

# 2017-18 Section Grant Manual

# 2017-18 ACEP Section Grant Manual Contents

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#### AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

#### 2017-18 Section Grant Schedule

January 29, 2018*	Deadline for submission of draft Letters of
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Intent to staff liaison for review and

approval

February 12, 2018\* Deadline for submission of final Letters of

Intent (approved by chair and staff liaison)

to Sections Manager

April 4, 2018 Section Chair and Project Coordinator

notified of results of the Letter of Intent

review

May 7, 2018\* Deadline for submission of Final

Applications to staff liaison for review and

approval

May 16, 2018\* Deadline for submission of Final

Applications (approved by chair and staff

liaison) to Sections Manager

**June 27-28, 2018** Board reviews recommendation for grant

funding

June 29, 2018 Sections notified of awards

<sup>\*</sup>Deadline for submissions is 11:59pm CST.

#### **Criteria for Evaluation**

Proposed projects will be evaluated for funding based on the degree to which they satisfy the following criteria:

- 1. Meets member or section needs.
- 2. Educates the public.
- 3. Furthers the advancement of emergency medicine.
- 4. Dues paying members of a validly chartered ACEP section must be involved in submitting the Letter of Intent.
- 5. The project must not already be completed.
- 6. The project must not be individual research. Consider submitting individual research proposals to the <u>Emergency Medicine Foundation</u>. Applications are due February 16, 2018.
- 7. The project must demonstrate a time commitment from members of the section(s). The bulk of the work must be done by section members. Projects funded under the Section Grant Program should be completed within 18 months of written notification of the grant. Sections should design projects with this work period in mind.
- 8. Budget must be realistic in scope, planning and expense. Sections must work with their staff liaison in developing a realistic budget.
- 9. ACEP Staff time must be realistic in scope, planning and expense. Sections must work with their staff liaison in providing a realistic estimate of ACEP staff time required to complete the project. The bulk of the work must be done by section members and staff time should be kept to a minimum.
- 10. Outcome product must be clearly identified and will be owned by national ACEP. Funded sections agree that all patents and copyrights arising from section grant projects will be owned by national ACEP. All project participants who contribute intellectual property to a section grant are required to complete and agree to the terms of ACEP's Conflict of Interest and Copyright Assignment Agreement. The sales and distribution of products arising from a section grant are the right of national ACEP.
- 11. Projects must not duplicate programs and products offered or being developed by state chapters or national ACEP.
- 12. The Sections Subcommittee will consider the submitting section's past performance with projects funded by section grants, if applicable, as one of the evaluation criteria.
- 13. A list of benefits to individual sections or emergency medicine must be submitted with the application and will be considered as one of the evaluation criteria.
- 14. Applications for non-individual research projects must be accompanied by IRB/AUC approval if applicable, sources of errors or barriers to completion, and sample size as appropriate. This information will be considered as part of the evaluation criteria.
- 15. CV of project coordinator must be submitted with the grant application and will be considered as one of the evaluation criteria.

- 16. The project coordinator must be a section member and a member of ACEP.
- 17. The Letter of Intent and Final Application must be reviewed, approved, and signed by the section chair and staff liaison.
- 18. Funding will **not** be granted for:
  - Individual research;
  - Individual travel expenses;
  - Stipends or honorariums for members;
  - Equipment purchases;
  - Non-ACEP administrative assistance;
  - Incentives for answering surveys.
- 19. Surveys\* of the general membership must be approved in advance by the Board.

\*Note that ACEP owns a survey tool which can be used at no cost. Contact your staff liaison for details. Keep in mind that the response rate for surveys of the ACEP membership is generally low.

#### **Cross-section applications**

Collaborative efforts between sections are encouraged. When appropriate, sections with proposed grant projects that could benefit from other sections' expertise should seek their collaboration and submit joint applications.

#### Multiple applications submitted by one section

Sections that prepare multiple applications must have their Section Chair prioritize/rank the applications in order of importance for the section at the time of submission. This will help the Sections Subcommittee in their evaluation.

#### **Questions and Advice**

If you have questions or concerns about your proposal, the Sections Subcommittee offers mentorship throughout the grant application process. Contact your staff liaison for details.

## **Examples of Successfully Completed Section Grants**

ACEP is proud to have funded the following projects under the Section Grant Program.

Section	Grant Product / Project	Year Grant	Completed /
		Awarded	Published
American Association	Perspectives – Women in Medicine	2016	November 2017
of Women Emergency	A compilation of candid, inspiring personal essays		
Physicians	that provide intimate, profound reflections about		
	what it means to be a woman in emergency		
	medicine – both personally and professionally		
	Produced by AAWEP, the book tackles sensitive		
	topics such as mortality, motherhood, workplace		
	discrimination, cultural violence, pregnancy, and		
A . A	much more.	2017	G 4 1 2017
American Association	Working in FoursUnderstanding and Facilitating	2015	September 2017
of Women Emergency	Intergenerational Communication for Women in		
Physicians	Emergency Medicine The project team developed and distributed a		
	The project team developed and distributed a survey to identify trends relevant to		
	intergenerational communication. Results were		
	used to research and produce a toolkit for		
	encouraging intergenerational communication		
	specific to women in Emergency Medicine and		
	useful to AAWEP and ACEP leaders interested in		
	proactively addressing generation differences		
	among clinical teams		
Trauma & Injury		2016	June 2017
Prevention and	7 Step Challenge Video discussing older adult fall epidemiology,		
Geriatric EM	fall-associated morbidity and mortality, fall risk		
	factors and how to prevent falls. The video		
	is hosted on an ACEP webpage, as well as a freely		
	available link allowing patients and providers		
	access. June 2017.		
American Association	The Contribution of Mentoring for Female	2013	May 2017
of Women Emergency	Resident Physicians		
Physicians	As a component of a larger qualitative study, the		
,	authors surveyed 23 female Emergency Medicine		
	(EM) PGY1, 2, and 3 residents about the role that		
	mentoring played in their career development.		
	The authors are seeking publication in scientific		
	journals.		
Pediatric Emergency	CARE (Current Anticipatory guidance	2014	March 2017
Medicine	Recommendations and Education)		
	Anticipatory guidelines for physicians to give		
	patients to allow for better home care. These		
	guidelines go beyond typical discharge paperwork		
	to supply family with ways to care for their		
	children at home and information that is provided		
Cmart M. J.	in written form for easy reference.	2014	Mag-1- 2017
Sports Medicine	Musculoskeletal Exam Series  These wides tutorials were exacted to essist	2014	March 2017
Section	These video tutorials were created to assist		
	emergency physicians in their evaluation and		

