



# APPLICATION for EVIDENCE-BASED PRACTICE PROPOSAL

**DEFINITION:**

Evidence-Based Practice is the process of systematically finding, appraising, and using current research findings as the basis for clinical decisions. Evidence-based research asks relevant clinical questions, finds and appraises searches and critiques the relevant data, and harnesses that information in order to develop recommendations for everyday clinical practice.

**DEADLINE:**

(Select ONE)

Feb 1: \_\_\_ Aug 1: \_\_\_

## PENS Grant Policy Statement

**The Pediatric Endocrinology Nursing Society (PENS) is an independent, non-profit organization. PENS provides grants to nurse principal investigators for research in the field of pediatric endocrinology. Funds will be awarded to the individual or the individual's institution depending on the preference of the grantee.**

## COMPLETE THE FOLLOWING

1. Read the letter of agreement and sign it.
2. Read the grant policies and sign the disclosure form.
3. Completely fill out the application.
4. Include a copy of your state nursing license.
5. Postmark the application by the deadline.

## A. COVER PAGE

|  |   |          |
|--|---|----------|
| <b>DATE:</b>   | <b>DEADLINE:</b> Feb 1: __ Aug 1: __<br>(Select one)  |          |
| <b>TITLE:</b>  |   |          |
| <b>PI:</b><br>NAME:<br>MAILING ADDRESS:<br><br>PHONE:<br>FAX:<br>EMAIL:<br>EMPLOYER:<br><br>SS #:<br>Nursing license | <b>CO-Investigator:</b><br>NAME:<br>MAILING ADDRESS:<br><br>PHONE:<br>FAX:<br>EMAIL:<br>EMPLOYER:<br><br>SS #:<br>Nursing license |          |
| <b>PURPOSE OF EVIDENCE-BASED PRACTICE PROPOSAL</b> (50 WORDS OR LESS)  |   |          |
| <b>SIGNIFICANCE OF THE STUDY IN RELATION TO ADVANCING CLINICAL NURSING PRACTICE</b>                                  |   |          |
| Is the proposed study the investigator's thesis or dissertation?   | <b>Y</b>  | <b>N</b> |
| Will this study be funded by sources other than PENS? (If "yes," attach explanation)                                 | <b>Y</b>  | <b>N</b> |
| Do you wish to receive a summary of the grant review panel's comments?   | <b>Y</b>  | <b>N</b> |
| If study is awarded funding, make check payable to:  |   |          |

## **B. EBP PROPOSAL FORMAT & OUTLINE**

### **FORMAT:**

The following format is to be used when preparing your EBP proposal:

- Ten (10) pages or less (excluding appendices, references, and abstract)
- Double-spaced
- Typewritten
- 8 ½ x 11" white paper
- 1-inch margins on all sides
- Submit one electronic copy to the PENS Executive Office, [pens@goAMP.com](mailto:pens@goAMP.com)

### **COVER PAGE (Page 1):**

Proposal title

PI: name, title, institutional affiliation

Coinvestigator(s): name, title, institutional affiliation

Date of submission

### **SECTIONS (Pages 2-10, as needed):**

- **CLINICAL QUESTION**

In question format, what clinical question will the results of this application address?

- **BACKGROUND**

Review what is currently understood about the clinical question. What are the areas of controversy? Include literature from nursing and related literature from other disciplines. Use original sources.

- **QUESTIONS/OBJECTIVES:**

Describe the purpose(s) of the proposed review.

- **DESCRIBE METHODS:**

1. Inclusion criteria
2. Search strategy
3. Data extraction
4. Quality assessment

- **REFERENCES:**

Use current APA format to list references you cite in the text.

- **APPENDICES**

1. Budget: Complete the Research Budget Form provided in the application.
2. Biographical Sketch: The provided biographical sketch form must be completed by the principal investigator, co-investigator(s), consultant(s), and advisor (if applicable).

3. Time line proposed for completion of project. Include a detailed chronological description of dates when data collection, analysis, and reporting will take place. This should include reports to PENS, submission of a manuscript for publication, and presentation at a PENS annual conference.
4. Include copies of data abstraction instruments to be used (if applicable).
5. Written verification of committee approval if study is for a thesis or dissertation.
6. Other documentation, as necessary:
  - a. Documentation of institutional and/or departmental approval, if required.
  - b. Documentation of administrative and clinical support.

