoring (200 word limit)**

Include all experience mentoring students, including researchers.

**9. Sponsor/Mentor (check all that apply):**

Please check all boxes, A, B and/or C, that apply to the project **Sponsor/Mentor**.

Enter the name of the institution that applies to each checked box. To qualify, the institution in A, B and C must have received NIH funding in the last five years. Please refer to the [Link to NIH Extramural Awards by State and Foreign Site](#) for a list of institutions receiving funding (click on the fiscal year and then New York).

**10. Primary Location of Researcher**

Provide the name and address of the institution where the physician researcher will be located to perform a majority of the research project.

**11. Clinical Department**

Provide the clinical department this research project is affiliated with in the institution.

**12. Type of Clinical Research**

Choose one type of clinical research that will be addressed in the research project from the selections provided.

**13. Goals and Objectives for the Researcher (425 word limit)**

Describe the knowledge and training experience expected to be gained in clinical research by the physician researcher. Such goals and objectives should be clear, reasonable and challenging for the researcher.

**14. Project Background (425 word limit)**

Provide background information on the research topic and how the research project relates to the topic. Include the scientific relevance and the health implications of the research project, as well as the need for this type of research.

**15. Project Summary and Objective(s) (425 word limit)**

Provide a clear and comprehensive summary with sufficient detail of the research project and state what is intended to be accomplished through the research. Also, note if the project is part of a larger study.

**16. Describe Data and Methodology (425 word limit)**

Explain the necessary methods for collecting, analyzing and reporting the data to proceed with the research project. Include number of patients involved in research and describe the contact the researcher will have with the patients. Such data and methodology should be valid, rigorous and consistent to the project objective(s).

**17. Project Expected Measurable Outcomes (425 word limit)**

Provide the measurable outcomes that you expect to obtain through the research. This should be provided as results reported in a journal for publication or at a scientific meeting and be consistent with the project timeline.

**18. Timeline of Researcher Tasks and Responsibilities (425 word limit)**

Describe what specific tasks the researcher will perform during the research project and the overall responsibilities he or she will have in advancement of the research. Report a breakdown of the tasks on a monthly or periodic basis,

including any project deliverables and major project milestones. Also, include anticipated activities the researcher will participate in, such as seminars or conferences. If the project is for two years, include information for both years.

**19. Potential Journals for Publication of Research Project (200 word limit)**

List potential reputable journals (at least three) the research may be submitted to for publication upon completion.

**20. Potential Scientific Meetings for Presentation of Research Project (200 word limit)**

List potential reputable scientific meetings (at least three) in which the project may be presented upon completion. In addition, the researcher must be willing to present at a research symposium sponsored by the Department of Health at a future date to be determined.

**21. Significance of Research to the Health of New Yorkers (200 word limit)**

Describe how the research could significantly impact the health of people specifically residing in New York State.

**22. A. How Many Years of Funding**

Select one or two years of funding that is being requested.

**B. Itemize the Budget for the Proposed Research Position**

The funds from this program are intended only for the funded research position salary and fringe benefits. The institution is expected to provide an equivalent level of funding (at a minimum) for all other costs. Itemize the portion of ECRIP funding that will be allocated toward salary and fringe benefits (total of \$75,000) as well as the funding provided by the institution or another source to cover supplies, travel, equipment, supervision, overhead and other services. Provide the percent of effort the Sponsor/Mentor will be providing for the project. If the project is for two years, include information for both years.

**23. Qualifications Required for Position (200 word limit)**

Provide the qualifications necessary for a physician to be accepted by the institution in order to take part in the research project as well as a process in which the researcher's long term career interest in clinical research can be evaluated. These should be in addition to the ECRIP requirements.

**24. Formalized Instruction**

Provide information that will ensure that the researcher has been or will be involved in formalized instruction in clinical research, such as course work in biostatistics, clinical trial design, grant writing and research ethics.

**25. Describe Recruitment Strategy (200 word limit)**

Describe the steps the institution will take to recruit potential candidates for the research position, in particular, how you will target candidates who are interested in pursuing a career in clinical research.

**Prospective Project Reviewers**

Include the names of **two** professionals with clinical research experience from your institution or affiliated institutions who are willing to review ECRIP projects (from other institutions in New York State) for the Department of Health. Include the necessary contact information, specialty, clinical department and any personal or professional affiliation the individual has with hospitals or medical schools that would present a conflict of interest in carrying out a review of a project.

Only submit names of reviewers that you have contacted directly and that have agreed to participate as a reviewer. Submit two names for each abstract submitted (not two names per institution, if your institution has more than one abstract).

Reviewers should: (1) be willing to meet for a training (briefing) session; (2) be available to review up to six project abstracts; (3) agree to sign a conflict of interest attestation; and (4) be able to return the review tool to the Department of Health GME staff within a four week review period during May and June.

Conference calls or meetings may be necessary and could be scheduled to resolve difference among reviewers.

Reviewers should have broad familiarity in clinical research and should not present limitations to review abstracts for a particular specialty or research topic. Projects will be assigned to reviewers to avoid personal and professional affiliations between the reviewer and sponsoring institution. Staff may attempt to assign projects based on specialty but this should not be expected by the reviewer.