UMASS Medical School, Department of Emergency Medicine

Emergency Medicine Research Committee Policies

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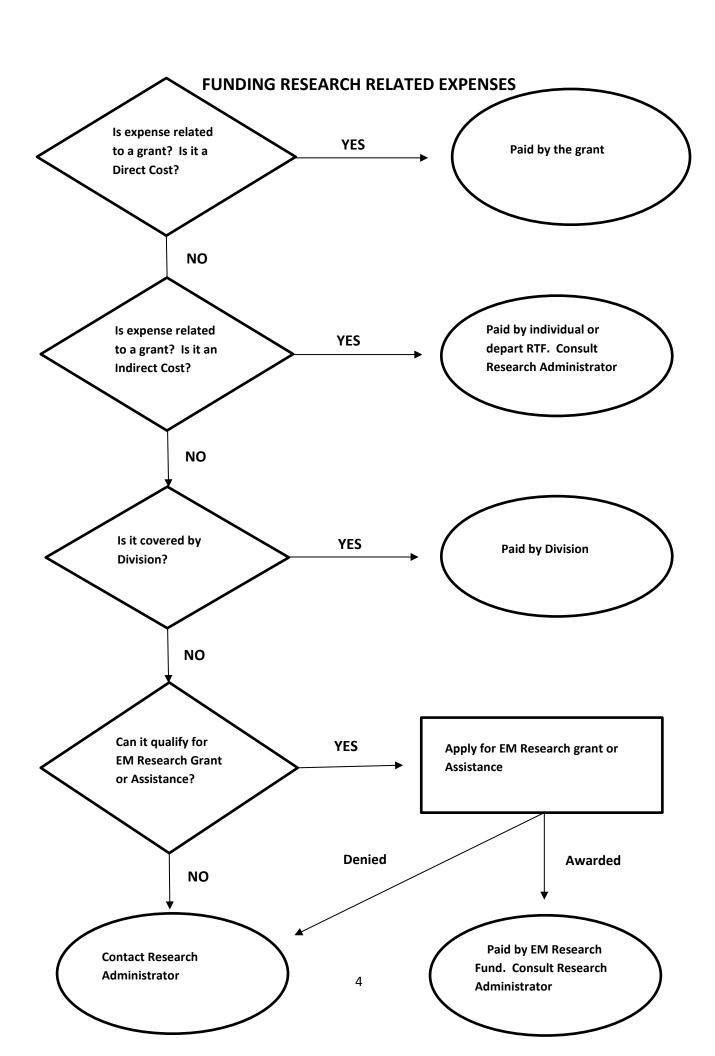# Department of Emergency Medicine Research Personnel

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Steven Bird, MD	Research Committee Member	508-421-1422	steven.bird@umassmemorial.org
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1. Funding Research Expenses for Emergency Medicine

1.) <u>Policy Statement:</u> The Department of Emergency Medicine supports the University's policy to promote teaching and research. Following the Medical School's commitment to education and research, Emergency Medicine provides financial aid for all Personnel. This policy covers all research related expenses, including, travel, research supplies, salary support, registration fees, poster printing fees, etc. See below for expenditure payment flow chart.

2.) <u>Policy Guidelines:</u>

   2.1 All EM Staff can apply for assistance, including Faculty, Fellows, Residents, Medical Students, Volunteers and Research Staff.

   2.2 Once it's determined that the expense qualifies for EM Research Assistance, the applicant must either fill out the EM Research Small Grant Application (Appendix A) or the Department of Emergency Medicine's Funding Assistance Request Form (Appendix C).   See below for more details.

FUNDING RESEARCH RELATED EXPENSES

Is expense related to a grant? Is it a Direct Cost?

YES → **Paid by the grant**

NO ↓

Is expense related to a grant? Is it an Indirect Cost?

YES → **Paid by individual or depart RTF. Consult Research Administrator**

NO ↓

Is it covered by Division?

YES → **Paid by Division**

NO ↓

Can it qualify for EM Research Grant or Assistance?

YES → **Apply for EM Research grant or Assistance**

NO ↓

Denied → **Contact Research Administrator**

Awarded → **Paid by EM Research Fund. Consult Research Administrator**

4

Part 2 – Expense Procedures:

1.) <u>EM Research Small Grant Process:</u>

The Department of Emergency Medicine strives to enrich and support Emergency Medicine research and to promote collaboration among our faculty members. Therefore, we have developed a program to financially support small grants for Emergency Medicine faculty. Below are the grant submission procedures.