Emergency Ultrasound Section	diagnosis of musculoskeletal conditions in the ED. They provide overviews of high-yield, ED-focused physical exams of the musculoskeletal system. They can be used for quick reference in the ED, or as an instructional module for emergency medicine residency programs.  Point-of-Care OB Ultrasound  An essential resource for the initial evaluation of the acutely ill or injured obstetrical patient. Written by experts in both emergency medicine and obstetrics, whether the patient is in the first, second, or third trimester, this ACEP book covers the critical obstetrical conditions you need to be able to diagnose with point-of-care ultrasound.	2015	September 2016
Forensic Medicine Section	ACEP Forensic Curriculum Although the Emergency Department is often the entry point for victims of violence, emergency physicians receive little training regarding clinical forensic medicine. This online webinar will give the learner practical clinical forensic emergency medicine information and training. The lectures are given by forensic and emergency medicine experts. In addition to general forensic care principles, the program covers common ED complaints of adult and pediatric sexual assault, child abuse, domestic violence, and forensic aspects of motor vehicle collisions. In addition, the important concepts of forensic documentation and court testimony are discussed.	2013	April 2016
Trauma & Injury Prevention Section	Educational Video for Patients and their Families Regarding the Appropriate Prescribing and Use of Opioids In this video resource supported, Dr. Scott Weiner discusses what patients need to know in order to stay safe when using pain medications. It promotes shared decision-making between the patient and the physician prior to writing a prescription for an opioid. Share this resource with your patients on a cell phone, tablet or workstation on wheels.	2015	March 2016

See more **Products of ACEP Section Grants** completed in the last 5 years

## **Best Practices for Applicants**

- Start Small! Focused projects that have a clear, defined and realistic scope and outcome product are the most successful. For example, instead of developing an eBook with twenty chapters, start with a smaller, five-chapter guide. You can request additional funds the following year to build on it. Keep in mind that projects must be completed within 18 months or less and plan accordingly. Tasks often take longer than anticipated and unexpected delays happen.
- **Develop a proposal that helps your section meet its objectives**. Projects that address a challenge / need that is not met by other means and that receive strong support from the section members have a greater chance of success.
- **Keep the amount of ACEP Staff time to a minimum**. The bulk of the work must be done by section members. Professional services including translation, copy editing, graphic design, etc. may be outsourced. A contract must be executed and approved by ACEP's legal counsel prior to commencement of any work and prior to execution of an agreement by any party.
- Stay away from research projects unless they involve several section members and you are only seeking funding from ACEP. Keep in mind that the response rate for surveys of the ACEP membership is generally low. Consider submitting individual research proposals to the <a href="Emergency Medicine Foundation">Emergency Medicine Foundation</a>.

#### **Letter of Intent Instructions**

- Sections seeking funding through the Section Grant Program will first submit brief Letters of Intent describing their proposals. Instructions and a checklist are available in this packet.
- Through the Letter of Intent process, the Sections Subcommittee is able to screen out projects that clearly fail to meet program criteria, saving applying sections the time and expense of developing full applications. The Sections Subcommittee reviews each letter according to the Criteria for Evaluation and determines which sections will be asked to submit full applications for grants.
- Sections may submit Letters of Intent for more than one project and may be requested to submit Final Applications for more than one project. Should this be the case, the Sections Subcommittee is requesting that the Section Chair rank the Letters of Intent according to their level of importance for the section at the time of submission to the Sections Manager.
- To access the Letter of Intent Submission Form, go to the Section Grant Program information on the ACEP web site at <a href="http://www.acep.org/sections/">http://www.acep.org/sections/</a>.
- Letters of Intent should first be routed to your staff liaison for review, by **January 29, 2018.** To be considered for funding in the 2017-18 cycle, Letters of Intent must be approved by the section staff liaison and section chair. Final Letters of Intent with must be e-mailed to <a href="maileo-kpeasley@acep.org">kpeasley@acep.org</a> no later than 11:59pm CST on **February 12, 2018**.
- Incomplete or late Letters of Intent will not be considered.
- Two or more sections are encouraged to submit joint requests. Sections considering projects they think may duplicate other national ACEP products or state chapter grants are asked to contact Kelly Peasley at 800-798-1822, extension 3105 or via e-mail at <a href="mailto:kpeasley@acep.org">kpeasley@acep.org</a> for verification and/or clarification.
- All Letters of Intent are given preliminary review by ACEP staff members and are then forwarded to the
  Sections Subcommittee for final evaluation. The Sections Subcommittee is chaired by Michelle Blanda,
  MD, FACEP, and is made up of ten members, the Board liaison to the Sections Subcommittee, and staff
  members as deemed appropriate by the Sections Subcommittee Chair.
- The Sections Subcommittee will notify sections of the status of their Letters of Intent on or before **April 4, 2018.**

#### The Letter of Intent must include:

- 1. Name of section
- 2. Name/address/phone/e-mail address of project coordinator
- 3. Name/address/phone/e-mail address of section chair
- 4. Title of the project
- 5. Signature of project coordinator\*
- 6. Signature of section chair\*

- 7. Signature of section staff liaison\*
- 8. Acknowledgement that you have read and understand the Criteria for Evaluation
- 9. A copy of the completed Letter of Intent Checklist
- 10. Brief description of project
- 11. Explanation of project objectives
- 12. Clearly defined outcome product
- 13. Estimate of projected costs and revenues (if any)
- 14. Information on any other funding sources for this project including other grant applications
- 15. Estimate of section members' time commitment for project
- 16. Estimate of ACEP staff support for project in terms of time and dollars. See page 10 and contact your staff liaison or Kelly Peasley to determine the appropriate job grade for the task.
- 17. Total estimate of funds to be requested from the ACEP Section Grant Program

<sup>\*</sup>Electronic signatures or email trail with appropriate approvals are accepted.

