

Center for Experiential Learning Research Intake Form

Thank you for your interest in conducting simulation-based research. We would like to understand your research so we may best support your work. Please answer the following questions to the best of your ability. If you are not sure about an item, just state what you know.

Title

PI Contact Information

Project Personnel

Please list all personnel involved with your project as well as their role(s), e.g., co-investigator, research coordinator, statistician, etc.

Institutional Review Board status (Approved / In review / Not yet submitted)

If your project is approved, please provide the IRB study number.

Overall Objective

Please provide a 1-2 sentence overview of the objective of your project

Specific Aims

Please list the specific aims and hypotheses for your project. If your work is not hypothesis-driven, please state the goals of the project.

Background / Significance

Please provide a brief background for your work. This section should be sufficient to demonstrate the novelty of your work and provide support that your team has conducted a literature review.

Study Design

Subjects

Please describe your subjects, your enrollment procedure, and your expected enrollment.

Intervention

If you are studying an intervention, please describe all components of the intervention. Clearly state what the intervention group and control/comparison groups will experience and when. If you are proposing an observational or cohort study, please describe.

Outcomes

Please clearly define and describe your outcomes. Please cite any sources that support validity evidence for outcomes. If you are using established outcome measures in a new way, or are developing your own measures, please describe any validity evidence or plan to collect validity evidence.

Data Collection

Briefly describe data collection procedures you will use. Please specify if video recording or direct observation is needed for your study

Data Analysis

Please describe your analysis plan for all components of the study. Please include your sample size calculation if appropriate.

Timeline

Please briefly describe when you plan to execute your study. Please specifically highlight the dates/days and times you will need CELS resources.

Can you estimate the simulation-based resources you might need to complete the project?

Examples: simulation technology, technician time, space, AV equipment, medical disposables (e.g., endotracheal tubes). If you are unsure, it is ok, we will meet with you to determine your needs.

Does your project need to go through any other scientific review process? If so, what?

Do you have any departmental or grant funding for the proposed work?

Is this project one that would occur for educational purposes independent of the proposed research?

Is this a project you intend to submit for grant funding? If so, please provide details about the grant request for proposals and deadlines.