1.1 Applicant completes the internal grant application (Appendix A).   Criteria for applications:

      1.1.1   Research not currently funded by external funds or existing grant
      1.1.2   Building preliminary data for future studies
      1.1.3   Studies that will significantly enhancement scholarly careers in those individuals that are pursuing a career in research
      1.1.4   Residents and Fellows must have a Mentor

1.2 Applicant sends completed application to Review Coordinator along with science and budget.

1.3 Budget must not exceed $15,000.

1.4 Research Committee reviews, provides feedback and recommendations for funding. Applicant may be asked to present proposal at a Research Committee meeting.

1.5 Research Committee will vote to either fund or deny.

1.6 If funded, an award letter is distributed to applicant. Review Coordinator will send out congratulatory letter of funding approval (Appendix B). If denied, applicant will be notified via email/letter by Review Coordinator.

1.7 Once original application is signed and approved, applicant will be instructed to see the Research Administrator for financial instructions.

2.) <u>Travel Expenses:</u>

2.1 Medical students, research personnel, or volunteers who are <u>presenting authors</u> at national conferences (SAEM, ACEP, etc.) can apply for a maximum of $500.00 to help with the costs of their flight and hotel. Faculty can apply for more; however, they must have a strong justification.

2.2 See Appendix C for the Department of Emergency Medicine's Funding Assistance Request Form. This form must be completed and signed by the applicant, their faculty mentor/PI and/or Division Director, Vice Chair of Research, and the Research Administrator.   Summit to Research Administrator.

2.3 University policy states that a pre-travel authorization form must be completed prior to travel: http://inside.umassmed.edu/globalassets/financial-services/airfare-pre-travel-authorization_final.pdf

2.4 Pursuant to our financial responsibility to the University
http://inside.umassmed.edu/Policies/Policies-listing-page/Financial-Services/Accounting-and-Finance/Travel-and-Business-Expense-Reimbursement-Policy/ and to the department as this relates to travel reimbursement you must submit all <u>original</u> receipts to our Research Administrator.

3.) Poster Ordering:

3.1 **5 days prior to when you require it for the conference:** Email your poster file to the Assistant Research Director. The Assistant Research Director will review your poster for errors and ensure that it is institutionally compliant. In the body of your email include the following information:

    3.1.1   Funding source
    3.1.2   Name of conference
    3.1.3   Dates of conference
    3.1.4   When are you leaving for the conference?
    3.1.5   Required poster dimensions, fabric, paper (matte or glossy)
    3.1.6   Home Address
    3.1.7   Cell phone number
    3.1.8   Note: The Assistant Research Director will charge the poster expense to the department Medical School Pro-card. Receipts will be given to Research Administrator who will allocate to the appropriate funding account.

3.2 <u>Funding source</u>:
    3.2.1   Faculty/Principal Investigator for the study content will be responsible for determining which of their accounts the poster(s) are to be funded from.
    3.2.2   If there is no funding available, Applicant may apply for Assistance. See Appendix C.

3.3 Poster printing resources: http://www.makesigns.com/

3.4 <u>Technical Information</u>:
    2.4.1   To design your poster, go to Power Point
    2.4.2   Click on Design on the tabs at the top
    2.4.3   Click on Page Setup
    2.4.4   Set the slide to be ½ of the finished size – Example: if you want a finished poster to be 4X6 feet, set the size to be 24 inches by 36 inches

4.) <u>Miscellaneous Expenses</u>

4.1 For all other expense requests, i.e. supplies, consultant costs, applicants must fill out the Emergency Medicine's Funding Assistance Request Form and return to Research Administrator. See Appendix C.

5.) <u>Summer Research Medical Student Hire Stipend Supplement Procedure</u>

<u>Definition</u>:
Medical student research intern = A medical student who commits to full time work on an Emergency Medicine research project for a designated period, usually spanning 8 to 12 weeks.

5.1 <u>OMUE internship subsidization</u>: If a faculty member is matched with an OMUE medical student research intern and does not have funds to cover the ½ stipend, he/she can apply for a scholarship to cover the cost. This application will NOT be critically reviewed by the Research Committee. The application (Appendix D) should be submitted to the Vice Chair of Research, and it should contain: student name, mentor name, dates of internship, research project title, research project description, anticipated role and responsibilities on the project, and anticipated deliverables for the medical student research intern.

