Logo

Description automatically generated

**2025 NIDUS Delirium Boot Camp Application**

**Part I: Applicant Information Form**

# **APPLICANT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: |  | Last Name: |  |
| Institution: |  | | |
| Department: |  | | |
| Division/Unit: |  | | |
| **Work Address**: |  | | |
| City/Town: |  | State/Province: |  |
| Zip/Postal Code: |  | Country: |  |
|  |  |  |  |
| **Home Address**: |  | | |
| City/Town: |  | State/Province: |  |
| Zip/Postal Code: |  | Country: |  |
|  |  |  |  |
| Email Address: |  | Work Number: |  |
| Fax Number: |  | Cell Number: |  |
|  |  |  |  |
| At the time of the Boot Camp, I will be living in a foreign country. | | | YES  NO |
| If Yes, please list the country and city where you will be residing: | |  | |

# **ACADEMIC RANK, DEGREE, AND YEARS RECEIVED**

Please indicate your terminal degree (MD, PharmD, PhD or other doctoral degree) and year received.

Please indicate your academic rank (postdoc, instructor, assistant professor, associate professor, etc.) and number of years at that rank.

# **MENTORSHIP**

Do you have a mentor who will assist you with your research in delirium?  YES  NO

If yes, provide your mentor’s name, discipline, title(s), and institutional affiliation.

# **FUNDING**

Please list any active research funding:

Name: Title of grant: Role PI/Co-PI: Funding agency: Years of funding: Relationship to delirium research:

Name: Title of grant: Role PI/Co-PI: Funding agency: Years of funding: Relationship to delirium research:

Name: Title of grant: Role PI/Co-PI: Funding agency: Years of funding: Relationship to delirium research:

Name: Title of grant: Role PI/Co-PI: Funding agency: Years of funding: Relationship to delirium research:

**TRAVEL AWARD AND NEEDS-BASED ACCOMMODATIONS**

There are a limited number of travel awards available to Boot Camp attendees.

* Would you like to be considered for a travel award?  YES  NO
* If you are not awarded a travel grant, will you still be able to attend?  YES  NO

Needs-based accommodations relate to a participant’s accessibility in the hotel or meeting rooms, child or adult care, assistive devices, or other considerations that enable applicants to successfully attend and participate in the Boot Camp.

* Would you like us to contact you to discuss needs-based accommodations that would enable you to successfully participate in Boot Camp?

YES  NO

**GENDER, RACE, ETHNICITY, SOCIOECONOMIC BACKGROUND AND ADA**

The U.S. Congress in their annual funding requests requires federally funded agencies, like the NIH, to show how their agencies, programs and grants, serve people who are underrepresented among medical researchers. This ensures programs reflect agency values, and benefit all medical researchers across their career.

Please indicate your gender:

* Male □ Female □ Prefer not to disclose

Please indicate your preferred pronouns:

□ He/Him □ She/Her □ They/Them □ Ze/Hir □ No Pronouns - Use My Name

Please choose one or more races that you consider yourself to be:

* Hispanic/Latinx
* American Indian
* Alaskan Native: indigenous
* Asian
* Central Asian
* East Asian
* Southeast Asian
* South Asian
* Black/African American
* Middle Eastern
* Native Hawaiian: indigenous
* Pacific Islander: indigenous
* Caucasian
* Other, specify:
* Prefer not to respond

Socioeconomic Background and medical conditions that qualify for needs-based accommodations under the Americans with Disabilities Act (ADA), are associated with inequalities that reduce access to opportunities and impede advancement across a lifespan. Providing such information ensures programs reflect agency values and benefit all medical researchers.

Please indicate if 0 to 1, or 2 or more of the following have applied to you at any point in your life:

* 0 or 1 apply
* 2 or more apply
* Prefer not to respond
* Were without a home
* Were in the child foster care system
* Were eligible for Free/Reduced Lunch Program
* Parents/legal guardians without a college degree
* Were eligible for Federal Pell grants
* Received support from Special Supplemental Nutrition Program for Women, or for Infants and Children (WIC)
* Lived in an area eligible for a federal Rural Health Grant

Please indicate if you have an [eligible medical condition](https://askjan.org/a-to-z.cfm) that qualifies for needs-based accommodations:

* Yes this applies
* No, this does not apply
* Prefer not to respond

**Logo

Description automatically generated**

***Section 1: Coversheet (1 page maximum)***

**2025 NIDUS Delirium Boot Camp Application**

**Part II: Research Grant Project Proposal Form**

**First Middle Initial. Last, Degrees**

University/Hospital Name:

Division/Unit:

Institute/Center:

Preferred [Email](mailto:ackenbommf@upmc.edu)

Primary Mentor: Name, University/Hospital

Title: Begin Typing Here

**Funding Disclosure**: I agree the following research project has not yet been submitted for funding to, or funded by any agency or organization. I agree that if invited to the 2024 NIDUS Delirium Boot Camp I will delay submission of my proposal until after the Boot Camp. I agree I have not started collecting data for my Boot Camp proposal.

