I. WHAT IS IMEG?

The Office of Medical Education oversees the administration of the Innovations in Medical Education Grants (IMEG) Program to provide funding to faculty, students, and staff to support the development and implementation of new and creative approaches to teaching and learning in the School of Medicine (Undergraduate and Graduate Medical Education), the Graduate School of Biomedical Sciences, and the Graduate School of Nursing, that can be incorporated into the curriculum on a permanent basis. This grant support is intended as seed funding to test the feasibility of, and to provide preliminary data for, projects that could potentially be eligible for continued funding from other sources, including outside foundations or governmental agencies. All investigators are encouraged to develop proposals whose outcomes can have an impact on the curriculum.

II. APPLICATION: GENERAL INFORMATION

A. Who should apply?
Faculty, house officers, students, and staff are invited to apply for grants of up to $7,500, for projects to be undertaken during Academic Year 06-07. If the funds are not completely used by the conclusion of the one-year funding period, the investigator may request an additional one-year extension in writing to Emily Ferrara, MA, Director of Grants and Special Projects in the Office of Medical Education, Room S1-147.

Students are encouraged to collaborate with a faculty mentor/P.I. in proposal development and submission.

Awards can be used to purchase supplies and/or equipment of approved types, and to support students, technical/administrative personnel, or reasonable consultation expenses (when they are adequately justified in the grant proposal). Awards for equipment purchases are restricted to items that are otherwise not available to the PI through his/her department or other central school sources such as OME, IS, Library. However, this equipment will remain the property of the Office of Medical Education, and must be returned upon completion of the project unless alternative arrangements are made. A maximum of $1,000 for travel also will be considered if the travel is necessary for the project or for specific and unique training opportunities consistent with the proposal. Travel support will not be provided for presentation of project results at national or international meetings. Funds cannot be used for faculty salary support.
B. **What are the criteria for funding?**

The major criteria for evaluating each proposal includes:

1. **Significance:** Why is this an important project? How will medical, nursing, and/or graduate biomedical science education be enhanced by it? Immediate impact on student learning will play strong role in acceptance of proposal.

2. **Feasibility of the project:** Can this project be implemented? Can you provide evidence of the support of each of the individuals or groups whose involvement is needed to make the project happen?

3. **Objectives:** What are the major objectives of the project? How will you know whether you have achieved them?

4. **Methods of the project:** Are the methods clearly stated and appropriate? Will the methods allow you to answer the research questions raised?

5. **Evaluation:** Has an appropriate evaluation plan been developed? Does it address each of the major objectives of the project?

6. **Integration/Sustainability:** How likely is it that this project can and will be integrated into the regular curriculum if the outcome is positive? Is the proposed project sustainable?

7. **Budget:** Is the budget appropriate? Be sure this project is educational in nature rather than a departmental initiative. (Refer to Section III, Part 3 for further details regarding budgetary guidelines)

C. **Help for Proposal Development**

We strongly encourage individuals who are interested in innovations and research in medical, nursing, and/or graduate biomedical science education to develop and submit proposals. Consultations can be arranged to meet applicants’ specific needs in designing their projects. Consultants are available in such areas as research design, evaluation instrument development, standardized patients and simulation technology, as well as in content-specific areas (e.g., geriatrics, cultural competence, sexual health, humanism/humanities, medical informatics, complementary and alternative medicine). Individuals who would like assistance in the development of their projects are encouraged to contact: **Emily Ferrara, MA, Office of Medical Education (OME), x65134.**

In addition, the following individuals are available to assist with proposal development in their particular areas of expertise:

<table>
<thead>
<tr>
<th>Contact</th>
<th>Department</th>
<th>Area of Expertise</th>
<th>Extension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Susan Pasquale, PhD</td>
<td>Medical Education</td>
<td>Curriculum Design</td>
<td>x64285</td>
</tr>
<tr>
<td>Lyn Riza, MS</td>
<td>Information Services</td>
<td>Instructional Technology</td>
<td>x65362</td>
</tr>
<tr>
<td>Mary Zanetti, EdD</td>
<td>Medical Education</td>
<td>Research/Evaluation Design</td>
<td>x62438</td>
</tr>
<tr>
<td>Ken Fletcher, PhD</td>
<td>Psychiatry</td>
<td>Evaluation/Statistics</td>
<td>x63329</td>
</tr>
<tr>
<td>Stephen Baker, MScPH, PhD (ABD)</td>
<td>Information Services</td>
<td>Statistical Analysis/ Biostatistics</td>
<td>x62625</td>
</tr>
</tbody>
</table>
III. **APPLICATION FORMAT:**

**Part 1.** **Face page:** Form provided on p.6 of this document

**Part 2.** **Proposal:**

A. **Objectives:** Present specific objectives of what is to be accomplished in the proposed project (Up to 1/2 page).

B. **Significance:** Explain why the project is important to medical/nursing/graduate biomedical sciences education and how it will enhance education (Up to 1/2 page).

C. **Background:** Outline briefly what has been done previously in this area and by whom at UMass. Also include what has been done on the national level. If the proposed project or study is unique, describe what led to the formulation of the project. (Up to 1 page).

