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**The Department of Orthopaedic Surgery**

***Research Fellowship Application***

**2018-2019**

**Boston Medical Center**

**Department of Orthopaedic Surgery**

**850 Harrison Avenue, Dowling 2 North**

**Boston, MA 02118**

**(617) 414-6269**

## Fellowship Description

We are seeking candidates who are current Boston University medical students and demonstrate an interest in the field of orthopaedic surgery. The Total Joint Research Laboratory at Boston Medical Center is a renowned practice led by Dr. Eric Smith. We offer medical students who are interested in orthopaedics the opportunity to spend their spare time participating in clinical research and shadowing joint surgeons Drs. Eric Smith, David Freccero and Michael Kain in clinic and the operating room. The goals of this fellowship are:

**Objectives:**

* To introduce clinical topics in orthopaedic research;
* To write up study results for potential publication and presentation;
* To understand legal, ethical and regulatory aspects of research;
* To acquire basic knowledge and experience of research protocol development including literature searches, study design, data collection, statistical analysis and interpretation, IRB application, and manuscript writing;
* Gain insight into the clinical practice of orthopaedics through shadowing opportunities in clinic and the operating room

**Required Documents:**

□ Current CV

□ Unofficial/official copy of undergraduate transcript

□ Completed Questionnaire (found on page 2)

□ Writing Sample

□ Letter(s) of Recommendation (Optional, but suggested)

□ Copy of photo ID (License, student id, etc.)

**Requirements after Acceptance:**

**□** Completion of the CITI training

<https://www.citiprogram.org/>

* Register under BUSM as a Biomedical Researcher
* Fulfill Good Clinical Practice Training (GCP) requirement
  + [http://www.bumc.bu.edu/ohra/required-training/good-clinical-practice-gcp-certification/](https://urldefense.proofpoint.com/v2/url?u=http-3A__www.bumc.bu.edu_ohra_required-2Dtraining_good-2Dclinical-2Dpractice-2Dgcp-2Dcertification_&d=DwMFAg&c=2rxEOw2KLbNB-I14iNYDhE3HM0YslhWt2FDmep0EPOI&r=cCfjCjmql4Hon5uvomk6_qIzcyB8YEKTASZw5JWm1A0&m=f_cHYFhscTec127haUaiS6YMYsC6e08EpmSAPlgZogs&s=WhkDFOn_IjEumfjRhXQWtK2EaCT2WzO8doSDa3VregQ&e=)
  + <https://www.citiprogram.org/index.cfm?pageID=90>
* **If you have obtained these training certificates before, please submit them in together with your application package.**

**Submission Instructions:**

***Please submit complete application to:***

Ruijia.Niu@bmc.org

**Instructions:** Please complete the questions below and return the

form to Ruijia Niu via e-mail at [ruijia.niu@bmc.org](mailto:ruijia.niu@bmc.org)

**Applicant:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education:**

Undergraduate Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Undergraduate GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MCAT Score: \_\_\_\_\_\_\_

Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Medical School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Year of Medical School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical School GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Extracurricular Activities:**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer Experience:**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hobbies/Skills:**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Research Experience:**

Have you had past experience in clinical research: Yes  No

If you answered “yes” to the question above, please describe your work:

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Please describe your interest(s) towards Orthopaedic Research: Why do you want to do research with us?

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Please describe your expectations and learning objectives of this fellowship: What do you expect to gain after this fellowship? (Research design skills, statistical skills, academic writing skills, authorship of publication, etc.)

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How many hours (per week) do you anticipate devoting to your research? \_\_\_\_\_\_\_\_\_\_\_

**Career Plans:**

Please describe your ultimate career plans (i.e. specialty, academic vs. private, etc.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_