

## **Department of Obstetrics, Gynecology, and Reproductive Sciences**

### **Large Database Proposal**

**Overview:** The Department of Obstetrics, Gynecology & Reproductive Sciences aims to support faculty and trainees with their research projects. Large national databases can be used for clinical studies that have high impact. The Department now has available multiple databases as well as biostatistical and programming support to complete these projects.

**Proposal Submission Process:** All faculty or Department Principal Investigators are eligible to submit a proposal request to receive biostatistical and programming support for a project. Trainees in the Department, including students, residents, fellows, and post-docs may submit a proposal in collaboration with a faculty or Principal Investigator advisor within the Department.

A proposal may be submitted at any time and will be considered on a rolling basis, aligned with available time from the Department Biostatistician. Here is the workflow to complete a HCUP project.

**Step 1:** Review the HCUP Databases FAQ from the Department including sample manuscripts to better understand what data is available and how it may fit with your research question.

**Step 2:** Develop an initial research question and complete the brief proposal form questions listed below. Submit complete form to Jackie Wren ([Jacqueline.Wren@ucsf.edu](mailto:Jacqueline.Wren@ucsf.edu)).

**Step 3:** You must complete the [\*\*HCUP Data Use Agreement Training\*\*](#). This is a 15 minute online training for all HCUP users. Upon completing the training, you will receive a HCUP certification code. Please save this code and email it to [Jacqueline.Wren@ucsf.edu](mailto:Jacqueline.Wren@ucsf.edu) for proof you completed the course.

**Step 4:** Jon Boscardin, the Department biostatistician, will reach out to you schedule a launch meeting for the project. At this initial meeting, you will discuss the study design, analysis plan, and timeline for completing the project. Subsequent meetings will be at a cadence according to discussions between you and John to successfully complete the study.

**Step 5:** At the end of each academic year, you will be asked for a brief update on progress for your project as well as feedback on your experience with HCUP projects.

Please submit your completed proposal to Jackie Wren ([Jacqueline.Wren@ucsf.edu](mailto:Jacqueline.Wren@ucsf.edu))  
For questions, contact Dr. Vanessa Jacoby. ([Vanessa.Jacoby@ucsf.edu](mailto:Vanessa.Jacoby@ucsf.edu))

## **Project Proposal**

Please complete all questions. The proposal should not exceed TWO pages in length.

**Name:**

**Position/Title:**

**If you are a trainee, indicate stage of training including year:**

**All trainees must have the research mentor complete the FACULTY/PRINCIPAL INVESTIGATOR ATTESTATION FORM at the end of this proposal.**

**Division in Department of Ob/Gyn&RS:**

**Do you have experience doing data analyses or projects with large datasets?**

**Proposed Title of Project:**

**Brief Project Background (1 paragraph):** Please describe the problem or issue in Obstetrics, Gynecology, or Reproductive Sciences that the project aims to address. This description should: 1) include a brief summary of prior research related to the project; 2) highlight deficiencies in our current understanding/knowledge as it pertains to the problem or issue under investigation; 3) describe why this issue is important to clinical practice, health equity, scientific advancement, and/or public or community health.

**Primary Research Question:**

**Secondary Research Questions if applicable:**

**Study population:** Describe the population you want to study in the database. What procedure and/or diagnosis are you interested in studying? You do not need to put ICD10 or other diagnosis codes, just use descriptive words.

What year(s) are you most interested in studying?

**Analysis Plan:** This is an optional section. Please provide a brief description of your proposed analysis plan.

**Timeline:** What is your proposed timeline for completing the project?

**FACULTY/PRINCIPAL INVESTIGATOR ATTESTATION FORM (IF APPLICABLE)**

**Faculty/Principal Investigator Member:**

**Trainee:**

**Title of Project:**

I agree that I am working with the trainee listed above on this research project to be completed by the end of their training. I will work collaboratively with the trainee to complete this project.

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Faculty/Principal Investigator Signature

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Date