D. **Methodology:** Describe how the project will be conducted. (Up to 2 pages).

E. **Integration/Sustainability:** Describe what would be required to incorporate the new material or curriculum component generated through this proposal into the appropriate curriculum on a permanent basis. (Up to 1 page).

F. **Evaluation:** Describe the evaluation methods that will be used to measure the attainment of your objectives. (Up to 2 pages).

G. **References:** Present a selected bibliography of the pertinent research in the project area to support sections A-F. (Up to 1 page).

**Part 3.** **Detailed budget:**

A. **Personnel:** Salary support may be requested for secretarial services, student workers, research assistants, or other support staff. Support for consultants and other professional personnel is allowable, with appropriate justification. Names of the personnel should be specified wherever appropriate in the proposal.

B. **Supplies:** Supplies that are necessary for the successful completion of the project should be requested.

C. **Travel:** Up to $1,000 may be requested for travel. Such funding will only be approved if the travel is necessary for the project or for specific and unique training opportunities consistent with the proposal. Travel support will not be provided for presentation of project results at national or international meetings.

D. **Equipment:** Equipment that is necessary for the project may be purchased for use during the award period. However, this equipment will remain the property of the Office of Medical Education, and must be returned upon completion of the project unless alternative arrangements are made. Appropriate justification must be made for all equipment requested.
Part 4. **Budget justification:**

Describe in as much detail as is warranted why each of the requested items in the budget are necessary.

Part 5. **Biosketch:**

Provide a biosketch (not more than 2 pages) for the PI and Co-PI’s.

IV. **REPORTING OBLIGATIONS:**

By accepting the grant, the recipient agrees to submit to the IMEG program of the Office of Medical Education a final written report no later than two months after the completion of the project, or 14 months following receipt of the award. The final report should include the following:

A. An abstract of the project
B. Project goals and objectives
C. Outcomes of the project
D. Implications of outcomes for medical, nursing, and/or graduate biomedical science education
E. The method of integrating the material into the curriculum (if demonstrated to have a positive outcome); if funds are needed to integrate or further develop materials, indicate anticipated source of funds.

Reports may be submitted in a format appropriate for submission to a professional meeting or journal publication, with section E as a separate attachment.

V. **SUBMISSION:**

The completed application (including cover sheet and checklist with signatures), should be submitted to Fernanda Gama in the Division of Grants & Special Projects, Office of Medical Education no later than November 15, 2006.

VI. **CRITIQUES:**

Written critiques of proposals will be provided to applicants. The Chair of the IMEG program will be pleased to discuss unfunded proposals in order to help applicants prepare competitive applications for the next review. Our goal is to help you develop and complete funded projects.

VII. **ADDITIONAL ADMINISTRATIVE ASPECTS:**

Any requests for deadline extensions should be directed to Emily Ferrara. Ms. Ferrara also will discuss ideas for proposals and other related concerns before submission.

VIII. **CONTINUED RESEARCH SUPPORT:**

As part of the IMEG process we also are interested in helping you complete your project. Therefore, there are opportunities for continued consultations with the faculty noted on page 2 of this document once you begin your project.
### IMEG APPLICATION CHECKLIST
(Must be included with final submission of your IMEG proposal)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Sought review of draft of application from a more senior, experienced investigator if applicant is a new investigator to the field.

- Completed entire application face page, signed it, and obtained signature of department chair.

- Provided a complete budget request.

- Provided a justification for every budget item in the Budget Justification section and limited all budget requests to those essential to performance of the study.

- Provided a Biographical Sketch for each professional involved in the project, specifically the Principal Investigator and any Co-Investigators. Each bio sketch does not exceed two (2) pages.

- Provided a narrative Proposal section which does not exceed 8 pages in its entirety inclusive of the Specific Aims through the Reference sections.

- Provided all appropriate Appendix materials.

- Provided letters of support from other faculty/staff who will need to cooperate and/or collaborate with the investigator to make the project possible.

- Hereby indicate your willingness to submit a final project summary report to the Office of Medical Education (OME) within 2 months of project completion and to complete any and all follow-up questionnaires which you may receive from the OME concerning your efforts to implement the project, to integrate the program into the curriculum, and to seek subsequent extramural funding for this project should it prove successful.

__________________________  ________________________
Signature of Applicant      Date
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL
OFFICE OF MEDICAL EDUCATION

INNOVATIONS IN MEDICAL EDUCATION GRANTS (IMEG) PROGRAM

APPLICATION FORM
Academic Year 2006-07
Submission Deadline: November 15, 2006
Submit to: Fernanda Gama, Division of Grants & Special Project
Office of Medical Education

Title: ______________________________________________________________

Principal Investigator (P.I.) ________________________________

Name ________________________________ Department

CO-P.I. ________________________________________________

Name ________________________________ Department

Amount Requested _______________ Project Period ________________________

Abstract (Single Spaced in the Space Provided) or attach on separate sheet

Date ____________________________ _____________________________Signature (P.I.)

Div. Chair _________________________ Dept Chair _______________________
(Signature) (Signature)