# **Instructions:** *Please use this form when submitting your scholarly activity to be recorded in New Innovations by the Research PA****. Starting July 1, 2023 trainees will no longer be entering their scholarly information into New Innovations****. This form consists of drop-down menus, check boxes, fill-in sections, etc. For the Activity section please click on the triangle to view and enter the required information. Please only use this form to enter* ***one*** *scholarly activity. You will need to submit a form for each activity.*

*Provide all the requested information and attach any supporting documents for verification of your scholarly activity, such as notification of acceptance or copy of poster, abstract or manuscript. Incomplete forms will be returned. You may submit this form anytime during the academic year. Submit to* *sleming@capefearvalley.com**.*

*Note: You may not submit an abstract and the presentation/publication for the same project as two separate scholarly activities. Publications are ranked higher than presentations per ACGME.*

*Residents are encouraged to submit any educational scholarly activities such as but not limited to didactic, journal club, grand rounds presentations.*

*You must choose only activity from the selection below.*

# **Program:** Choose program.

# **People:** Choose an item.

# **Activity:** *Select only one of the following and provide information. Hover over the title of the activity and click on the triangle to view the information required.*

## [ ]  **National/Local/Regional Meeting (Presentation)**

*(You may not include your abstract in this category, if your abstract was published and has a PubMed number, you may want to use the publication category rather than this category. You may not count the presentation and the abstract as two separate activities. For example, you submit an abstract to CURRE and it is accepted, and you present the poster at CURRE, you cannot count both as scholarly activities.)*

**Activity Description:**  Click or tap here to enter text.

**Conference Activity Presentation:** Choose an item.

**Conference Activity Type:** Choose an item.

**Presenter(s):** Click or tap here to enter text.

**Title:**  Click or tap here to enter text.

**Meeting Sponsor:**  Click or tap here to enter text.

**Date:**  Click or tap to enter a date.

**City:**  Click or tap here to enter text.

**Activity Date:** Click or tap to enter a date.

## [ ]  **Publication – PubMed**

*(Enter only PubMed publications, if published in peer-reviewed journal as a result of a presentation, please select the category above)*

**Activity Description:**  Choose an item.

**Publication Activity:** Choose an item.

**Publication Activity Type:** Choose an item.

**PubMed Search:**  Click or tap here to enter text.

**Activity Date:**  Click or tap to enter a date.

## [ ]  **Publication – Other**

**Activity Description:**  Choose an item.

**Publication Activity:** Choose an item.

**Publication Activity Type:** Choose an item.

**Other Search Index:** Click or tap here to enter text.

**Title:**  Click or tap here to enter text.

**Author(s):** Click or tap here to enter text.

**Journal:**  Click or tap here to enter text.

**Volume:**  Click or tap here to enter text.

**Issue:**  Click or tap here to enter text.

**Year:**  Click or tap here to enter text.

**Pg #s**: Click or tap here to enter text.

**Activity Date:**  Click or tap to enter a date.

## [ ]  **Educational Presentation**

*(Use for presentations that do not qualify as local conferences or symposiums and is for educational knowledge only, such as, Grand Rounds)*

**Activity Description:**  Choose an item.

**Presenter(s):** Click or tap here to enter text.

**Title:**  Click or tap here to enter text.

**Activity Date:**  Click or tap to enter a date.

**Purpose of Presentation:** Click or tap here to enter text.

## [ ]  **Quality Improvement Project**

**Activity Description:** Click or tap here to enter text.

**QI Type of Activity:** Choose an item.

**Role:**  Choose an item.

**Title:**  Click or tap here to enter text.

**Activity Date:**  Click or tap to enter a date.

## [ ]  **Chapter Review**

**Activity Description:** Click or tap here to enter text.

**Title of Chapter:**  Click or tap here to enter text.

**Book Title:**  Click or tap here to enter text.

**Editor(s):**  Click or tap here to enter text.

**Publisher:**  Click or tap here to enter text.

**City:**  Click or tap here to enter text.

**Year:** Click or tap here to enter text.

**Activity Date:**  Click or tap to enter a date.

## [ ]  **Article Review**

**Activity Description:** Click or tap here to enter text.

**Article Title:**  Click or tap here to enter text.

**Journal:**  Click or tap to enter a date.

**Activity Date:**  Click or tap to enter a date.

## [ ]  **Research/Scholarly Activity Judge**

**Activity Description:** Click or tap here to enter text.

**Meeting Sponsor:**  Click or tap here to enter text.

**Activity Date:**  Click or tap to enter a date.

## [ ]  **Grants/Funding**

**Activity Description:** Click or tap here to enter text.

**Primary Investigator:**  Click or tap here to enter text.

**Grant Title:**  Click or tap here to enter text.

**Granting Organization:**  Click or tap here to enter text.

**Source of Funding:** Click or tap here to enter text.

**Grant Amount:**  Click or tap here to enter text.

**Grant Awardee/Institution:** Click or tap here to enter text.

**Activity Date:** Click or tap to enter a date.

# **Competencies:** *Select all that apply.*

[ ]  Patient Care

[ ]  Medical Knowledge

[ ]  Systems-Based Practice

[ ]  Practice-Based Learning & Improvement

[ ]  Professionalism

[ ]  Interpersonal & Communication Skills

[ ]  Osteopathic Philosophy & Osteopathic Manipulation Medicine

# **Supporting Documents:** *You must attach any supporting documents required for verification purposes such as, but not limited to, abstracts, abstract acceptance letters, posters, powerpoint presentations or web-links.*

# **Contributors:** Click or tap here to enter text.

# **Additional Information:**

# *Please list any additional information to assist in the entry of this activity.*

Click or tap here to enter text.

**DO NOT FORGET TO ATTACH YOUR VERIFICATION DOCUMENTATION.**