

ABMS VISITING SCHOLARS PROGRAM™

Application Preview

Use this document to plan your application. When you are ready to apply, please [click here](#).

Applications must be submitted by 5:00pm CST on May 1, 2019

The American Board of Medical Specialties (ABMS), in partnership with its 24 specialty Member Boards, serves the public and the medical profession by setting and maintaining professional standards for medical specialty practice and physician certification. ABMS' focus is on improving the quality of health care to patients, families, and communities by supporting the continuous professional development of physician specialists.

The ABMS Visiting Scholars Program is a one-year, part-time opportunity for early career physicians and junior faculty, fellows, residents, and individuals holding Masters or early career Doctorate degrees in, for example, public health, health services research, and public health policy and administration.

Research Expectations

Working with a mentor of their choosing at their home institution and an advisor assigned by ABMS or sponsoring ABMS Member Board, Scholars will develop and conduct a research project relevant to physician assessment, certification, physician lifelong learning and continuing professional development, improvement in medical practice and performance, or health care policy. Scholars will disseminate their work, either at an ABMS conference or other national meeting, or by submission to a peer-reviewed journal.

Engagement Expectations

ABMS Visiting Scholars are expected to participate fully in the program's professional development and educational opportunities, including three in person meetings and monthly webinars.

Scholarship Support

Scholars receive an award of \$12,500 that will be held by their institutions on their behalf. Funds are to be used by the Scholars to offset direct costs of research, professional development expenses, and ABMS-related travel.

More Information

For additional information, please go to visitingscholars.abms.org or contact VisitingScholars@abms.org.

2019-2020 ABMS Visiting Scholars Program Application

[To save your work, click the **Save and Continue** button at the top of the screen.]

Applicant Information

1. Please provide the following information: *

First Name:

Last Name:

Degree (s):

Current Position:

Current Institution:

Mailing Address:

City:

State:

Zip:

Phone:

Email:

2. Institution and Mentor Information:

*

Home Institution Name:

Research Mentor's Name (may or may not be associated with your institution):

Mentor's Position:

Mentor's Institution:

Research Mentor's Email Address:

3. Primary clinical specialty or academic discipline related to your proposed project.

Check all that apply.

*

- | | | |
|--|---|---|
| <input type="checkbox"/> Allergy and Immunology | <input type="checkbox"/> Nuclear Medicine | <input type="checkbox"/> Preventive Medicine |
| <input type="checkbox"/> Anesthesiology | <input type="checkbox"/> Obstetrics and Gynecology | <input type="checkbox"/> Psychiatry and Neurology |
| <input type="checkbox"/> Colon and Rectal Surgery | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Dermatology | <input type="checkbox"/> Orthopaedic Surgery | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Thoracic Surgery |
| <input type="checkbox"/> Family Medicine | <input type="checkbox"/> Pathology | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Other specialties and/or academic disciplines related to your project: |
| <input type="checkbox"/> Medical Genetics and Genomics | <input type="checkbox"/> Physical Medicine and Rehabilitation | <input type="text"/> |
| <input type="checkbox"/> Neurological Surgery | <input type="checkbox"/> Plastic Surgery | |

4. Project Title:

*

5. Project Abstract/Summary: (less than 250 words)

*

6. Project Background and Related Research: Provide a brief background of your project, including any previous work you have done in this area, and how your proposed project will expand, strengthen or challenge prior findings. (less than 500 words)

*

7. Research Questions: What research, quality, or policy questions will your research address?

*

a.

b.

c.

8. How will the results of your work influence the current or future processes of certification or continuing certification? Please review the assessment and professional development mission of ABMS and its Member Boards, and describe how your proposed research may be used to improve physician assessment and performance measurement, medical specialty certification, or performance improvement.(less than 500 words)

*

9. Have any ABMS Member Board representatives advised or assisted you in the development of your project or application? If yes, please provide each ABMS Member Board representative and the name of the ABMS Member Board. *

Yes

No

Please provide each ABMS Member Board representative and the name of the ABMS Member Board. *

10. Research Methodology: Describe briefly (less than 500 words)

*

11. Data Analysis: Describe your data analysis plan briefly (less than 500 words)

*

12. Does the project require IRB approval?

*

- No
- Yes
- Already IRB reviewed and approved
- Already IRB reviewed and exempted

If project does not require IRB approval, please upload written confirmation here: *

Browse...

If the project does require IRB approval, by what date is an IRB decision expected? *

If already IRB approved or exempt, please upload written confirmation here: *

Browse...

13. Expected Outcomes: What outcome(s) do you expect to have by the end of the year?

*

14. Dissemination Plan: How do you plan to disseminate your research findings in addition to your presentation at the ABMS Conference 2020? Identify any conferences, meetings, poster sessions and journals to which you plan to submit your work for presentation or publication.

*

1.

2.

3.

15. Project Timeline and Major Milestones: Provide an overview of your project implementation plan identifying at least three, but no more than 10, major milestones.

- Milestones should demonstrate progress toward completion of the research.
- Include dissemination of results as a milestone.
- Completion dates can extend past the year of Visiting Scholar participation, recognizing ongoing research, analysis and dissemination efforts.

	Major Milestone (e.g.: Refine project plan and objectives)	Target Completion Date (e.g.: Sept, 2018)
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>
10	<input type="text"/>	<input type="text"/>

16. Project Budget: Please provide a high-level total project budget, including anticipated travel expenses and research costs.

*

Travel (Consider expenses associated with attending three two-day face to face meetings)

Research (Consider data procurement, data entry, analytic support)

Other

If the program award (\$12,500) will not cover your estimated expenses, please indicate potential sources of additional support, such as institutional in-kind assistance, or other funding:

	Source/Funder	Amount	Status (pending/approved/not yet requested)
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>

17. Personal Statement: Describe your leadership experience, leadership development goals and interest in physician assessment and self-regulation. How will your experience as an ABMS Visiting Scholar contribute to certification and continuing certification and help you achieve your career goals? (less than 750 words)

*



18. Letters of Recommendation: Please provide two letters of recommendation. One should be from your research mentor, who may or may not be affiliated with your institution. The other should be from your program chair, associate/assistant dean, research program director, or other program supervisor. Both letters should provide the reviewer's name, position and relationship to your work.

Letters may be submitted via email or uploaded to this application.

Please indicate where you will be submitting your letters of recommendation:

*

- Via this application
- Via email to: ABMSVisitingScholars@abms.org

Upload two letters of recommendation.

*

Browse...

19. Upload your CV.

*

Browse...

20. I certify that the information submitted is my own work and that all of the statements are true, complete and honestly presented.

*

Yes

No

21. If selected as an ABMS Visiting Scholar, I will give ABMS the permission, right and license to use and reproduce my image and information provided, without compensation and in whole or in part, in or for any ABMS press releases, ABMS website content, and/or ABMS print and electronic communications (including recap summaries), whether to internal or external audiences.

*

Yes

No

22. Please let us know how you learned of the Visiting Scholars Program opportunity.

Thank You!

Thank you for your interest in the ABMS Visiting Scholars Program. Your application has been submitted.