

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 or fax to 843-792-8253

Name of Principal Investigator:

Department:

Faculty Rank:

Email address:

Phone:

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:

Targeted Timeline:

Plans for publication and/or presentations:

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?

Questions? Please contact Michele Knoll Friesinger, MA, CHES at knollm@musc.edu.

OAEQI OFFICE USE ONLY:

Date submitted:

Date reviewed – and by whom:

Data approved:

E-IRB or Full IRB review:

IRB approval number:

Academic Year:

Feedback sessions?

OAEQI resources required:

Primary OAEQI contact for proposal: