The University of Tennessee Medical Center

Application for Conducting Nursing Research / Evidence-based Practice Projects

I. Title of Project

II. Investigator Information

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?

If not, please provide credentials:

III. Name and Phone number of faculty advisor N/A _____

IV. Other Study Personnel

Name	Role in Study	Department	CITI Completed

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.**

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.

VII. Subject Sample/Inclusion Exclusion Criteria

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

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

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)

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.

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.)

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

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

Who will collect the data and how will they be trained?

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

Signature _____   Date _____
              Applicant

Signature_____   Date _____
Research Applicant's Manager

Signature   _____Date _____
Faculty Advisor (if applicable)

Signature _____   Date _____
              Nursing Research Scientist

Signature   _____Date _____
Nursing Research & Evidence-based Council Chair

Attachments:

_____ Protocol
_____ Consent (If applicable)
_____ Budget (may use Nursing Research Sample Budget Form)
_____ Data Collection Tool
_____ Patient Surveys, questionnaires or assessment tools (If applicable)