□ YES, I agree to the above □ NO, I have received funding □ NO, It has been submitted for funding

**NIDUS Pilot Grant Disclosure**: I am aware that my Boot Camp proposal may be eligible for submission as a

letter of intent for the NIDUS pilot awards program (<https://deliriumnetwork.org/pilots/>) but if I plan to submit my Boot Camp proposal to this program if must not yet be submitted for funding (or have received funding support).

□ YES, I am aware of the NIDUS Pilot Award eligibility Requirements

**Review of NIDUS Career Develop Grant-writing Resources**

<https://deliriumnetwork.org/career-development/nidus-university/#hfaq-post-50254>

□ YES, I have reviewed the NIDUS Career Development Grant-writing Resources

**Use of NIDUS Research Resources in Proposal:**

<https://deliriumnetwork.org/wp-content/uploads/2024/01/2023-NIDUS-Resources-Glossary_01.02.24.pdf>

□ YES, I have used the following NIDUS Research Resources to develop my proposal:

* Measurement Resources
* Bibliography
* Research Hub

***Section 2: Biographical Paragraph (1060 character maximum, including spaces)***

Begin Typing Here

***Section 3: Statement of Interest (A-C 100 word maximum, D 250 word maximum)***

1. **Prior Research Training:**

Begin typing here

1. **Research accomplishments related to delirium, aging, and/or cognition:**

Begin typing here

1. **Career Plans related to delirium, aging, and/or cognition:**

Begin typing here

1. **Goals for attending the NIDUS Delirium Boot Camp:**

Begin typing here

***Section 4: Project Proposal – Example Study Title and Research Project Abstract (1/2 page)***

***Include a standard research abstract only as in the sample below. No other data should be included***

**Title:** Social Determinants of Health, Delirium and Post-ICU Psychological Health

**Abstract:**

Depression, anxiety, and post-traumatic stress disorder (PTSD) are important psychological health (PH) issues

after critical illness; PH is an important domain of the post-intensive care syndrome (PICS). The recent

MONITOR-IC longitudinal study, led by my co-mentor of this application, found 14% of ICU survivors

experience one or more new PH in the year following ICU admission. While ICU delirium is strongly associated

with long-term cognitive impairment (LTCI), its association with post-ICU PH remains unclear. Social

determinants of health (SDOH) contribute to ICU utilization and may affect ICU outcome. SDOH are

associated with increased post-ICU LTCI but the mediating role of ICU delirium in this relationship remains

unclear. Using a subgroup of MONITOR-IC patients, our group found no association between four SDOH and

either ICU delirium occurrence or duration. We hypothesize SDOH are associated with increased PH issues 3

months after ICU admission and that this relationship is mediated by ICU delirium burden (occurrence or

duration). In our planned subgroup analysis of the MONITOR-IC study at one Dutch center, four factors related

to three Center for Disease Control (CDC) SDOH domains [Social/Community Context (ethnicity); Education

Access/Quality (educational attainment), and Economic Stability (employment status, monthly income)] will be

collected at ICU admission. Well-trained ICU nurses will evaluate patients without coma (RASS=-4 or -5) q8h

for delirium with the CAM-ICU. At three months following ICU admission, patients will be evaluated for

symptoms of anxiety and depression (using the HADS) and PTSD (using the IES-R). Multivariable logistic

models that account 14 covariables (each potential baseline and ICU delirium and/or post-ICU PH risk factors),

will be used to measure the association between each SDOH (n=4) and each compositive or individual PH

(n=4). For each individual SDOH-PH association, mediation analysis will be used to estimate the role of

delirium burden in the relationship. The work will advance current knowledge by investigating the associations

between SDOH and post-ICU PH in critically ill adults and how ICU delirium mediates each of these

relationships.

***Section 4: Project Proposal –Study Title and Research Project Abstract (1/2 page)***

**Title**: Begin typing here

**Abstract:**

Begin typing here

***Section 4: Science (3 page maximum – page 1)***

Begin typing here

***Section 4: Science (3 page maximum – page 2)***

Begin typing here

***Section 4: Science (3 page maximum – page 3)***

Begin typing here

***Include how Boot Camp will contribute to your career plans.***

***Section 4: Career Development Plans (1 page maximum)***

Begin typing here

***Include how your proposal will lead to future delirium research***

***Section 4: Plans for Growth of a Delirium Research Program (1/2 page maximum)***

Begin typing here

***Section 5: Appendices – Reference List (no page limit)***

1. Begin typing here

***Section 5: Appendices – Applicant NIH Biosketch (5 page maximum)***

OMB No. 0925-0001 and 0925-0002 (Rev. 10/2021 Approved Through 01/31/2026)

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.  
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME:

eRA COMMONS USER NAME (credential, e.g., agency login):

POSITION TITLE:

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)

| INSTITUTION AND LOCATION | DEGREE  (if applicable) | Completion Date  MM/YYYY | FIELD OF STUDY |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**A. Personal Statement**