5.2 <u>Non-OMUE internship coverage</u>: If a faculty member has identified a medical student who is interested in conducting a non-OMUE research internship, he/she can apply for a scholarship to cover the cost, not to exceed the standard stipend used by OMUE. This application will NOT be critically reviewed by the Research Committee. The application should be submitted to the Vice Chair of Research, and it should contain: student name, mentor name, dates of internship, research project title, research project description, anticipated role and responsibilities on the project, and anticipated deliverables for the medical student research intern.

(Pilot effective May 2016)
- *A cap of 4 students per summer*
- *Pilot this initiative for summers 2016 and 2017*
- *Look at progress in the months after the internship ends*
- *Obtain feedback from the medical student and the PI on whether it was worth the investment*

Part 3 – Research Resources:

1) IRB
   If you plan to conduct research involving human subjects, the research study must be reviewed and approved by the UMass Institutional Review Board (IRB) before the study begins.

   1.1. For information regarding UMass IRB requirements, please see:
        http://www.umassmed.edu/ccts/human-research/

   1.2. All Investigators and staff involved in human subject's research must complete the online Collaborative Institutional Training Initiative (CITI) human subjects online training program. For information on CITI training, please see: http://www.umassmed.edu/ccts/irb/CITI-GCP/

   1.3. The following is a guide to eIRB submissions: http://www.umassmed.edu/globalassets/emergency-medicine/emermed_research/tips-for-investigators_eirb-submissions_10-21-20131.pdf

   1.4. All IRB (Institutional Review Board) Applications are first reviewed by the Assistant Research Director, or by your division director. Should you have any questions please reach out to the Assistant Research Director directly.

2) Grant Submission Process

   2.1 **ALL** Grant submissions must be discussed with the Research Administrator or Grants & Contracts Specialist at least 10 weeks prior to submission. See below for Roles and Responsibilities and submission checklists.

   2.2 For information regarding UMass grant submissions see the Office of Sponsored Programs at: The following is a guide to eIRB submissions: http://www.umassmed.edu/globalassets/emergency-medicine/emermed_research/tips-for-investigators_eirb-submissions_10-21-20131.pdf

   2.3 For information regarding NIH submissions see: https://grants.nih.gov/grants/grants_process.htm

3) QHS Support

   3.1 The Quantitative Methods Core (QMC) is the service arm of the Department of Quantitative Health Sciences. They can help with study design, grant writing of statistical methods, sample size and power calculations, advise on resources for Heath Services and Health Outcomes Research, Health Informatics, and Mobile technologies, collect and manage data, analyze data and prepare reports and publications.

   3.2 See url for further information on the Quantitative Methods Core: http://www.umassmed.edu/qhs/qmc/

   3.3 See url for request form: https://ummscwmuhs.quickbase.com/db/bh7tugdhb?a=nwr

NIH AND OTHER EXTRAMURAL PRE-AWARD PROCESS FLOWSHEET
Updated by UMMS Emergency Medicine Research, 2/2013

~10 WEEKS

Principal Investigator Responsibilities
1. One-time registration w/NIH eRACommons & UMass CAYUSE acct.
2. Contact Research Administration 10 weeks prior to NIH Deadline
3. Review announcement (RFA, PA, etc) with Administrator
4. Obtain Grant Processing Checklist and work on those tasks identified for the PI, including:
    a. Detail & Cum. Budget
    b. Budget Justifications, including UMass statement of work
    c. Biosketches
    d. Resources/Facilities pages
5. Review all Subcontract materials w/Administrator
6. Sign eSummary Disclosure of Financial Interests Form-eSDFI (prepared by Admin)
7. Approve all Cayuse administrative pieces
8. Upload Grant Application pieces needed for OSP review for CAYUSE (if electronic), including:
    a. Title
    b. Abstract
    c. Biosketches
    d. Resources/Facilities pages
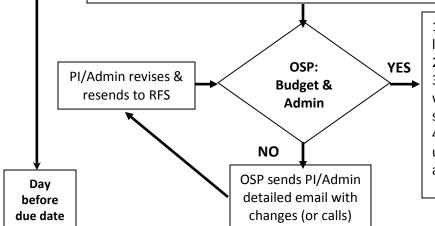9. Help prepare other documents required by UMass or sponsor