#### **Budgeting for Staff Time**

When calculating expenses for staff time spent on grant projects, please use the following budget standards. Amounts include labor, benefits, occupancy, and depreciation on office equipment.

Contact your section staff liaison or Kelly Peasley for clarification on the appropriate job grade level for the task.

<b>Grade Level</b>	<b>Labor Rates</b>
Grade Level 2	\$29.00
Grade Level 3	\$29.00
Grade Level 4	\$34.00
Grade Level 5 NE	\$40.00
Grade Level 5 E	\$49.00
Grade Level 6	\$49.00
Grade Level 7	\$60.00
Grade Level 8	\$86.00
Grade Level 9	\$117.00
Grade Level 10	\$143.00
Grade Level 11	\$148.00

#### **Budgeting for Conference Calls**

When calculating expenses for conference calls, please use the following budget standards.

\$0.06/minute per line (or participant), up to 125 participants \$3.60/hour per line (or participant), up to 125 participants Free recordings

#### **Budgeting for Video Production**

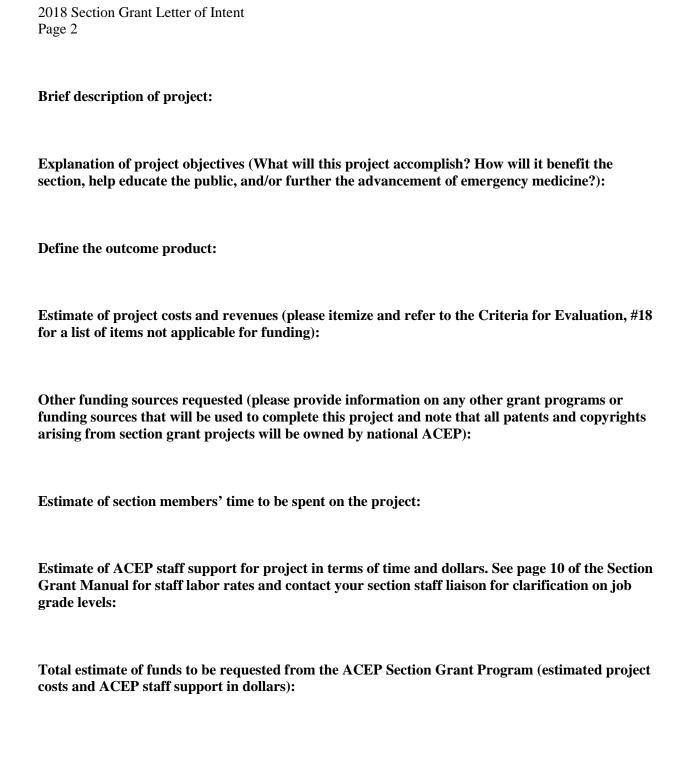
When calculating expenses for video production including videography and editing, please use the below as a baseline. Pricing may differ based on location and exact requirements.

Filming with a 2-man crew: \$1,200/day. Editing: \$500/day.

Contact your section staff liaison or Kelly Peasley for questions or details.

## **ACEP 2018 Section Grant Letter of Intent Form**

Please enter your response under each heading.				
Name of section:				
Name, address, phone number, e-mail address of pro-	oject coordinator:			
Name, address, phone number, e-mail address of sec	tion chair:			
Title of project:				
Please confirm that you have read and understand the Criteria for Evaluation and include a completed copy of the Letter of Intent Checklist with this application (see Section Grant Manual): $Y/N$				
*Signature of Project Coordinator	*Signature of Chair			
*Signature of Staff Liaison				
*Electronic signatures or email trail with appropriate ap	provals are accepted.			



### **Letter of Intent Checklist**

You have read the Criteria for Evaluation.
The project meets member or section needs.
The project educates the public.
The project furthers the advancement of emergency medicine.
Dues paying members of a validly chartered ACEP section will directly undertake the project.
The project must not already be completed.
The project must not be individual research. Consider submitting individual research proposals to the <u>Emergency Medicine Foundation</u> . Applications are due February 16, 2018.
The project demonstrates a realistic estimate of the time commitment from section members. The bulk of the work must be done by section members.
The project activities to be funded by the grant can be completed within 18 months.
The estimate of expenses and revenue is realistic for the scope of the project.
The project demonstrates a realistic estimate of the time commitment from ACEP staff. The bulk of the work must be done by section members and staff time should be kept to a minimum.
The outcome product is clearly identified and the section agrees that it will be owned by national ACEP. Funded sections agree that all patents and copyrights arising from section grant projects will be owned by national ACEP. All project participants who contribute intellectual property to a section grant are required to complete and agree to the terms of ACEP's Conflict of Interest and Copyright Assignment Agreement. The sales and distribution of products arising from a section grant are the right of national ACEP.
The project does not duplicate programs and products offered or being developed by state chapters or national ACEP.
Disclosure of information on other funding sources is included.
The Letter of Intent is signed by the project coordinator*.
The Letter of Intent has been reviewed, approved, and signed by the section chair*.
The Letter of Intent has been reviewed, approved, and signed by the section staff liaison*.
The Letter of Intent is submitted to the Sections Manger by 11:59pm CST on February 12, 2018.
*Electronic signatures or email trail with appropriate approvals are accepted.

#### **Final Application Instructions**

- Section projects selected by the Sections Subcommittee for final funding consideration will be notified on or before **April 4, 2018** to submit detailed final applications.
- To access the Final Application Form go to the Section Grant Program information on the ACEP web site at <a href="http://www.acep.org/sections/">http://www.acep.org/sections/</a>.
- Questions or issues raised by the Sections Subcommittee must be addressed in the final application.
- Sections requested to submit Final Applications for more than one project must have the Section
  Chair rank the Final Applications according to their level of importance for the section at the time of
  submission to the Sections Manager.
- Deadline for submission of final applications to your staff liaison for review is May 7, 2018.
- The final application, approved by the section chair and staff liaison, as well as the project coordinator CV must be e-mailed to <a href="mailto:kpeasley@acep.org">kpeasley@acep.org</a> no later than 11:59pm CST on May 16, 2018.
- Incomplete and late applications will not be considered.
- The Sections Subcommittee will review final applications and make a recommendation to the Board
  of Directors for project funding. Final grant decisions are the responsibility of the ACEP Board of
  Directors.

