The University of Tennessee Medical Center

Application for Conducting Nursing Research / Evidence-based Practice Projects

stigator Information			
Stigator Information			
Name:	Affiliatio	n:	
Primary Phone Number:	Work Pl	Work Phone:	
Department/Unit:			
s the investigator a student?			
f so, where and in what maj	jor or degree?		
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	esis or Research Question the specific scientific predictions (hypotheses) of the proposed research and/or question(s) swered.
-	mple/Inclusion Exclusion Criteria your study subject sample and any inclusion or exclusion criteria you will use when choosing bjects:
How will	you gain access to the study subjects? (Referral, Medical Records search, etc.)
VIII. Methods A the proje	ttach a copy of your research proposal (Protocol) to this application. (List all the steps of ct)
What Re	search design will you use? (Experimental, Quasi-experimental, Non-experimental)
tools to t	that will be collected from subjects (directly or indirectly) Attach a copy of all data collection this application (e.g. Demographic form, instruments to measure dependent variables). s: questionnaires, diaries, survey, lab work, discharge summaries etc.
	planning to use a measurement tool you found in the literature or one you designed? No (If yes, attach a copy of the tool and references.)
If not, de	escribe the development process for the instrument you will be using.
What are	e the proposed dates for your intervention (if applicable) and for data collection?
Who will	collect the data and how will they be trained?

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What type of analysis will be done? List each hypothesis and research question with the statistical test to be used.
IX. Project Origination
Did this project originate as an operational project? Yes No
Did this project originate as a performance improvement project? Yes No
X. Coordination within UTMC
What are the roles of nurses in the study?
Which nursing units will be involved in the project and what specifically are you asking the nursing staff to do in relation to your project?
List any other UTMC departments to be involved in the project. (Examples: Respiratory or Physical Therapy, Lab etc.)
XI. Protection of Research subjects
Will the study require consent from the subject? Yes No (If yes, please attach a copy of the proposed consent. A consent template is available on the UT GSM IRB webpage under 'Forms & Documents': http://gsm.utmck.edu/irb)
Additional questions related to protection of subjects will be addressed according to the Institutional Review Board (IRB) policy.
XII. Financial Involvement
Attach a budget that shows anticipated costs to UTMC (e.g. mailings, copying, staffing, statistical analysis etc.)
Will the patient incur any charges resulting from participation in the study?YesNo If so, this must be explained clearly in the consent document.

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Signatures

Signature	Date	
Applicant		
Signature	Date	
Research Applicant's Manager		
Signature	Date	
Faculty Advisor (if applicable)		
Signature	Date	
Nursing Research Scientist	<u></u>	
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Circalum	Data	
Signature	Date	
Nursing Research & Evidence-based Council Chair		
Attachments:		
Protocol		
Consent (If applicable)		
Budget (may use Nursing Research Sample Budget F	orm)	
Data Collection Tool	/If:-libl-)	
Patient Surveys, questionnaires or assessment tools (If applicable)		

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