



Society for Airway Management Grant Application Information

The *Society for Airway Management Grant Program* is intended to support basic and clinical research related to airway management

PRIORITIES AND AREAS OF RESEARCH

- Studies that improve our understanding of airway physiology and anatomy.
- Studies involving innovative methods of education and training to improve airway safety.
- Studies that explore the new or re-evaluate the old methods of airway management for prevention and/or diagnosis of airway mishaps.
- Studies that develop, implement, and validate educational programs for their relevance to patient safety.

SCORING

Research projects will be scored on:

- Soundness and technical merit of the proposed study with a clear hypothesis(es) and plan(s).
- Assurances detailing the proposed means for safeguarding human or animal subjects.
- Uniqueness of scientific, educational, or technological approach of proposed plan.
- Priority will be given to topics that do not have other available sources for funding.

BUDGET

The budget request must not exceed \$5,000. Projects may be up for up to two years in duration, although shorter anticipated time to completion is encouraged.

ELIGIBILITY

- Awards are made to a sponsoring department, not to individuals.
- Any qualified member from any geographic location nationally or internationally may apply.
- Only one person may be listed as the principal investigator. All co-investigators, collaborators, and consultants should be listed.
- Applications will not be accepted from a principal investigator currently funded by SAM. Re-applications from investigators who were funded by SAM in previous years, however, will be accepted.

AWARDS

Awards for projects to begin the January following the granting of the award. (For example, grants applications received in May of 2017 would be funded January 1, 2018).

APPLICATION PACKAGE

The applications package **MUST INCLUDE**:

- Completed application form
- A copy of applicant's curriculum vitae
- Departmental chair letter of support
- Budget proposal
- Institutional Review Board approval or submission letter

APPLICATION FORM

I. Cover Page

- A. Title of research project
- B. Designation of proposal as Clinical, Basic Science or Educational and Training
- C. Name of applicant with academic degrees, office address, phone number, fax number and e-mail address.
- D. Name, office address, and phone number of departmental chairperson.
- E. Amount of funding requested
- F. Start and completion dates of proposed project.

II. Research Summary – One-paragraph description of the project.

III. Research Plan – limited to 8 pages, typed, double-spaced, excluding references; appendices are discouraged.

- A. Introduction
 1. Objectives of the proposed research plan.
 2. Background: reference work of other authors leading to this proposal and the rationale of the proposed investigation or project. Include copies of in-press manuscripts containing pilot data, if available.
 3. Specific aims: what questions will be answered by the investigation? If applicable, with hypothesis will be tested? For an educational project, what are the specific learning objectives or objectives of the methodology being developed?
 4. Significance and applicability: briefly describe the historical prevalence and severity of the morbidity and mortality of the studied anesthesia mishaps. Quantify the potential improvements in patient outcome or recovery time and identify how the proposed work can be broadly applied to reduce procedural risks in healthcare.
 5. If this is a resubmission, describe changes from prior application, and specifically address the reviewer's comments.

B. Methods

1. Describe data collection procedure, specific techniques, and number of observations or experiments. For educational projects, describe how the effects of the intervention program will be assessed. Qualitative methodologies are acceptable.
2. Describe types of data to be obtained and their treatment, including statistical and/or power analyses, if indicated.
3. Discuss potential problems and limitations of project.
4. If appropriate, include a statement of approval of this proposal by the institutional committee reviewing human or animal investigations, or a statement that approval has been requested.

IV. Budget – Include all proposed expenditures. Indicate under each category the amount requested. Please provide justification for each category.

- A. Equipment
- B. Supplies
- C. Other costs
- D. Total funds requested (no indirect costs)
- E. Budget justification – CLEARLY and completely justify each item, including the role of each person involved in the project.
- F. List the facilities, equipment, supplies, and services essential for this project and indicate their availability.

V. Abbreviated CV (maximum of three pages) of the principal investigator only.

VI. Letter from the departmental chairperson indicating:

- A. The interest and ability of the applicant for the proposed research. The degree of involvement of the applicant in other research projects, and the chairman's degree of enthusiasm for the proposed project.
- B. The availability of facilities essential for the completion of the proposed research.
- C. An agreement to return unused funds if the applicant fails to complete the project.

VII. Sign and date and forward all application materials via email (in Word or PDF Format to:

amprince@peds.bsd.uchicago.edu

APPLICATIONS ARE DUE BY MAY 15TH



**SOCIETY FOR AIRWAY MANAGEMENT
GRANT APPLICATION FORM**

Name:

Title / Academic Rank:

Organization Name:

Affiliated Hospital:

Department:

Address:

City:

State:

Zip:

Country:

Phone Number:

Fax Number:

Email Address:

Research Title:

Submission Category (Circle)

- **Clinical Study**
- **Education and Training Study**
- **Basic Science Research**
- **Critical Evaluation of Current Practices**

Amount Requested: (Limited to \$5,000)

Proposed Start Date:

Expected Completion Date:

Co-Investigators:

Please also provide the following:

- **Curriculum Vitae**
- **Chair Support Letter**
- **Budget Summary**
- **IRB Approval Letter**