#### The Final Application must include:

- 1. Name of section
- 2. Name/address/phone/e-mail address of project coordinator
- 3. Name/address/phone/e-mail address of section chair
- 4. Title of the project
- 5. Signature of project coordinator\*
- 6. Signature of section chair indicating his/her approval of the final application\*
- 7. Signature of section staff liaison his/her approval of the final application\*
- 8. Acknowledgement that you have read and understand the Criteria for Evaluation
- 9. A copy of the completed Final Application Checklist
- 10. Detailed description of the project to include project objectives and how the project will: 1.) meet member or section needs; 2.) educate the public; or 3.) further the advancement of emergency medicine.

- 11. Responses to any questions, issues, or concerns identified by the Sections Subcommittee in review of your letter of intent.
- 12. Defined target audience and plans for the promotion of your completed project / outcome product.
- 13. Project work schedule project tasks, individuals responsible, and projected dates for completion.
- 14. Estimate of section members' time commitment for project.
- 15. A realistic financial estimate of the staff support for the project. See page 16 and contact your staff liaison or Kelly Peasley to determine the appropriate job grade for the task.
- 16. Total project budget (costs and revenues).
- 17. Amount of funding requested from the ACEP Section Grant Program.
  Note: Funding will be contingent upon compliance with the Ownership and Distribution of Materials/Products of the ACEP Section Grant Program as stated in the Terms of Award.
- 18. Complete disclosure of other funding sources to achieve this project, either secured or pending.
- 19. Section support to the project, both financial, if any, and volunteer member time.
- 20 IRB/AUC approval, if applicable, sources of errors or barriers to completion, and sample size as appropriate.
- 21. CV of project coordinator.

\*Electronic signatures or email trail with appropriate approvals are accepted

#### **Budgeting for Staff Time**

When calculating expenses for staff time spent on grant projects, please use the following budget standards. Amounts include labor, benefits, occupancy, and depreciation on office equipment.

Contact your section staff liaison or Kelly Peasley for clarification on the appropriate job grade level for the task.

<b>Grade Level</b>	<b>Labor Rates</b>
Grade Level 2	\$29.00
Grade Level 3	\$29.00
Grade Level 4	\$34.00
Grade Level 5 NE	\$40.00
Grade Level 5 E	\$49.00
Grade Level 6	\$49.00
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Grade Level 8	\$86.00
Grade Level 9	\$117.00
Grade Level 10	\$143.00
Grade Level 11	\$148.00

#### **Budgeting for Conference Calls**

When calculating expenses for conference calls, please use the following budget standards.

\$0.06/minute per line (or participant), up to 125 participants \$3.60/hour per line (or participant), up to 125 participants Free recordings

#### **Budgeting for Video Production**

When calculating expenses for video production including videography and editing, please use the below as a baseline. Pricing may differ based on location and exact requirements.

Filming with a 2-man crew: \$1,200/day. Editing: \$500/day.

Contact your section staff liaison or Kelly Peasley for questions or details.

# **ACEP 2018 Section Grant Final Application**

Please enter your response under each heading.	
Name of section:	
Name, address, phone number, e-mail address of pr	oject coordinator:
Name, address, phone number, e-mail address of sec	ction chair:
Title of project:	
Please confirm that you have read and understand t completed copy of the Final Application Checklist w Manual): $\ Y \ / \ N$	
*Signature of Project Coordinator	*Signature of Chair
*Signature of Staff Liaison	
*Electronic signatures or email trail with appropriate ap	oprovals are accepted.

2018 Section Grant Final Application Page 2

Project description to include the following:

Rationale, Objectives, Methodology, Expected Outcome, Expected Benefits (how will the project help meet member or section needs; help educate the public; and/or further the advancement of emergency medicine)

Responses to any questions, issues, or concerns identified by the Sections Subcommittee in review of your letter of intent:

How will you promote your project / outcome product? Who is your target audience?

Project work schedule (please list project tasks, individuals responsible, and projected dates for completion):

Estimate of section members' time to be spent on the project:

Estimate of ACEP staff support to project in terms of time and dollars. See page 16 of the Section Grant Manual for staff labor rates and contact your section staff liaison for clarification on job grade levels.

Disclosure of other funding sources (please include information on other grant applications, either approved or pending, as well as information on other entities providing funds to accomplish this project. Provide the total amount of funds from these sources. Also note that all patents and copyrights arising from section grant projects will be owned by national ACEP.):

Total project budget (project costs and ACEP staff support in dollars). Refer to the Criteria for Evaluation, #18 for a list of items not applicable for funding. Please include a line item budget for total project revenue and expenses and obtain quotes from third parties for professional services. Your staff liaison may be able to recommend freelance contractors who already work with ACEP.

**Total amount requested from ACEP Section Grant Program:** 

Please attach IRB/AUC approval, if applicable, sources of errors or barriers to completion, and sample size as appropriate and CV of project coordinator.

# **Final Application Checklist**

You have read the Criteria for Evaluation.
The project meets member or section needs; educates the public; or furthers the advancement of emergency medicine.
The project will be directly undertaken by the section.
The project is not currently under way.
The project does not duplicate programs or products provided by other organizations.
The project is not individual research. Consider submitting individual research proposals to the <a href="Emergency Medicine Foundation"><u>Emergency Medicine Foundation</u></a> . Applications are due February 16, 2018.
The results of this project are applicable to other sections and/or national ACEP.
The final application is accurately completed.
The final application has addressed any questions, issues, or concerns identified by the Sections Subcommittee in response to your letter of intent submission.
The project activities to be funded can be completed within the proposed budget.
The project activities to be funded by the grant can be completed within 18 months.
The bulk of the work will be done by members of the section.
A list of benefits to individual sections or emergency medicine is included.
The final application is signed by the project coordinator*.
The final application has been reviewed, approved, and signed by the section chair*.
The final application has been reviewed, approved, and signed by the section staff liaison*.
IRB/AUC approval, if applicable, sources of errors or barriers to completion, and sample size as appropriate are included.
CV of project coordinator is included.
The application is submitted to the Sections Manger by 11:59pm CST on May 16, 2018.

