

Research Guidelines

Please send us a one- or two-page description of your research project. Include in your description the following:

- Your name, organization, address, telephone and fax numbers, and e-mail address if available
- 2. Name of the Principal Investigator(s) and collaborators
- 3. (Students) Name of faculty advisor
- 4. Names of any other institutions you are collaborating with
- 5. Will you be collecting data from another site or sites (in addition to the Venice Family Clinic)? If so, please identify the other site(s).
- 6. Has Human Subjects approval (or an exemption) already been obtained? Through which Institutional Review Board (IRB)? Or, by when is it expected? And where?
- 7. What resources, if any, are you asking from the Clinic (e.g., space for conducting chart reviews or talking to patients; staff time for pulling charts, identifying eligible patients; collecting data, etc.)? Please be as specific as possible.
- 8. What is the anticipated impact on the Clinic of your proposed study (e.g., on staff time, patient flow, newly identified needs for further treatment or other)?
- 9. What are the anticipated benefits to the Clinic and/or to underserved populations of your proposed study?
- 10. Will you be evaluating an existing Clinic service?
- 11. Do you have funding or are you seeking funding, and from whom?
- Proposed timeline for your project (month/year you would like to begin recruiting, and number of months or years you plan to recruit and implement the study)

- *13.* Intended use of results from this study (e.g., scientific publication, program development, quality-improvement, etc.)
 - Please note that the Clinic requests the right to receive a copy of any report prior to public presentation or publication. Also, the Clinic asks that the researcher consult with the Clinic regarding the identification by name of the Clinic in any reports and measures to ensure confidentiality.
- 14. A description of your research study. Please include:
 - a. Title of research study
 - b. A clear statement of the research questions and objectives
 - c. A description of the data to be gathered
 - d. Number of patients and/or providers to be recruited, number of charts to be reviewed, etc.
 - e. Timeframe of the study (e.g., anticipated start and end dates of data collection and number of hours/days that will be spent at Venice Family Clinic collecting data)
 - f. Please include copies of instruments (such as surveys, interview questions) or describe the sorts of questions that will be asked
 - 15. (Students) Letter of support from your faculty advisor. This should include a statement by your advisor that they support your request to do research at the Clinic and will actively supervise your research.

E-mail ONLY (no faxes, no letters) with a Microsoft Word attachment to:

Tiffany Harrison

Quality Improvement Coordinator

Phone: (310) 664-7995

E-mail: <u>TIHarrison@mednet.ucla.edu</u>