*Please refer to appendix for abbreviated sample proposals*

## C. RESEARCH BUDGET FORM

**AWARD LIMIT:** \$3000

**INSTRUCTIONS:** Please specify direct costs for your project. Provide a brief rationale for each. For EBP protocols, PENS anticipates that most costs will release to investigator release time. Costs **not** covered by PENS grant funding include, but are not limited to, purchase of personal computers, indirect expenses, and educational expenses such as tuition, textbooks, thesis/dissertation preparation, and travel.

| <b>PERSONNEL</b> | (Position/Title) | % Time | Salary + Fringe | Amount |
|------------------|------------------|--------|-----------------|--------|
|------------------|------------------|--------|-----------------|--------|

**CONSUMABLE SUPPLIES** (include materials for poster presentation at annual conference)

**EQUIPMENT** (include only when not provided by institution)

**COMPUTER-RELATED COSTS** (such as Medline searches, librarian consultation, etc.)

**OTHER COSTS** (including travel for poster presentation at annual conference)

**TOTAL** (not to exceed \$3,000)

**D. TIMELINE**

| <b>ACTIVITY</b>  | <b>DUE DATE</b> | <b>OUTCOME</b>       |
|--|-----------------|----------------------|
| Example: Poster presentation at annual PENS conference | Dec 31          | Disseminate findings |
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## E. EBP PROPOSAL AGREEMENT

*If my proposal is funded, I agree to the following:*

1. **To use all research funds for the research project** as described in the application and to return any excess funds to PENS when the funding period terminates.
2. **To submit a progress report** to the PENS Research Grant Director every **six months after the award**. This will be followed by both a final narrative manuscript and financial report within 90 days of the expiration of the original or amended funding period.
3. **To make all extension deadline requests in writing** addressed to the Research Grant Director. I understand that the request must include specific extension time frames and a rationale for the request. Request for extensions, which may be submitted along with or before a progress Report submission, must be approved before changes are made in the research.
4. **To acknowledge the assistance of PENS** with the completed research project. This includes publications and presentations.
5. **To present the findings of the research in poster format** at the first PENS annual conference after completion of proposal as per the approved time frame. I agree not to present the findings of this study to any other professional or non-professional organization or meeting until findings have first been presented at a PENS annual conference.
7. **To not accept duplicate funding**. I may use more than one funding source; however, PENS will not fund expenses covered by another funding source.
8. **To accept responsibility** for the scientific conduct of the project.

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**Signature:** \_\_\_\_\_ **(PI) Date:** \_\_\_ / \_\_\_ / \_\_\_

**Title of Project:** \_\_\_\_\_

**Anticipated Start Date:** \_\_\_\_\_ **Anticipated Completion Date:** \_\_\_\_\_

## **F. APPENDICES**

### **1. Grant Policies**

### **2. Sample Proposals (abbreviated)**

### **3. Resources and References**

# **RESEARCH GRANT POLICIES**

## **FOR THE ADMINISTRATION OF RESEARCH FUNDS FROM PENS**

### **PURPOSE**

The purpose of research grants offered by the Pediatric Endocrinology Nursing Society (PENS) is to provide the nursing membership of PENS with the financial support required to advance pediatric endocrine nursing practices through basic and applied research. This grant is provided by PENS and is to be used for nursing research only.

### **ELIGIBILITY CRITERIA**

- 1. The principal investigator (PI) must meet the following eligibility requirements:**
  - a. Have current licensure as a Registered Nurse.
  - b. Has been an active member of PENS for at least one year prior to applying.
  - c. Complete the application as required.
  - d. Present a well-defined application.
  - e. Complete the Research Grant Agreement.
  - f. Present evidence that the EBP can be completed within the proposed time frame.
- 2. Research that is being done in fulfillment of master's or doctoral degree** requirements will be considered as long as the requirements in #1 are met. In addition, the applicant must submit written evidence that the proposal has been approved by the PI's thesis or dissertation committee.
- 3. Research previously submitted for a PENS grant** that received a unanimous rating of **disapproval** will not be reconsidered.

### **MECHANISMS OF FUNDING**

1. Several companies have agreed to provide funds each year for the support of nursing research as described above.
2. The Research Grant Director, appointed by the Chair of the Research Committee, will oversee the review process.
3. **Funds will be granted based on** the study's a) merit in offering a valuable scientific contribution to health care; b) quality research proposal including the ability of the study to answer the research question; c) its importance to furthering nursing's knowledge and practice base with consideration given to the investigator's ability to conduct the study; d) the proposed budget and; e) the ability to complete the study in the proposed time frame.
4. **Decisions to fund** are based on ratings by a panel of reviewers who are experts in the field(s) related to the research topics(s) and research methodology. Final decisions will be approved by the PENS Board of Directors.

5. **Funding extensions on grant awards:** All extension deadline requests must be in writing addressed to the Research Grant Director. Requests should include specific extension time frames and a rationale for the request. Requests for extensions may be submitted along with or before a Progress Report submission.