<sup>\*</sup>Electronic signatures or email trail with appropriate approvals are accepted.

#### Terms of Award

#### • Duration

Projects funded under the Section Grant Program should be completed within 18 months of written notification of the grant, no later than **December 31, 2019**. Sections should design proposed projects with this work period in mind.

#### • Extension of Award Period

In unusual circumstances, arrangements can be made for an extension of the 18-month project work period. Such requests must be made in writing by the funded section no later than December 31, 2019. All requests for extensions must detail reasons for the extension and include a new completion date and revised project schedule. Project extensions of more than six months will not be considered.

#### Payments

Payment of grant funds is contingent upon the timely submission to the sections manager (<a href="kpeasley@acep.org">kpeasley@acep.org</a>) of progress reports, contracts, and invoices for services. Failure to submit these items will result in delayed payments.

#### • Contracting for Services

When contracting for products or services including freelance writing, editing, graphic design, video production, etc., a contract must be executed and approved by ACEP's legal counsel prior to commencement of any work and prior to execution of an agreement by any party.

#### • Progress Reports

Each funded section must submit at least <u>two</u> written progress reports to the sections manager (<u>kpeasley@acep.org</u>) during the project work year. Schedules for these reports are drawn up in consultation with sections and are based on the project work schedules submitted by sections in their Final Applications.

#### Publication

Sections whose projects include research and analysis are encouraged to make their findings available to the emergency medicine community through peer-reviewed publications and other approved scientific channels. Sections receiving funding under the Section Grant Program agree to allow *Annals of Emergency Medicine* right of first refusal for publication of all findings. Publications will carry the statement, "Supported by a Section Grant from the American College of Emergency Physicians." Please note that non-policy manuscripts are not published automatically in *Annals of Emergency Medicine* and are evaluated by the journal as would any other submission. For more information, consult these *Annals of Emergency Medicine* Submissions Policies: Policy: Submissions from ACEP Task Forces and Committees and Policy: Co-Publication in Multiple Journals.

#### • Ownership and Distribution of Materials/Products

Sections whose projects are funded agree to provide one copy of all final data and products to ACEP. Funded sections also agree that all patents and copyrights arising from section grant projects will be owned by national ACEP. All project participants who contribute intellectual property to a section grant are required to complete and agree to the terms of ACEP's Conflict of Interest and Copyright Assignment Agreement. Sections further agree that sales and distribution of products arising from a section grant are the right of national ACEP.

#### • Forfeiture of Funding

Sections who fail to abide by the terms outlined above or who fail to submit required progress reports may have all or part of their allocated funds returned to the general College fund. If at any time during the project work year a section abandons its funded project, it must submit a written explanation to the sections manager (kpeasley@acep.org).

#### Over Budget

The section grant funding provided by the College is a fixed sum. In the event that extenuating circumstances push a project over budget, the section will be required to submit to the sections manager (kpealsey@acep.org) a detailed explanation of what occurred along with a revised budget. This budget and explanation will be reviewed by the Sections Task Force and appropriate College staff and leaders for a determination whether the extra expense can and should be covered.

#### Correspondence

Any questions about the program can be directed to your staff liaison or to Kelly Peasley at kpeasley@acep.org or 800-798-1822, extension 3105.

#### **SAMPLE**

# Letter of Intent for ACEP Section Grant MM/DD/YYYY

Please type your response unde	er each heading.	
Name of section: Pediatric Emergency Medicine		
Name/address/phone/e-mail o	f project coordinator:	
John Doe, MD, FACEP 123 Anystreet Anywhere, USA 12345 Home or mobile phone: emailaddress@isp.com	(123) 456-7890	
Name/address/phone/e-mail o	f section chair:	
Joe Smith, MD, FACEP 123 Anystreet Anywhere, USA 12345 Home or mobile phone: emailaddress@isp.com	(123) 456-7890	
<b>Title of project:</b> Pediatric Emergency Departme	nt Resuscitation Pocket/	PDA Guide
completed copy of the Letter	of Intent Checklist witl	he Criteria for Evaluation and include a h this application (see Section Grant Manual): ant Program Criteria for Evaluation.
Joe Smith, MD, FACEP Project Coordinator		John Doe, MD, FACEP Section Chair
Signature of Project Coordinate	ator	Signature of Section Chair
Jane Love		

Staff Liaison

Signature of Staff Liaison

<sup>\*</sup>Electronic signatures or email trail with appropriate approvals are accepted.

#### **Brief description of project:**

There has been a tendency for reference materials in pediatric emergency medicine to be increasingly comprehensive. For example, the 2002 PALS Provider Manual is 428 pages long. The new 4<sup>th</sup> edition of the APLS: The Pediatric Emergency Medicine Resource text contains over 800 pages. These references, although excellent resources and study materials, are exceedingly difficult to use at the bedside during a critical resuscitation. There is a need for a resource that fits comfortably in a standard sized pocket and can be used by emergency physicians at the bedside while they evaluate and treat critically ill and injured children. Algorithms, flow diagrams, lists, and tables will dominate this publication. The purpose of the pocket guide is to remind physicians of information during a potentially stressful clinical situation. Given that many emergency physicians now use PDAs as a pocket resource in the emergency department, both a paper and a PDA version of this pocket guide will be developed.