Research Administrator Responsibilities
1. Obtain Grant Processing Checklist and work on those tasks identified for the Admin, including:
    a. Creating Face Page
    b. Obtaining contact information for all Key Personnel
    c. Complete Checklist
    d. Contact Sub Institutes for need documents
    e. Collect signed eSDFIs for all UMass key personnel
2. Begin Cayuse application, if electronic submission
3. Complete UMass Routing Form from PeopleSoft
4. When budget is complete, approve, get signatures for OSP (signatures include PI, all Co-I, Administrator, EM Chair, and other department chairs)
5. Review Grant Application (entered by PI)
    a. Institutional information
    b. Common errors
    c. Correct application package for the RFA/PA/Grant mechanism
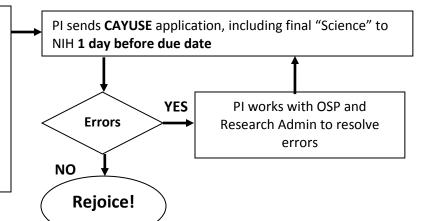6. Lock Cayuse application

6 business days

Research Administrator sends all documents to OSP **"SCIENCE" IS NOT DUE AT THIS TIME:
1. Should be sent no later than 6 business days before submission deadline (9 days for PA's, Center Training, or contain International con sortie)
2. OSP-3 level review of budget, budget justification, all required documents, including Cayuse administrative pieces

PI/Admin revises & resends to RFS

OSP: Budget & Admin — **YES** → 1. SO Signs consortia letters & RF. 2. Cayuse approved 3. Admin/PI contacted with approval for submission. 4. Final "Science" uploaded by PI, if not already done

NO → OSP sends PI/Admin detailed email with changes (or calls)

PI sends **CAYUSE** application, including final "Science" to NIH **1 day before due date**

Errors — **YES** → PI works with OSP and Research Admin to resolve errors

NO → **Rejoice!**

Day before due date

Pre Award GRANT PROCESSING CHECKLIST
University of Massachusetts, Worcester – Emergency Medicine
RF requires 6 business days to review materials

PI is responsible for:

☐ Meeting with Research Administrator 10 weeks before due date, or earliest possible

☐ Provide Administrator with PA/RFA/Sponsor Guidelines

☐ Sign Proposal Routing Form (prepped by Admin) (PeopleSoft)

☐ UMass multiyear budget spreadsheet (collaborate with Admin)

☐ Detailed budget of Year 1 (PHS 398 or SF424), if required (collaborate with Admin)

☐ Future years budgets (PHS 398 or SF424), if required (collaborate with Admin)

☐ Budget Justification (complex example); (basic example); (modular example)

☐ Statement of Work for all Key Personnel

☐ Biosketches (key personnel) (example)

☐ Resource Page(facilities)(example)

☐ Planned Enrollment Table (if Human Subject's)

☐ If K-Award, then additional materials are needed (K-Award checklist)

☐ If clinical trial, then additional materials are needed (*Clinical Trial Checklist*)

Administrator is responsible for:

☐ Face Page (if required)

☐ Obtain contact info for all Key Personnel

☐ Checklist Page (PHS 398, if requested); Split-Rate Checklist Page - One Year; Split-Rate Checklist Page - Two Years

☐ Subrecipient Package (Provide consortium institute with the following information in addition to the checklist: Title, UMass and Sponsor due dates, Project dates, FOA#, Applying Institute, and Mechanism).

☐ Make sure that all Summary Disclosure of Financial Interests Form (SDFI) are done (UMass key personnel only)

☐ Any other documents required by UMass or sponsor

☐ When budget is complete **and** approved **by PI**, get signatures for OSP (signatures include PI, all Co-I, Research Administrator, EM Chair, and other department chairs), **then review CAYUSE and send to PI for Final Approval.**

PreAward Subcontract Processing Checklist
Outside Institute as Prime; UMass as Subcontract
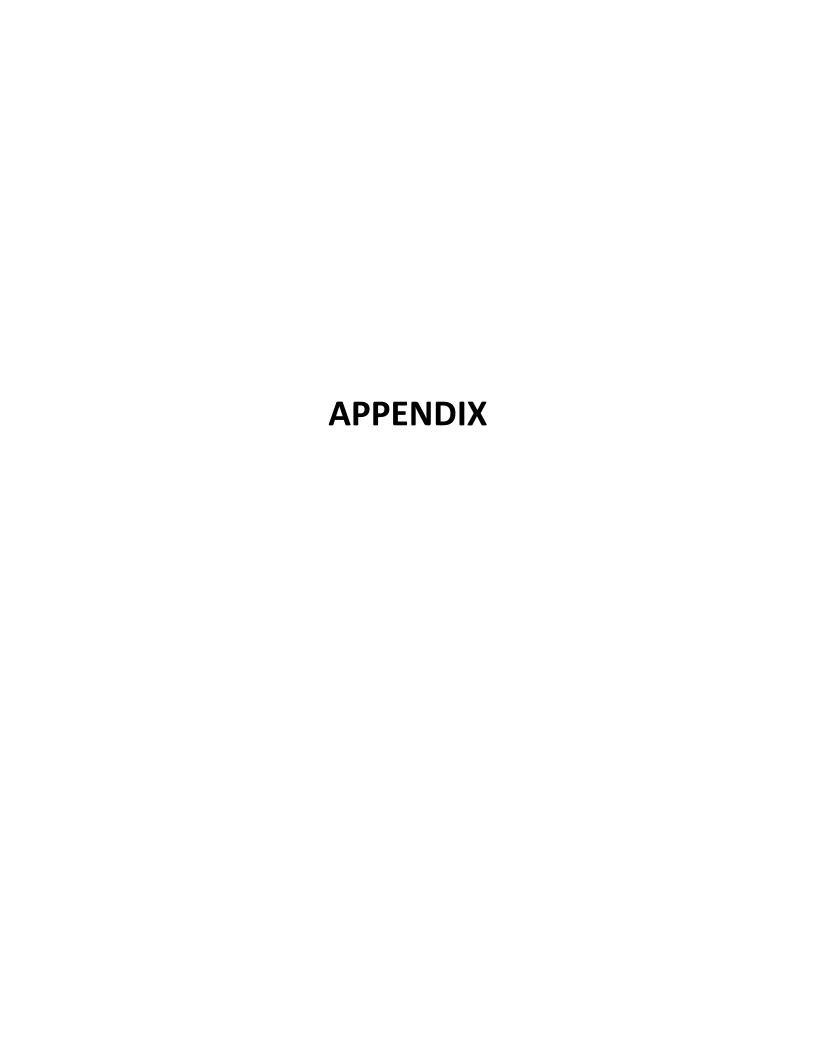RF requires 6 business days to review materials

Required documents requested:

- ☐ Signed Proposal Routing Form (PeopleSoft)
- ☐ eSDFI (UMass key personnel only)
- ☐ Collaborator's (PI) Full Contact Information
- ☐ Abstract (draft)
- ☐ Face Page or LOI (if required)
- ☐ Statement of Work for all Key Personnel
- ☐ UMass Multiyear Budget Spreadsheet
- ☐ Detailed budget (PHS 398 or SF424)
- ☐ Future years budgets (PHS 398 or SF424)
- ☐ Budget Justification (complex example); (basic example): (modular example)
- ☐ Biosketches for all Key Personnel (example)
- ☐ Resource Page (facilities) (example)
- ☐ Checklist Page (PHS 398, if requested); Split-Rate Checklist Page - One Year; Split-Rate Checklist Page - Two Years
- ☐ Any other documents required by UMass or sponsor

* UMass does not accept other Institutional LOI templates; RF will generate a letter of intent.

University of Massachusetts Medical School

Required documents requested:

☐ Collaborator Full Contact Information

☐ DUNS

☐ EIN

☐ Congressional District

☐ Face Page (if required by NIH)

☐ Statement of Work for all Key Personnel

☐ Detailed Budget (398 or SF424)

☐ Future Years Budgets (398 or SF424)

☐ Budget Justification

☐ Biosketches for all Key Personnel

☐ Resource Page (facilities)

☐ Checklist

☐ Copy of consortium F&A rate agreement

☐ Signed Subrecipient Commitment Form (Letter of Intent) or Signed Face Page

☐ Any other documents required by UMass or sponsor

UMass Proposal Information:

UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL
RESEARCH FUNDING
55 LAKE AVENUE NORTH, WORCESTER, MA 01655
TEL 508.856.2119 **FAX** 508.856.5004
research.funding@umassmed.edu

Signing Official:		DUNS:	603847393
Diego Vazquez		CD:	MA-002
Assistant Vice Provost, *Sponsored Programs*		EIN:	1043167352A1