Approval for the request for the extension will be at the discretion of the Research Grant Director and President of PENS. All extension requests will be responded to in writing giving specific dates that constitute the new deadlines.

6. **The PI must agree** and adhere to additional terms identified in the Research Grant Agreement.
7. **Failure to comply with deadlines** for progress and final reports as outlined in the Research Grant Agreement and failure to comply with policy when requesting an extension as outlined in this section, will disqualify the researcher from receiving PENS grants in the future.
8. **Funding does not cover any indirect expenses (e.g., overhead expenses).** All budget requests must be presented as direct costs.

## APPLICATION

1. **Submission deadlines for a grant are February 1 and August 1**, and must be submitted on or before these dates. No extensions for submissions will be granted.
2. **Applications accompanied by requests for funds from PENS in excess of the maximum amount allowed** may be considered only after written justification is made to the Research Grant Director and the Board of Directors.
3. **Applications that are incomplete** or not prepared according to the instructions will not be reviewed.
4. **An application not received under one cover** will be treated as an incomplete application.
5. **The application should be submitted electronically to the PENS Executive Office at pens@goAMP.com.**

# EVIDENCE-BASED PRACTICE PROPOSAL

## ABBREVIATED SAMPLE PROPOSAL #1

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**TITLE:** What is the best way to treat trichomoniasis in women?

**CLINICAL SCENERIO:**

A 26-year-old woman presents with a yellow vaginal discharge, vaginal itching and soreness, and mild dyspareunia. No cervicitis is found, but on wet mount, numerous motile protozoa consistent with *Trichomonas vaginalis* are seen.

**CLINICAL QUESTION:**

*What is the most effective treatment strategy for women diagnosed with vaginal trichomoniasis?*

**BACKGROUND:**

Approximately 120 million women worldwide are infected with *Trichomonas vaginalis* every year.<sup>1</sup> The infection is sexually transmitted and believed to facilitate transmission of human immunodeficiency virus (HIV) infection.

**OBJECTIVE:**

To assess the effects of various treatment strategies for trichomoniasis in women.

**SEARCH STRATEGY:**

The authors will search the Cochrane Controlled Trials Register, MEDLINE, and EMBASE. Trials will also be identified from reference list of reviews, through pharmaceutical companies, and by informal discovery. Only published data will be used.

**SELECTION CRITERIA:**

Eligible trials will include randomized or quasi-randomized trials of different treatment strategies in women with trichomoniasis. Various antitrichomonal drugs or dosages will be eligible, as will be comparisons of treatment with no treatment or placebo.

**DATA COLLECTION AND ANALYSIS:**

Trial quality will be assessed and data extracted by the two investigators independently, using standard criteria.

**REFERENCES:**

<sup>1</sup> WHO Office of HIV/AIDS and Sexually Transmitted Diseases: Sexually Transmitted Diseases. Geneva, World Health Organization, 1996.

[Abstracted from: Epling J. What is the best way to treat trichomoniasis in women? *Am Family Phys* 2002;64(7):1241-1243]

# EVIDENCE-BASED PRACTICE PROPOSAL

## ABBREVIATED SAMPLE PROPOSAL #2

### TITLE:

Growth hormone treatment in children with chronic renal failure

### CLINICAL SCENERIO:

LAP is a 9 year-old tanner I male diagnosed with renal insufficiency 6 months ago. Currently on dialysis three times a week, he is referred to the endocrinologist for evaluation of short stature.

### CLINICAL QUESTION:

*What is the magnitude of benefits and side effects of hGH treatment in children with chronic renal insufficiency?*

### BACKGROUND:

As defined by the need for dialysis or kidney transplantation, 32 per 1 million children younger than 15 years have chronic renal failure (CRF).<sup>1</sup> Growth retardation, one of the complications of CRF, is of concern to the families of more than 90% of children with CRF.<sup>2</sup> Over the past 10 years, recombinant human growth hormone (rGH) treatment has been used to help short children with CRF attain a height more in keeping with their age group. However, there are concerns that hGH may have an adverse effect on the preservation of native renal function, predispose to acute rejection in kidney transplant recipients, and cause benign intracranial hypertension and slipped capital femoral epiphysis.

### OBJECTIVE:

To evaluate the benefits and side effects of recombinant growth hormone (rGH) treatment in children with chronic renal failure.

### SEARCH STRATEGY:

A systematic and comprehensive literature search will be carried out to identify eligible (see below) randomized controlled trials. The Cochrane Controlled Trials Register will be searched with the following search terms: growth hormone/somatotropin, chronic renal failure, end stage renal disease, and kidney transplantation. MEDLINE 1966 to December 2001 and EMBASE 1988 to December 2001 will also be searched. Additional studies will be located through article reference lists and through contact with local and international experts in the field.