Examples of resuscitations covered in this pocket guide might include:

Asystolic Nontraumatic Cardiopulmonary Arrest Impending Respiratory Arrest Status Epilepticus The Critically III Appearing Neonate Suspected Severe Brain Injury

Explanation of project objectives (What will this project accomplish? How will it benefit the section, help educate the public, and/or further the advancement of emergency medicine?):

- 1. Educate Emergency Physicians
- 2. Improve the care of children in emergency departments (Section Objective 2.1)
- 3. Stimulate the teaching of emergency care for children (Section Objective 2.1.2)

# Estimate of project costs and revenues (please itemize and refer to the Criteria for Evaluation, #17 for a list of items not applicable for funding):

Total	\$3,801
PDA development 40 hours @ \$50/hour	\$2,000
Professional proof reading 4 hours @ \$30/hour	\$ 120
Covers/Binding 450 copies @ .20 per copy	\$ 90
Photocopying 32 pages 450 copies @ .03/page	\$ 432
Staff time – 3 hours @ \$45	\$ 135
Desktop Publishing Services – 32 hours @ \$32/hr	\$1,024
For a pocket guide that is 32 pages in length:	

There are no direct revenues expected from this project. However, it is conceivable that the outcome of this project could be developed into a marketable product that could be sold independently or as a companion to APLS: The Pediatric Emergency Medicine Resource. The distribution of this pocket guide to the members of the ACEP pediatric emergency medicine section could serve as a trial for a commercial product. If this commercial product had a unit cost of \$5, sold for \$10, and sold 2,000 copies, revenue of \$10,000 could be generated.

Other funding sources requested (please provide information on any other grant programs or funding sources that will be used to complete this project and note that all patents and copyrights arising from section grant projects will be owned by national ACEP ):

None

Estimate of section members' time to be spent on the project:

```
10 section members @ 20 hours each = 200 hours
Project Coordinator = 40 hours
```

Estimate of ACEP staff support for project in terms of time and dollars. See page 7 of the Section Grant Manual for staff labor rates and contact your section staff liaison for clarification on job grade levels:

```
3 hours @ $45 = $135
No conference calls are expected. Work is to be done (almost) exclusively by e-mail.
```

Total estimate of funds to be requested from the ACEP Section Grant Program (estimated project costs and ACEP staff support in dollars):

\$3,801

## **SAMPLE**

# Final Application for ACEP Section Grant MM/DD/YYYY

Please type your response und	der each heading.	
Name of section: Pediatric Emergency Medicine	e	
Name/address/phone/e-mail	of project coordinator	:
John Doe, MD, FACEP 123 Anystreet Anywhere, USA 12345 Home or mobile phone: emailaddress@isp.com	(123) 456-7890	
Name/address/phone/e-mail	of section chair:	
Joe Smith, MD, FACEP 123 Anystreet Anywhere, USA 12345 Home or mobile phone: emailaddress@isp.com	(123) 456-7890	
<b>Title of project:</b> Pediatric Emergency Department	ent Resuscitation Pocke	et Guide
	cklist with this applica	the Criteria for Evaluation and include a contion (see Section Grant Manual): Y/N ogram Criteria for Evaluation.
Joe Smith, MD, FACEP Project Coordinator		John Doe, MD, FACEP Section Chair
Signature of Project Coordin	nator	Signature of Section Chair
Jane Love Staff Liaison		
Signature of Staff Liaison		

<sup>\*</sup>Electronic signatures or email trail with appropriate approvals are accepted.

Project description to include the following: Rationale, Objectives, Methodology, Expected Outcome, Expected Benefits (how will the project help meet member needs; help educate the public; and/or further the advancement of emergency medicine):

#### Rationale

There has been a tendency for reference materials in pediatric emergency medicine to become increasingly comprehensive. For example, the 2002 PALS Provider Manual is 428 pages in length. The new fourth edition of the APLS: The Pediatric Emergency Medicine Resource text contains over 800 pages. These references, although excellent resources and study materials, are exceedingly difficult to use at the bedside during a critical resuscitation. The same can be said of references designed for use on PDAs. Entire textbooks are available for purchase and use on a PDA. From a single Web site (http://www.skyscape.com), the following texts can be purchased: 5-minute Emergency Medicine Consult (2<sup>nd</sup> edition), Pocket Emergency Medicine, 5-minute Pediatric Consult (3<sup>rd</sup> edition), The Harriet Lane Handbook (16<sup>th</sup> edition), Chief Complaints in Pediatrics, and Red Book 2003 (6<sup>th</sup> edition). As PDAs have become increasingly powerful, the available materials have become increasingly complex.

When confronted with a critically ill infant or child, emergency physicians need to be able to access key information quickly and accurately. Small reminders in a critical and stressful situation can calm the nerves and avoid preventable mistakes. There is a need for a pocket resource that provides key information in a format that is easy to access. Currently available materials are excellent resources when the emergency physician has the time to sit down and read for a few minutes. We were not able to identify a pocket resource that we would want to have in our pockets when called upon to get out of our chairs and go to the bedside to care for a critically ill infant or child. The key problem is not that resources are unavailable. The problem is in the formatting and organization of the information.

#### **Objectives**

We intend to produce a pocket resource for use at the bedside, in real time, during the care of a critically ill infant or child. This resource will be produced in both paper and the increasingly popular PDA format.

#### Methodology

This pocket resource will be limited to 32 pages of printed text in a pocket book no larger than 3  $^{3}/_{8}$  inches by 5  $^{1}/_{4}$  inches (The size of the popular Tarascon Pocket Pharmacopoeia) and less than  $^{1}/_{8}$  inch thick. The Pediatric Emergency Medicine Section members who have been working on our Section Grant Committee will be the core members of a new Pocket Guide Committee formed within the Section. An open invitation to other members of the Section for participation on the Pocket Guide Committee will be made. This newly formed Pocket Guide Committee will be given the objective of finalizing the content of the Pocket Guide and voluntary assignments for authoring the text and figures will be taken. Project management will be the responsibility of Joe Smith, MD, FACEP, current Chair of the Section. Dr. Smith will make final editorial decisions with input from the Pocket Guide Committee. A complete draft of the materials will then be provided to the entire section membership in a common format such as a Word document or Adobe pdf. Input from the entire Section will be requested to allow for the entire Section to participate in the development of the final product. Once completed, the Pocket Guide will be submitted to the ACEP staff to assist with getting the Pocket Guide Published in an appealing and professional looking pocket book. The PDA version will be made available to Section members as a Word document or Adobe pdf file through the Section e-list.

#### Expected Outcome

We expect to produce a professional looking, clinically useful Pocket Guide that can be used by Emergency Physicians while they care for critically ill infants and children. Both a paper version and a PDA version will be produced with the same content.

