**The University of Tennessee Medical Center**

Application for Conducting Nursing Research / Evidence-based Practice Projects

# I. Title of Project

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# II. Investigator Information

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| Name: | Affiliation:  |
| Primary Phone Number:  | Work Phone:  |
|  Department/Unit: |  |

Is the investigator a student? \_\_\_\_ Yes \_\_x\_\_ No If so, where and in what major or degree?

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If not, please provide credentials:

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# III. Name and Phone number of faculty advisor N/A \_\_\_\_\_

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# IV. Other Study Personnel

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| --- | --- | --- | --- |
| **Name**  | **Role in Study**  | **Department**  | **CITI** **Completed**  |
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# V. Background / Literature review

Describe the problem your research study will address (for example cancer pain); why this problem is significant or important to address (support with the literature); and findings from existing knowledge (relevant literature) about the research topic that supports this study. **Please contact the Preston Medical Library if you need assistance in conducting a literature search.**

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**VI. Purpose Statement.**

**The purpose of this study is to….**

#  Hypothesis or Research Question

Describe the specific scientific predictions (hypotheses) of the proposed research and/or question(s) to be answered.

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# VII. Subject Sample/Inclusion Exclusion Criteria

Describe your study subject sample and any inclusion or exclusion criteria you will use when choosing study subjects:

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How will you gain access to the study subjects? (Referral, Medical Records search, etc.)

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**VIII. Methods** Attach a copy of your research proposal (Protocol) to this application. **(List all the steps of the project)**

What Research design will you use? (Experimental, Quasi-experimental, Non-experimental)

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List data that will be collected from subjects (directly or indirectly) Attach a copy of all data collection tools to this application (e.g. Demographic form, instruments to measure dependent variables). Examples: questionnaires, diaries, survey, lab work, discharge summaries etc.

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Are you planning to use a measurement tool you found in the literature or one you designed?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, attach a copy of the tool and references.)

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If not, describe the development process for the instrument you will be using.

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What are the proposed dates for your intervention (if applicable) and for data collection?

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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.

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# 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?

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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.)

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# 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? Yes No If so, this must be explained clearly in the consent document.

# Signatures

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| Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant    | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Research Applicant’s Manager    | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Faculty Advisor (if applicable)    | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nursing Research Scientist    | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nursing Research & Evidence-based Council Chair  | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

**Attachments:**

\_\_\_\_\_ Protocol

\_\_\_\_\_ Consent (If applicable)

\_\_\_\_\_ Budget (may use Nursing Research Sample Budget Form)

\_\_\_\_\_ Data Collection Tool

\_\_\_\_\_ Patient Surveys, questionnaires or assessment tools (If applicable)