### SELECTION CRITERIA:

“Eligible trials” are that that randomly compared hGH with placebo or no treatment or that compare 2 doses of hGH treatment. Study participants must be under age 18 years, diagnosed with renal failure and either had not yet started dialysis, been on dialysis, or had undergone transplantation. The authors will search the Cochrane Controlled Trials Register, MEDLINE, and EMBASE. Trials will also be identified from reference list of reviews, through pharmaceutical companies, and by informal discovery. Only published data will be used.

### DATA COLLECTION AND ANALYSIS:

Two investigators (KAT and MJP) will independently extract data from eligible full articles. Information will be collected on participant characteristics (age, gender, etc.), intervention (type of GH, dose, duration, etc.), and primary and secondary outcome measures. Methodological quality of the eligible studies (allocation concealment, completeness of follow-up, and analysis by intention to treat) will also be assessed. Authors will be contacted to obtain any missing information as well as raw data when necessary. Any discrepancies in data extraction will be discussed with the third coinvestigator (JAM). Overall treatment effects (weighted mean difference) will be computed by use of a random effects model that takes into account between-study variability as well as within-study variability. Subgroup analysis will be used to explore the effects of age, gender, pubertal status, and stage of CRF on hGH treatment.

### REFERENCES:

<sup>1</sup>Disney APS et al. ANZDATA Registry Report 1999, Australia and New Zealand Dialysis and Transplant Registry. Adelaide, South Australia: ANZDATA Registry; 1999.

<sup>2</sup>Reynolds JM et al. Short stature and chronic renal failure: what concerns children and parents. *Arch Dis Child* 1995;73:36-42.

[Abstracted from: Vimalachandra D et al. Growth hormone treatment in children with chronic renal failure: A meta-analysis of randomized controlled trials. *J Pediatr* 2001;139:560-567]

# RESOURCES AND REFERENCES

## SELECTED SOURCES OF FURTHER INFORMATION

**HAMER S. Achieving Evidence-Based Practice: A Handbook for Practitioners.**

Written from a multi-disciplinary perspective, and containing examples from practice, case studies and questions for reflection, this user-friendly book provides the practical guidance essential for delivering evidence-based care.

**JENICEK M. Clinical Case Reporting in Evidence-Based Medicine.**

This text shows the reader how to choose relevant clinical cases worthy of reporting, how to report these cases in a clear, structured manner, how to prepare clinical case series reports, how to prepare reports that meet the requirements of medical journals, and how to prepare reports that make valuable contributions to the chain of evidence in evidence-based medicine.

**GEYMAN J. Evidence-Based Clinical Practice: Concepts and Approaches.**

This text teaches the user how to critically read medical literature, develop new skills of self-learning, better evaluate clinical guidelines, understand the techniques and limitations of cost and outcome assessment, and apply them to clinical practice. The book includes chapters on cost effectiveness in primary care, computer aids to clinical practice, assessment of accuracy of screening and diagnostic tests, and also provides patient vignettes, figures, and tables to illustrate concepts.

**DAWES M. Evidence-Based Practice: A Primer for Health Care Professionals.**

This book guides the reader through the concepts, processes, and applications of evidence-based practice. It takes the reader step-by-step through the entire process, from formulating a question to evaluating cost-effectiveness. Case studies, worked examples and activities are liberally scattered throughout to enrich and enliven the text.

**MCKIBBON A.** PDQ Evidence-Based Principles and Practice.

**FRENCH P.** The development of evidence-based nursing. *J Adv Nurs.* 1999;29(1):72-78.

**GENNARO S, HODNETT E, KEARNEY M.** Making evidence-based practice a reality in your institution. *Am J Matern Child Nurs.* 2001;26(5):236-244.

**LANG NM.** Discipline-based approaches to evidence-based practice: a view from nursing. *Jt Comm J Qual Improv.* 1999;25(10):539-544.

**NATIVIO DG.** Guidelines for evidence-based clinical practice. *Nurs Outlook.* 2000;48(2):58-59.

**PINYERD BP.** When does evidence from clinical research justify a practice change? Getting from best evidence to best practice. *PENS Reporter.* 2001;13(2). Available at <http://www.pens.org>.

**RADER T, GAGNON AJ.** Expediting the transfer of evidence into practice: building clinical partnerships. *Bull Med Libr Assoc.* 2000;88(3):247-250.

**SCALZITTI DA.** Evidence-based guidelines: application to clinical practice. *Phys Ther.* 2001;81(10):1622-1628.

**WILLIAMS JK.** Understanding evidence-based medicine: a primer. *Am J Obstet Gynecol.* 2001;185(2):275-278.