#### Expected Benefits

- Improved care of critically ill infants and children
- Enhanced confidence of Emergency Physicians in the care of critically ill infants and children
- Avoidance of preventable omissions in the care of critically ill infants and children
- Enhanced Section member participation within ACEP
- The development of a product that could become profitable for ACEP in the future

Responses to any questions, issues, or concerns identified by the Sections Subcommittee in review of your letter of intent: The subcommittee did not have any questions or concerns.

#### How will you promote your project / outcome product? Who is your target audience?

We will promote via the ACEP Section website and any other media available through ACEP. We will contact AAP and the SOEM and ask that they promote as well. We will also reach out to EMRA and SEMPA.

# Project work schedule (please list project tasks, individuals responsible, and projected dates for completion):

June 30, 2018	Sections notified of Section Grant Award
June 30, 2018	Section notified by Dr. Smith by e-mail, Pocket Guide Committee
	participation invitation made to all Section members on the e-list
July 23, 2018	Initial Pocket Guide Committee Membership list generated and e-list
•	created for this Committee by ACEP staff
July 25, 2018	Section Newsletter submissions due to Newsletter editor, announcement
•	and request for participation in Pocket Guide Committee
	(particularly for those Section members not on current section e-
	list) made by Dr. Smith
August 21, 2018	Pediatric EM Section Newsletter is emailed to members by ACEP staff
September 4, 2018	Dr. Smith submits rough working table of contents and author
	instructions to Pocket Guide Committee for review and input
October 4, 2018	Dr. Smith and Pocket Guide Committee generate a complete table of contents
	and finalize author instructions using e-mail as the means of communication
October 2018	Dr. Smith gives report on project at Pediatric Emergency Medicine
	Section meeting during ACEP Scientific Assembly
	Meeting of available members of Pocket Guide Committee and other
	interested Section members held immediately following the
	Section meeting. Some author assignments made during this
	time. Suggestions for content modifications are made.
November 2018	Dr. Smith e-mails the updated table of contents and author assignments
	to the Pocket Guide Committee for review and input. Solicitation
	for more authors made at that point.
December 2018	Dr. Smith generates a complete table of contents with all author
	assignments completed. Small group of editors developed from

	active members of the Pocket Guide Committee. Editorial duties assigned.
February 2019	First draft of author assignments are due to Dr. Smith. Completed
	portions of the Pocket Guide are sent to Pocket Guide
	Committee Editors or review and comment. Reminders sent to
	authors who have not completed their assignments.
March 2019	Dr. Smith reassigns incomplete portions of the Pocket Guide to new authors.
April 2019	Reassigned portions of the Pocket Guide are due to Dr. Smith.
_	Reassigned portions are sent out to Pocket Guide Committee
	Editors for review and comment. Editor comments and revisions
	of materials originally submitted on time are due to Dr. Smith.
May 2019	All edited materials due to Dr. Smith.
	Dr. Smith is to compile complete draft of Pocket Guide and edit the
	Pocket Guide for consistency and style. First completed draft of
	the Pocket Guide sent to Pocket Guide Committee for review,
	comment, and approval.
June 2019	Completed Pocket Guide sent to professional proof reader and ACEP
	staff for Publishing. New PDA Subcommittee formed to work on
	formatting the Pocket Guide for PDA use. Dr. Smith works with
	ACEP staff to approve page proofs and final publishable
	product. PDA Subcommittee completes work on formatting.
October 2019	Pocket Guide Published and made available to Section members present
	at the Pediatric Emergency Medicine Section Meeting at
	Scientific Assembly. PDA version made available through the
	Pediatric Emergency Medicine Section e-list. Pocket Guide
	mailed to Pediatric Emergency Medicine Section members who
	did not pick up their copies during the Section Meeting during
	Scientific Assembly.

#### Estimate of section members' time to be spent on the project:

33 Pocket Guide Committee Members

<ul> <li>17 reviewers - 5 hours each</li> </ul>	85 hours
<ul> <li>10 authors - 10 hours each</li> </ul>	100 hours
<ul> <li>3 editors/authors - 20 hours each</li> </ul>	60 hours
<ul> <li>4 PDA Subcommittee members - 5 hours each</li> </ul>	20 hours
Project Coordinator - 35 hours	35 hours
	200.1

300 hours

No financial support in terms of dollars is expected.

Estimate of ACEP staff support to project in terms of time and dollars. See page 16 of the Section Grant Manual for staff labor rates and contact your section staff liaison for clarification on job grade levels.

5 hours @ \$49 per hour = \$245

No conference calls are expected. Work is to be done during the Scientific Assembly meeting in October and by e-mail. A small number of hours will be needed to set up the project meeting following the Pediatric Emergency Medicine Section meeting, helping to coordinate the final publishing process, setting up the Pocket Guide Committee e-list, and mailing the finished Pocket Guides to the Section members.

Disclosure of other funding sources (please include information on other grant applications, either approved or pending, as well as information on other entities providing funds to accomplish this project. Provide the total amount of funds from these sources. Also note that all patents and copyrights arising from section grant projects will be owned by national ACEP.): None

Total project budget (estimated project costs and ACEP staff support in dollars). Refer to the Criteria for Evaluation, #17 for a list of items not applicable for funding. Please include a line item budget for total project revenue and expenses:

For a pocket guide that is 32 pages in length:	
Desktop Publishing Services - 32 hours @ \$32/hour	\$1,024
Staff time – 5 hours @ \$49	\$ 245
Photocopying 32 pages 450 copies @ .03/page	\$ 432
Covers/Binding 450 copies @ .20 per copy	\$ 90
Professional proof reading 4 hours @ \$30/hour	\$ 120
Mailing of Pocket Guide 450 mailings @ .50 per copy	\$ 225
Total	\$2,136
10111	Ψ2,130

Our original budget estimates included \$2,000 for PDA development. One of our section members, Dan Jones, MD has expertise in PDA use and development. Dr. Jones has informed us that PDA development can be done with the resources that many of us already have on our home computers. An Adobe pdf file or a Word file can be made available to Section Members and this can be used directly on a PDA without further modification. The budgetary cost of this is \$0 as all that is required is Section Member time.

