**BU/BMC SURGERY PROJECT INTENT DRAFTING FORM**

*The purpose of this form is to help you to perform research that will be successful and get published. We find that organizing the plan first and having mentor buy-in (where appropriate) on the design and methods, as well as identifying others who may be needed to get the research not only presented but published, has been critical to previous success. Please answer the following questions to the best of your ability, with as much specificity as possible. Please email any questions to Sunday Clark, ScD (**Sunday.Clark@bmc.org**)* ***OR*** *Kelly Kenzik, PhD (**Kelly.Kenzik@bmc.org**) with the subject line: [Name] Project Intent Form Help*

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| --- |
| Date: |
| Name, role (student, resident, fellow, faculty, etc.):  |
| Project lead:  |
| Primary clinical mentor: |
| Primary methods mentor (if same, please indicate): |
| Other collaborators/co-authors (this may change as the project evolves): |
| Working Title: |
| Is this a new project or a sub-project of a project that has been previously submitted?1. New Project.
2. Sub-project (please describe previous project, attach previous intent form if possible).
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| Is this a proposed project or an ongoing project?1. Proposed (indicate anticipated start date).
2. Ongoing (describe progress to date).
 |
| Is this project part of a grant proposal?1. Yes.
2. No.
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| Do you need grant writing support?1. Yes.
2. No.
 |
| Has the appropriate study design been determined?1. Yes (describe below).
2. No, I need help (describe below).
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| Has the appropriate statistical analysis plan been determined?1. Yes (describe below).
2. No, I need help (describe below).
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| Do you need support to conduct the statistical analysis?1. Yes, support for doing the analysis.
2. Yes, support with SAS/Stata/R code so that I can do the analysis myself.
3. No.
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| Has IRB approval been obtained?1. Yes, the approval letter is attached.
2. No, the application is currently being drafted.
3. No, I need help (describe below).
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| Do you anticipate needing additional resources (this may change as the project evolves)?1. Yes (describe below).
2. No.
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| Will this project require primary data collection?1. Yes (describe data to be collected and plan for data collection).
2. No (describe the existing data source that will be used, including the plan for accessing data).
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| Has a data dictionary or code book been included with this form?1. Yes, it is attached.
2. No, we are still working on it.
3. No, I need help (describe below)..
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| Describe the plan for secure data storage (to be completed for projects involving primary data collection *AND* projects involving secondary data analysis): |
| Is a Data Use Agreement (DUA) needed?1. Yes, a copy of the executed DUA is attached.
2. Yes, the DUA is currently being negotiated.
3. No.
 |
| Describe next steps necessary to move forward/complete this project: |
| Are you targeting submission to a particular conference?1. Yes (list conference and abstract submission deadline).
2. No.
3. Not sure.
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| **DRAFT ABSTRACT**Objective or Hypothesis: Methods (in as little or as much detail as possible, please include data sources, variables or attach data collection forms if relevant):Sample Results (What do you think you might find? What do you hope to find? It is okay to use pseudo numbers such as XXX, YYY for a dummy abstract): Conclusions (What conclusions would you ideally draw? What would be an unexpected outcome? What next steps might there be?): |

**If Trainee,** Please have your primary clinical or methods mentor complete the attached attestation in the online form