APPD Proposal Submission Preview Document

**Survey Title:** [Text]

**Survey Type:** **(Select One)**

PRIME (Residency Programs, Residents)

SPIN (Fellowship Programs, PDs, Fellows)

RSLC (Residency PDs, APDs, Coordinators, Chief Residents)

Not Sure (Need assistance identifying a pathway)

**Principal Investigator**

**Investigators:**

|  |  |
| --- | --- |
| *\**First Name |  |
| *\**Last Name |  |
| *\**Degree |  |
| *\**Title |  |

*Please list your title (e.g. Professor or Instructor).*

|  |  |
| --- | --- |
| *\**Organization/Institution |  |
|  |  |
| *\** Role in project |  |
| *\**E-Mail Address |  |
| *The following demographic information will not be shared with reviewers and will only be used to inform APPD LEARN's diversity, equity, and inclusion efforts.* | |

**Gender Identity (please select all that apply)**

Female

Male

Male-to-Female (MTF)/Transgender Female/Trans Woman

Female-to-Male (FTM)/Transgender Male/Trans Man

Genderqueer, neither exclusively male nor female (the term "Non-Binary" is also commonly used

Prefer not to answer

Different identity (please state):

**Race/Ethnicity (please select all that apply)**

American Indian or Alaska Native

Asian

Black or African American

Hispanic, Latino, or of Spanish Origin

Native Hawaiian or Other Pacific Islander

White

Prefer not to answer

Different identity (please state):

Please specify your ethnicity



### Section I: Study Population

**This proposal collects data FROM: (check all that apply)**  
Residents, Residency Program Directors, APDs, etc., Residency Program Faculty, Residency Coordinators, Fellows, Fellowship Program Directors, Fellowship Program Faculty, Fellowship Coordinators, Chief Residents, Medical Students, Pediatric Sub-Interns

**This proposal collects data ABOUT: (check all that apply)**  
Residents, Residency Program Directors, APDs, etc., Residency Program Faculty, Residency Programs, Residency Coordinators, Fellows ,Fellowship Program Directors, Fellowship Program Faculty, Fellowship Programs, Fellowship Coordinators, Chief Residents, Medical Students, Pediatric Sub-Interns

### Section II: General Study Information

**Title**

Name of Study

**Specific aims**

Include the research question to be answered and/or hypotheses to be tested.

**Background and significance**

Explain why the research question is important to APPD membership and pediatric training. How will this study add to, or address knowledge gaps in the existing literature in the area of the research question? In reviewing the literature, be selective, rather than exhaustive, favoring the most important previous work. Please include any work that investigators may have conducted in this area.

**Data to be collected**

Describe the data collection requirements. Why are you collecting data on the population you selected? What will each participating program or individual have to do to collect data? (Include specific instruments in the Appendix described below but **note that APPD LEARN and RSLC will implement survey instruments on its own platform rather than your local institution's platform**). When and how often will data collection occur? If your study includes a survey instrument, please describe how it was developed and/or tested.

**Data analysis**

Describe the plan for analysis of the data obtained. Organize the plan by each research question to be answered or hypothesis to be tested.

**Support obtained**

If the project has obtained any financial, human resources, technological, or other in-kind support, including support from the investigators' institutions as well as external grants, contracts, or other funding, describe it here. If not, please write "none". Please list any additional personnel (research assistants, grant managers, etc.).

### Do you have any potential conflicts of interest to report?

Yes/No

**Support needed**

If the project requires resources, other than data collection sites or data analysis, not already available to the investigators, please explain them here. Examples might include technological support, human resources, etc. Proposals that require substantial resources may not be feasible for APPD LEARN without outside support.

### Appendices

Please upload the following documents to your application. If you do not upload the following documents, your application will not be considered complete.

[Biosketch of principal investigator](https://apps.appd.org/survey_submission/docs/biosketch-blank-format-rev-10-2021.docx)  
**Please download the NIH biosketch template by clicking on the link above. Please complete this form and upload below.**

**If IRB approval has already been obtained at the member program (as the project's lead site), include a copy of the approval or exemption letter. IRB approval or exemption will be required before the project can begin, but need not be obtained before submitting the proposal; APPD LEARN staff will assist in the IRB application for successful proposals.**