There are no direct revenues expected from this project. However, it is conceivable that the outcome of this project could be developed into a marketable product that could be sold independently or as a companion to APLS: The Pediatric Emergency Medicine Resource. The distribution of this Pocket Guide to the members of the ACEP Pediatric Emergency Medicine Section could serve as a trial for a commercial product. If this commercial product had a unit cost of \$5, sold for \$10, and sold 2,000 copies, revenue of \$10,000 could be generated.

Total requested from ACEP Section Grant Program: \$2,116

Please attach IRB/AUC approval, if applicable, sources of errors or barriers to completion, and sample size as appropriate and CV of project coordinator. No IRB/AUC approval is required.

Sources of errors - factual errors and typographical errors may arise in a document of this type. By having a Committee of physicians review the materials during development and having editors review other author's work, we hope to catch errors during development. We hope that by using a professional proof reader we will be able to minimize typographical errors.

Barriers to completion - Poorly motivated section members who sign up to complete sections of the project and then do not complete their assignments is a significant potential barrier to completion. Time for reassignment of portions of the Pocket Guide have been built into the project development time line.

Sample size does not apply to our project.

Dr. Smith's CV has been provided.

## **SAMPLE**

## Schedule for Pediatric Emergency Department Resuscitation Pocket/PDA Guide

Date	Description
June 30, 2018	Sections notified of Section Grant Award
June 30, 2018	Section notified by Dr. Smith by e-mail, Pocket Guide Committee
	participation invitation made to all Section members on the e-list
July 23, 2018	Initial Pocket Guide Committee Membership list generated and e-list created for this Committee by ACEP staff
July 25, 2018	Section Newsletter submissions due to Newsletter editor, announcement and request for participation in Pocket Guide Committee
	(particularly for those Section members not on current section e- list) made by Dr. Smith
August 21, 2018	Pediatric Emergency Medicine Section Newsletter is emailed to members by ACEP staff
September 4, 2018	Dr. Smith submits rough working table of contents and author
	instructions to Pocket Guide Committee for review and input
October 4, 2018	Dr. Smith and Pocket Guide Committee generate a complete table of
	contents and finalize author instructions using e-mail as the means of communication
October 15, 2018	First Progress Report submitted before Scientific
000000110,2010	Assembly
October 31, 2018	Dr. Smith gives report on project at Pediatric Emergency Medicine
	Section meeting during ACEP Scientific Assembly
	Meeting of available members of Pocket Guide Committee and other
	interested Section members held immediately following the
	Section meeting. Some author assignments made during this
	time. Suggestions for content modifications are made.
November 2018	Dr. Smith e-mails the updated table of contents and author assignments
	to the Pocket Guide Committee for review and input. Solicitation for more authors made at that point.
December 2018	Dr. Smith generates a complete table of contents with all author
Becomoci 2010	assignments completed. Small group of editors developed from
	active members of the Pocket Guide Committee. Editorial duties
	assigned.
February 2019	First draft of author assignments are due to Dr. Smith. Completed
	portions of the Pocket Guide are sent to Pocket Guide
	Committee Editors or review and comment. Reminders sent to
M 1 2010	authors who have not completed their assignments.
March 2019	Dr. Smith reassigns incomplete portions of the Pocket Guide to new authors.
April 2019	Reassigned portions of the Pocket Guide are due to Dr. Smith.
1	Reassigned portions are sent out to Pocket Guide Committee
	Editors for review and comment. Editor comments and revisions
	of materials originally submitted on time are due to Dr. Smith.
May 2019	All edited materials due to Dr. Smith. Dr. Smith is to
	compile complete draft of Pocket Guide and edit the
	Pocket Guide for consistency and style. First completed

draft of the Pocket Guide sent to Pocket Guide Committee for review, comment, and approval.

**May 31, 2019** June 2019

**Second Progress Report Due** 

Proof Reading, Photocopying, Binding, and Publishing

Completed Pocket Guide sent to professional proofreader and ACEP staff for publishing. New PDA Subcommittee formed to work on formatting the Pocket Guide for PDA use. Dr. Smith works with ACEP staff to approve page proofs and final publishable product. PDA Subcommittee completes work on formatting.

October 1, 2019 October 2019 **Third Progress Report Due** 

Mailing of the Pocket Guide to Section Members

Pocket Guide Published and made available to section members present at the Pediatric Emergency Medicine Section meeting at *Scientific Assembly*. PDA version made available through the Pediatric Emergency Medicine Section e-list. Pocket Guide mailed to Pediatric Emergency Medicine Section members who did not pick up their copies during the section meeting during *Scientific Assembly*.

#### **SAMPLE**

# First Section Grant Progress Report Pediatric Emergency Department Resuscitation Pocket Guide

#### MM/DD/YYYY

#### Overview of activity to date

Since notification of our successful Section Grant application in late June 2017, I am pleased to say that we are quite close to being on schedule. We had hoped to have a finalized table of contents at this point, but the author group is continuing to discuss and modify the table of contents. I believe we have a nearly finalized table of contents, but further minor modifications may take place. Otherwise, we are on schedule.

#### We have completed the following tasks:

- 1. Section of Pediatric Emergency Medicine notified by e-mail of our successful Grant application and Section member participation solicited.
- 2. From current section members, initial author group formed from volunteers and e-mail addresses compiled.
- 3. Section Grant project announced in the Section Newsletter and further participation solicited.
- 4. Table of Contents developed. (Nearly finalized)
- 5. Draft instructions for Authors developed.
- 6. Section Grant project announced at the Section Meeting during *Scientific Assembly*. Further participation solicited.
- 7. Initial author assignments made.

Please see the following:

Appendix A - List of active participants and e-mail addresses

Appendix B - Current Table of Contents

Appendix C - Draft instructions for Authors

#### We are behind schedule on the following tasks:

Final instructions for authors Emails to authors with instructions Final Table of Contents

#### **Next Steps:**

Finalize instructions and email them to the authors. Get feedback from authors and modify the table of contents if needed. Assign editorial duties. Authors work on their assigned portions of the guide.

Respectfully submitted,

Joe Smith, MD, FACEP Project Coordinator Pediatric Emergency Medicine Section Grant Project