**B. Positions, Scientific Appointments, and Honors**

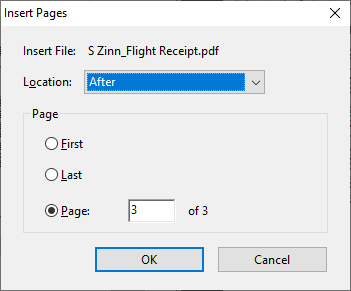
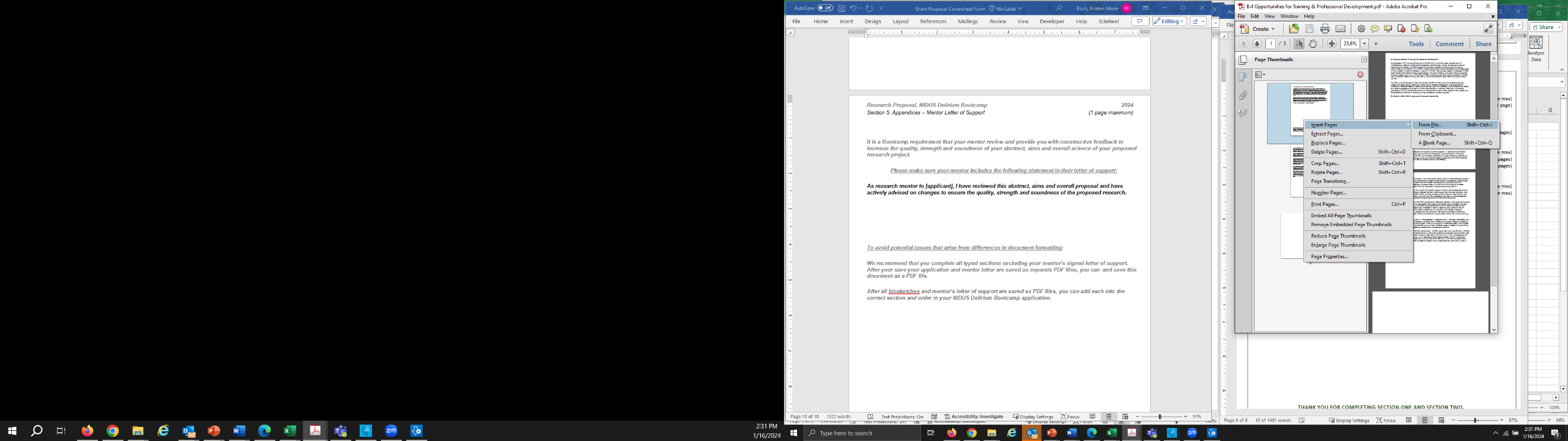
**C. Contributions to Science**

***Section 5: Appendices – Mentor Letter of Support Instruction Page (1 page maximum)***

***Your proposed mentor is required to review and provide constructive feedback so applicants can increase the quality, strength and soundness of their abstract, aims and overall proposed research project.***

***Your mentor MUST INCLUDE the following in their letter of support:***

***I have reviewed [applicant name]’s abstract, aims and overall proposal and have actively advised on changes that could increase the quality, strength and soundness of the proposed research.***



***To avoid formatting issues when incorporating other documents into your application we recommend these steps:***

1. ***Complete all typed sections in Part I and Part II of the 2024 application excluding the letter of support***
2. ***Save your Application as a PDF file using the following title: Last Name Boot Camp Application***
3. ***Save Letter of Support as a PDF file***
4. ***Open your Application PDF file***
5. ***Open the Page Thumbnails***
6. ***Scroll down to this page, Section 5: Appendices – Mentor Letter of Support Instruction page and right click on it***
7. ***From the pop up menu select: Insert Pages, then From File…***
8. ***Find, highlight and select your Letter of Support PDF***
9. ***From Insert Pages pop up menu select After for location and type the page number of Section 5: Appendices – Mentor Letter of Support Instruction page (the page you are reading) and select OK***
10. ***If you inserted the letter to an incorrect location simply select the letter from the Page Thumbnails and drag it up or down***
11. ***If needed you can do the same with individual Biosketches.***

***Section 5: Appendices – Mentor Letter of Support (1 page maximum)***

***Section 5: Appendices – Mentor NIH Biosketch (5 page maximum)***

***Section 5: Appendices – Key Research Team Member’s NIH Biosketches (5 page maximum, per person)***

***Section 5: Appendices – Resources and Environment (1 page maximum)***

Begin typing here

***Section 5: Appendices – Budget Justification (2 page maximum)***

***A specific budget is not required as part of the submission, but we do ask that you submit a budget justification for an approximately $50,000 (direct cost only) budget. Include a description and justification of research team.***

Begin typing here

***Section 5: Appendices – Project Timeline with Quarterly Milestones (no set limit)***

***Include specific objectives to be achieved in each quarter.***

Begin typing here