



## HSF Mentored Experience Grant

### Request for Proposals

**Application deadline:** January 16, 2023

**Notification:** Annual AAD meeting

**Project Period:** July 1, 2023 – June 30, 2024

**Submit applications as a single pdf and send any questions to: [grants@hs-foundation.org](mailto:grants@hs-foundation.org)**

### Purpose

The purpose of the award is to develop clinical and procedural skills as well as mentoring relationships between trainees and HS experts that might not otherwise be possible due to distance or funding.

### Program – Mentored Educational Experience

The HSF aims to foster the care of patients with HS and careers that include HS-related clinical care, research, and/or teaching. Awardees will learn to manage patients with HS under the mentorship and direction of an HSF member. Awardees may also discuss opportunities to conduct and publish research related to HS.

The HSF invites Residents, Post-Dermatology Residency Fellows, and Faculty to apply for the HSF Mentorship Award. Priority will be given to practitioners applying from states without an HS clinic.

If selected, awardees will receive up to \$2,000 for direct expenses associated with spending up to 4 weeks working in-person and being mentored by an HSF member. The four weeks of mentorship does not have to be consecutive but must include a **minimum** of two weeks on site with the mentor (the additional two weeks may take place as remote mentorship).

Prior to arriving for the in-person portion of the mentored educational experience, the awardee and mentor will work together to tailor an experience that will match the awardee's interests. During the in-person experience, awardees will spend time learning and collaboratively working with their mentor to provide outpatient, procedural, and/or inpatient care with a focus on HS management. Throughout the experience, awardees will also spend time reviewing, critiquing, and synthesizing the medical literature as well as participate in quality improvement and/or research projects with their mentor, which may result in publications. In addition, awardees may participate in didactics (educational conferences) held at the mentor's location and assist with general dermatology outpatient clinical care.

### Program Requirements

- Applicants must be residents in training, fellows, or faculty within 10 years of appointment in North America.
- Please note: this grant does not support medical students nor international applicants.
- Applicants should work with their proposed mentor to develop a plan for clinical skills development or research project. The mentor must be an HSF board member or active in HS patient care, education or research.
- Mentors should not be at the same institution as the applicant.

- Mentors may host no more than 2 awardees in a given academic year.
- There is a limit of 1 award per applicant. Prior awardees may not reapply.
- The rotation time frame must begin after the receipt of the award.
- The weeks of mentorship do not have to be consecutive.
- Funding will only be granted if there is no additional funding. If an applicant accepts funding from another source for the same proposal or is unable to complete their mentorship experience, then the funds will be returned to HSF.

### **Budget Guidelines**

- Anticipated expenses must be submitted and include reasonable incidentals such as transportation, lodging, food for the mentorship experience.
- Research reagents will not be covered.
- Salaries, malpractice insurance, indirect or overhead costs, or other expenses not directly related to the mentorship experience will not be covered.
- All funds must be used within 18 months of notification.

### **Application Checklist**

- Mentorship Award Application Form (see page three below)
- Statement of Purpose (1 page limit, Arial font 11pt or larger, single spaced, 0.5" inch margins) including:
  - Mentee's career goals.
  - Goals of the proposed mentorship and any specific project planned
  - Impact the planned mentorship will have on your future career as a leader in the field of HS research and/or clinical care?
  - What aspects of the HSF Research Roadmap will your mentorship experience address?
- Applicant's Curriculum Vitae
- Proposed Budget (\$2,000 maximum) with justification
- Letter of Support from applicant's supervisor, such as Department head, Chair and/or Program Director
- Mentor Attestation (see page four below). **Note:** A letter of reference from the proposed Mentor is NOT required.

### **Upon Successful Application**

- Awardees will be asked to submit a headshot to be used to announce the awardees.

### **Upon Completion of Mentorship Experience**

- Awardees must submit to the HSF a one-page report of the experience no later than one month after completing their mentorship experience.
- The grantee must be prepared to discuss their experience at the annual scientific meeting of the HSF, the Symposium on Hidradenitis Suppurativa Advances (SHSA) within two years of funding.
- The summary report and headshot will be published in the annual report and/or on the HSF website and SHSA. The summary report should provide a detailed description of the mentorship experience and highlight your experience and how it has enhanced your career development and growth in caring for HS patients.



## HSF Mentored Experience Grant Application

First Name\*: \_\_\_\_\_ Last Name\*: \_\_\_\_\_

Address\*: \_\_\_\_\_

City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Zip\*: \_\_\_\_\_

Email\*: \_\_\_\_\_

Mobile number\*: \_\_\_\_\_

Institution or Residency Program\*: \_\_\_\_\_

For Residents or Fellows, what is your anticipated graduation year\*: \_\_\_\_\_

\*Denotes a Required Field

HS Mentor name: \_\_\_\_\_

Practice location (City, State): \_\_\_\_\_

Dates of proposed Mentored Experience: \_\_\_\_\_

**ADDITIONAL INFORMATION** As an organization, we collect demographic data to better understand those served by our programs. Providing this information will not positively or negatively impact consideration of your proposal, nor will it be shared in a personally identifiable way with any entities. This information will be compiled for the sole purpose of reporting aggregate data across programs.

What is your ethnicity? Hispanic / NOT Hispanic / I choose not to report.

Which best describes your race? Check all that apply.

American Indian / Alaska Native

Asian

Black / African American

Native Hawaiian or Other Pacific Islander

White

Unknown

Other – if other, please share the race with which you identify: \_\_\_\_\_

I choose not to report.

What is your gender identity?

Female

Male

Trans female

Trans male

Non-binary

Other – if other, please share the gender identity with which you identify: \_\_\_\_\_

Prefer not to answer

**Along with this form, please remember to also include:**

- Statement of Purpose (1 page limit, Arial 11pt font) (see above)
- Applicant Curriculum Vitae
- Proposed Budget (\$2,000 maximum) with justification
- Letter of Support from applicant's supervisor, such as Department head, Chair and/or Program Director.
- Mentor attestation.

**For mentors (may be submitted on separate sheet/ file):**

**Mentor Attestation & Signature page**

I agree to be a mentor as part of the **HSF Mentored Experience Grant**. I have reviewed and approved the research proposal and timeline, and agree to provide supervision, as well as intellectual and funding support as needed (i.e., statistical analysis, supplies). I am available during a majority of the applicant's timeline to meet regularly for ongoing research supervision and career mentorship.

Applicant name: \_\_\_\_\_

Mentor name: \_\_\_\_\_

Mentor department/division, institution: \_\_\_\_\_

Mentor signature: \_\_\_\_\_

Date: \_\_\_\_\_