UMass Medical School
Office of the Vice Provost for Research
55 Lake Ave. North
Worcester, MA 01655
Phone: 508-856-5600
Fax: 508-856-5004
Email: research.funding@umassmed.edu

FOR UMASS PURPOSES ONLY:

☐ Cayuse Profile Information (subcontract table for electronic submissions),
Subcontract_Table.xls

☐ W-9 (if collaborating site is not a vendor in our system), financials\UMW-9.pdf

APPENDIX

A. Emergency Medicine Research Division Small Grant Application

General Information

PI Name: _____

Mentor Name: _____

Project Title: _____

Project Period   From:_____To:_____(mm/dd/yyyy)

Amount Requested   _$_____

 Budget Expenditures

Salary	
Fringe	
Supplies	
Equipment	
Other (Stats Support)	
TOTAL	$

Description of Project:

_____
Applicant Name and Title

_____ Date: _____
Signature

_____ Date_____
Mentor Signature

_____ Date_____
Chairman Reviewer

_____ Date_____
Vice Chair of Research Reviewer

_____ Date_____
Research Administrator

Emergency Medicine Research Division Small Grant Application

Comments from Reviewer

Comments from Reviewer

Comments from Reviewer

B. Emergency Medicine Research Division Small Grant Award Letter

Current Date

Name, Credentials, Title
Department of Emergency Medicine
University of Massachusetts Medical School
55 Lake Avenue North
Worcester, MA 01655

Project (or Request) Title:
Project (or Request) Time Period:

Dear,

The Department of Emergency Medicine Research Division at the University of Massachusetts Medical School hereby awards you a small grant in the amount of $_____ to (full name) in support of the above referenced project (or request), congratulations!

Pursuant to our financial responsibility to the University (see link below for the travel and business expense policy) and to the department as this relates to travel reimbursement you must submit all original receipts to our Research Administrator.

http://inside.umassmed.edu/Policies/Policies-listing-page/Financial-Services/Accounting-and-Finance/Travel-and-Business-Expense-Reimbursement-Policy/

Pursuant to our financial responsibility to the University and the department we ask that you provide a project progress report two weeks prior to the close of your project period; this would be on or before (insert date here) to be submitted to our Research Administrator.

Should you have any questions or concerns please feel free to contact me or the Research Administrator directly. On behalf of the division and department I wish you every success in your project.

Sincerely,

Edwin D. Boudreaux, PhD
Vice Chair, Research, Department of Emergency Medicine
Professor, Departments of Emergency Medicine, Psychiatry, and Quantitative Health Sciences
University of Massachusetts Medical School
Emergency Medicine, LA-189
Phone: 508-334-3817
Cell: 856-701-2153
Email: Edwin.Boudreaux@umassmed.ed

C. Emergency Medicine Research Division Funding Assistance

Check and fill all that apply:

☐ Conference Travel ☐ Registration Fees ☐ Supplies	☐ Poster Costs ☐ Salary ☐ Other _____

Name: _____

Expenditure details: _____

Conference Name: _____

Conference Location: _____ Conference Dates: _____

Anticipated Travel Dates: _____ Hotel: _____

Cost/Fee: _____   (If over $500.00, please attach justification)

Name of Accepted Abstract, Type of Presentation, Date of scheduled presentation, all co-authors:
(if possible provide a copy of accepted abstract announcement from conference liaison)
_____

_____ Title: _____
Print Name
_____ Date: _____
Signature

_____ Date_____
Faculty Mentor Signature/Division Director

_____ Date_____
Vice Chair of Research Signature

_____ Date_____
Research Administrator Signature

Lower traveling costs by volunteering at assigned conference. Choose an economical hotel; room share with a colleague. Keep all receipts and return to the Research Administrator, Dept. of Emergency Medicine.

D. Emergency Medicine Research Division
Summer Research Medical Student Hire Funding Assistance

This application will NOT be critically reviewed by the Research Committee.

Mentor/PI Name: _____

Medical Student Name: _____

Dates of Internship: _____

Research Project Title: _____

Research Project Description*:*

_____

_____

_____

_____

Anticipated Role/Responsibilities for Medical Student Research Intern:

_____

_____

_____

Anticipated Deliverables for Medical Student Research Intern:

_____

_____

_____

This application should be submitted to the Vice Chair of Research.