

The Journal of Bone and Joint Surgery Robert Bucholz Resident Journal Club Support Program

Deadline: September 30, 2024

The Journal of Bone & Joint Surgery (JBJS) is proud to sponsor The Robert Bucholz Resident Journal Club Support Program, which is intended to enhance orthopaedic training by providing educational information on managing an effective journal club and teaching residents how best to evaluate the current scientific literature.

Objective: To promote career-long skills in evaluating the orthopaedic literature as it impacts clinical decision making among orthopaedic residents

Mission: To promote increased use of high-quality orthopaedic literature as a basis for changes in practice decision-making

Vision: To see increased dependence of orthopaedic residencies on Journal Club activities to teach orthopaedic trainees skills to effectively evaluate the musculoskeletal literature

APPLICATION DETAILS

Deadline for Application: September 30, 2024

<u>Submission Instructions:</u> Complete the application electronically, attach a copy of the

institution's IRS Tax Determination letter, and email to journalclub@jbjs.org by the deadline.

<u>Funding Period:</u> October 2024 - June 2025 Amount: To be determined upon award

APPLICATION REQUIREMENTS

All eligibility items below are met.

- Application (pages 4-6) is complete and emailed to journalclub@jbjs.org by deadline
- A copy of the affiliated organization's IRS Tax Determination Letter is attached to application.

ELIGIBILITY

- Applicant must be an orthopaedic or osteopathic resident in a residency training program.
- The residency training program must reside in the United States of America.
- The residency training program must be affiliated with a 501(c)(3) organization that is tax
 exempt and provide a copy of its IRS Tax Determination Letter that proves nonprofit status
 (W-2 forms will not be accepted).
- A suitable mentor (program director, department chair, or faculty member) must sponsor the applicant (signature required on page 5).

ADMINISTRATIVE POLICIES AND PROCEDURES

<u>Purpose</u>: The primary purpose of the support program is to bolster journal club activities. The support period is for one academic year. Funds can be used to support the journal club and resident education either directly or indirectly - approval by JBJS is not necessary. The overall goal of the Journal Club Support Program is to promote career-long skills in evaluating the orthopaedic literature as it relates to impact on clinical decision making among orthopaedic residents. Specific objectives are:

- To provide programs with guidance in creating an effective journal club
- To teach residents how to read and evaluate a scientific article
- To engender effective participation in the journal club process

JBJS believes that these objectives can be enhanced by inviting experienced orthopaedic journal editors to participate in journal club and share with the participants their knowledge about the journal peer-review process. A list of JBJS Deputy Editors who are willing to serve in this capacity will be made available to all awarded programs.

ADDITIONAL INFORMATION

<u>Review Procedure:</u> A review committee identified by the Editor-in-Chief of *JBJS* will review the applications and select the award recipients.

Notification of Award: JBJS will notify each applicant within 30 days of the application deadline.

<u>Payment Information:</u> Proceeds of the Journal Club Support Program will be disbursed to each selected program in a single payment. The monetary check will be made to the department and will not provide for overhead expense payable to any institution. If the full amount of the funding is not used during the application year, the excess may be carried over to the next year.

<u>Implementation Materials:</u> Journal club aids, selected by the Editor-in-Chief of *The Journal of Bone & Joint Surgery*, are available online at https://journals.lww.com/jbjsjournal/Pages/Resident-Resources.aspx.

<u>Survey of Recipients:</u> As a requirement for funding, the resident and mentor must agree to participate in periodic surveys conducted by JBJS, which will provide useful information pertinent to the mission of this organization and continuous improvement of the support program.

<u>End-of-Year Evaluation:</u> JBJS will send an evaluation form to each grantee for completion by the end of the academic year. The evaluation form must be submitted by June 30, 2025.

<u>Applicant Access to JBJS Clinical Classroom:</u> The senior resident or chief resident in funded journal clubs will also have free access to the JBJS adaptive learning platform,

Clinical Classroom. Access to the platform begins upon notification of application acceptance. To extend this access to the rest of your program via a free trial, please complete the form on https://clinicalclassroom.jbjs.org/residency-program-contact-form/

The Journal of Bone & Joint Surgery (JBJS) Resident Journal Club Application

Applications must be submitted by September 30, 2024

Award Amount: TBD	Date:	
Date(s) of Program: October 2024 to June	2025	
Institution / Organization Name:		
Federal Tax ID #:		
Include a copy of your IRS Tax Determination Lewith this application. W-2 forms will not be ac		
This request is made by the undersigned, who a	gree to comply with the following:	
expended for the purposes set forth herein; (2) t by JBJS periodically; and (3) that all programs	nt: (1) that funds granted as a result of the request are to be hat the resident and mentor will participate in surveys conducted supported by any award made as a result of this request shall rnal of Bone & Joint Surgery Resident Education Fund.	
Applicant's Name:		
Mentor's Name:		
Department Chair Name:		
Number of Residents in Residency Pro	gram:	
Dayment Information (Days a sent he se		
Payment Information (Payee must be an	institution, not an individual.)	
Payee for Check:		
Name of person to receive check:	Department:	
	Institution:	
Business Mailing Address:	City, State, Zip:	
F-mail (required):	Phone:	

Application Materials

Applicant (Resident) Information Name:	Name of Institution:
Γitle:	Phone:
Department:	Fax:
Business Address:	City, State and Zip Code:
E-mail (required):	Signature:
lentor Information:	
Name:	Name of Institution:
Title:	Phone:
Department:	Fax:
Business Address:	City, State and Zip Code:
E-mail (required):	Signature:
Goals of the Journal Club Progrannese can best be accomplished by recei	n: Please describe your journal club program's objectives and how let of this funding.

		ıired.					
_	ease describe re, if possible						
expenditu scriptions to	ease describe re, if possible o orthopaedic e.g., site rental,). Acceptable journals and	expenses I resources, t	include activi	ties that supp	ort the jour	nal club:
n expenditu scriptions to	re, if possible o orthopaedic). Acceptable journals and	expenses I resources, t	include activi	ties that supp	ort the jour	nal club:
expenditu scriptions to	re, if possible o orthopaedic). Acceptable journals and	expenses I resources, t	include activi	ties that supp	ort the jour	nal club:
expenditu scriptions to	re, if possible o orthopaedic). Acceptable journals and	expenses I resources, t	include activi	ties that supp	ort the jour	nal club:
expenditu criptions to	re, if possible o orthopaedic). Acceptable journals and	expenses I resources, t	include activi	ties that supp	ort the jour	nal club:
expenditu criptions to	re, if possible o orthopaedic). Acceptable journals and	expenses I resources, t	include activi	ties that supp	ort the jour	nal club:
expenditu scriptions to	re, if possible o orthopaedic). Acceptable journals and	expenses I resources, t	include activi	ties that supp	ort the jour	nal club:
n expenditu scriptions to	re, if possible o orthopaedic). Acceptable journals and	expenses I resources, t	include activi	ties that supp	ort the jour	nal club:
n expenditu scriptions to	re, if possible o orthopaedic). Acceptable journals and	expenses I resources, t	include activi	ties that supp	ort the jour	nal club:
expenditu scriptions to	re, if possible o orthopaedic). Acceptable journals and	expenses I resources, t	include activi	ties that supp	ort the jour	nal club:
n expenditu scriptions to	re, if possible o orthopaedic). Acceptable journals and	expenses I resources, t	include activi	ties that supp	ort the jour	nal club: