

Satellite Healthcare/ANNA Applied Pragmatic Clinical Research Grant Application

2024-2025

**Grant Deadlines:**

First Proposal Submission (Optional)

For Review and Research Committee Feedback:

August 31, 2024

Final Proposal Submission:

November 15, 2024

***Note: A five-day grant extension may be provided at the discretion of the Research Committee. Extension requests must be received one week prior to the November 15th deadline for consideration.***

**Visit for annanurse.org/research-grants for more information**

General Information

# **Purpose**

# To fund qualified nephrology nursing research for ANNA full members.

# **Project Types Eligible for Funding**

# Research: Funding for pilot studies and partial funding for research projects, thesis, or dissertations.

# **Selection of Recipient**

1. The Research Committee will review and score the proposals for scientific merit and feasibility based on the criteria stated below.
2. ANNA will award funding based on scientific merit and availability of funds.

Award Amount

ANNA grants up to $5,000 per proposal will be awarded.

# **Eligibility Requirement**

1. Candidates must apply for the grants.
2. The Principal Investigator must be a full member of ANNA for the duration of the research project.
3. The Principal Investigator must be actively involved in nephrology nursing related health care services or education.
4. The project is to be a new endeavor.
5. Other funding sources must be disclosed.
6. A separate proposal submitted under a different Principal Investigator or a different project title for the same study will not be eligible to receive a grant through this or any other ANNA sponsored research award program.
7. The proposal should meet the following criteria:
8. Fall within the definition of Applied Pragmatic Clinical Research (Figure 1).
9. Research should be focused on one (1) of the following areas:
10. Alternative Modality Models to enable individualized care
11. Home Modality Dropout Reduction
12. Dialysis Delivery Process Improvement
13. Transitions of Care
14. Sound methodology in accordance with recognized nursing research guidelines.
15. Detailed budget for the proposed project should be outlined including costs that exceed the grant amount. While indirect costs may be included in the budget, ANNA does not fund indirect costs.
16. Relationship to the current edition of the ANNA *Nephrology Nursing Scope and Standards of Practice*.
17. Approval by the institutional review board.
18. Timeline, feasibility, and likelihood of successful completion.
19. The ANNA Board of Directors reserves the right to make the final decision on all grant monies awarded.

# **Expectations of the Recipient**

1. Appropriate institutional review board approval must be submitted to ANNA prior to any fund disbursement.
2. Recipient will sign a *Grant Recipient Agreement Form* prior to ANNA’s distribution of the first payment of 50% of the awarded amount. 25% of the balance of the grant monies will be distributed upon satisfactory submission of the third quarterly progress report (February 1). The balance of the grant, i.e., the final 25%, will be distributed upon successful completion of the project and presented at annual ANNA meeting and submission of the final financial reconciliation of project expenditures.
3. Recipient will submit quarterly reports to the ANNA Research Committee Chair (c/o ANNA National Office) on August 1, November 1, February 1, and May 1 regarding the progress of the research until the project is successfully completed.
4. Any adverse event must be reported immediately to the ANNA Research Committee Chair and the Education Services & Project Specialist at the ANNA National Office.
5. The ANNA National Office is responsible to immediately report any adverse event to the ANNA Research Committee Board Liaison and the National President.
6. Funds must be used to cover expenses incurred in conducting the research. These expenses may include, but not necessarily be limited to, researcher’s salary, research assistance, secretarial support, equipment/supplies, consultative assistance, and publication costs. Indirect costs for conducting the research will not be funded.
7. Recipient, upon completion of the project, will submit a final financial reconciliation showing all project expenditures since the beginning of the awarded grant monies. Expenses greater than $100.00 will be accompanied by documentation (receipts or paid invoices).
8. The project is expected to be completed within twelve (12) months of the first disbursement of funds; should more time be needed, a formal request must be submitted to the Research Committee Chair prior to completion of the twelve (12) month period.
9. Recipient will share results of the research project with nephrology nurses by:
10. Submitting a paper for possible publication in the *Nephrology Nursing Journal*.
11. Submitting an application for possible presentation of the research findings through a poster, abstract, or formal presentation at the National Symposium. Application for presentation must be submitted according to schedule provided by the Research Committee.

Any publication of the study findings must include the following statements:

1. *This study was supported by a grant made available through Satellite Healthcare and ANNA.*
2. *Findings of the study do not necessarily reflect the opinions of Satellite Healthcare or ANNA. The views expressed herein are those of the author, and no official endorsement by Satellite Healthcare or ANNA is intended or should be inferred.*
3. Satellite Research typically holds a Research Grant meeting in the spring. If the meeting is held, the Principal Investigator (preferred) or their designee is expected to participate in the meeting and present their findings to the group. Satellite Research will subsidize travel expenses with airfare coach (US only) and hotel accommodation for max of two (2) nights. The intent of the symposium is to:
4. Provide a forum for researchers supported by Satellite Healthcare to share their finding with peers and members of the Satellite Research Committee, receive constructive feedback, and foster a free exchange of ideas.
5. Provide the Satellite Healthcare physicians and healthcare professionals an update of new developments in the field of kidney diseases.
6. Provide the Board of Directors and Senior Management an overview of the research funded by Satellite Healthcare.

**Instructions for Grant Submission**

# **General Instructions**

Applications for research grants are accepted on an ongoing basis by ANNA. Monies are awarded by the Board of Directors based on available resources and in accordance with the Board's current research and clinical practice priorities. All applications are screened by the Research Committee for soundness of methodology, as well as relevance to nephrology nursing practice.

Complete the entire application. Any application that is not completed in its entirety will not be reviewed and will be ineligible for funding Proposals must be typed in 12-point Times New Roman, double-spaced with 1" margins, on 8.5"x11" paper. Submit application in the following order:

* 1. Cover Letter
  2. Grant Application Cover Sheet
  3. Grant Application Co-investigator / Consultant / Collaborator Sheet
  4. Budget and budget justification
  5. Detailed timetable with information from the beginning to the end of the project
  6. Research Grant Application Checklist, with checks indicating that the applicant has reviewed his/her proposal and all items requested on the checklist are included in the application
  7. Abstract
  8. Research or Project Plan
  9. Timeline for research/project completion
  10. References
  11. Appendices
  12. Copy of IRB approval for research studies or letter of support for other projects
  13. Curriculum Vitae
  14. Personal Research Articles (if available)
  15. 8 x 10 professional headshot

# **Submission Procedure**

Project proposals should be submitted by email to the ANNA National Office at the following email address: [arhlene.delfin@annanurse.org](file:///\\EgnyteDrive\ajj\Shared\ANNA\Committees\Research\2021-2022\Applications\jennifer.carroll@annanurse.org). The proposal will then be forwarded to the appropriate reviewers. Please request a delivery receipt; if you do not receive a receipt of delivery in three days, contact the National Office immediately. If you are having difficulty emailing the proposal, please contact the ANNA National Office at 888-600-2662.

**Deadlines**

The following is a schedule for consideration of applications.

**First Proposals:**

**Applications e-mailed by: August 31, 2024.** Request a delivery receipt when you e-mail the proposal.

This submission date applies if you would like the Research Committee to review your proposal prior to the final submission deadline of November 15.(Review by the Research Committee does not guarantee acceptance of the proposal for the grant monies.)

**Committee Feedback by: September 30, 2024.**

**Final Proposals:**

**Applications e-mailed by: November 15, 2024.** Request a delivery receipt when you e-mail the proposal.

**Award Notification:**

**Notification of award will be made by: February 15, 2025.**

Grant recipients will also be announced at the 2025 National Symposium held in Portland, OR, May 1-4.

# **For all proposals include the following:**

# **Cover Letter:** Include the following in the cover letter:

* 1. Brief summary of the proposal including type of project proposed
  2. Evidence of eligibility for all grant applicants
  3. Identify other sources from which funds have been requested. If a decision regarding funding has been made, include the monetary amount and period of funding

**2.** **Cover Sheets:** Complete and sign the cover sheet (form appears below)

**3.** **Budget:** Complete the budget sheet (see attached), providing justification for any item greater than $500.00. Money may be used to cover expenses incurred in conducting the project and may be requested for, but not limited to, investigator/project manager salary, research assistance, secretarial support, equipment/supplies, data entry, and consultants. The budget request should not exceed $5,000.00. If additional funding is needed to complete the study, indicate source of funding and address the contingencies for failure to receive additional funding.

**4. Research Grant Application Checklist:** Verifies that the applicant has reviewed the application and included all materials requested

**5. Abstract** (Limit to 250 words): Briefly describe the problem, purpose, overall aims, methodology, and significance of the project for nephrology nursing practice

**6. Research Proposal or Project Plan:** See instructions below

**7. Project Timeline:** Includes dates for anticipated completion of major components of the project as well as completion of entire project

**8. References:** References should follow APA (7th ed.) format

**9. Appendices:** Appendices should follow APA (7th ed.) format. Examples of documents to include in appendices: participant consent form, data collection instruments, format for reviewing articles for a literature review, topical outline for staff development classes.

**10. Copy of IRB Approval or Letter of Support:** If IRB approval has not yet been obtained, provide evidence of submission for approval.

**11. Curriculum Vitae:** Include a Curriculum Vitae for the principal investigator/project manager and all co-investigators, collaborators, and consultants.

Research Proposals Must Include the Following:

**Research Plan** (Do not exceed 12 double-spaced pages for this section)

1. **Problem Statement:** State the problem to be investigated and why the study is important. Is it a problem that can be addressed by nurses?
2. **Questions to be Addressed:** State the hypotheses or key research questions to be addressed by the study.
3. **Specific Aims:** Include short-term and long-term aims or objectives of the proposal. [One-two pages is (are) recommended for Items 1-3]
4. **Background and Significance/Literature Review:** Include a literature review that critically evaluates existing knowledge related to the topic of study and specifically identify the gaps that the project is intended to fill. Briefly describe the theoretical (conceptual) framework for the study. Explain the importance of the proposed work and discuss how it will add to the current knowledge base. (2-3 pages are recommended for this item.)
5. **Preliminary Studies:** Briefly describe any preliminary studies that you may have participated in (whether as principal or co-investigator) that are pertinent to this proposal.
6. **Research Design and Methods:** Describe the research design and procedures to be used to accomplish the specific aims including:
   1. Sample: number and rationale for sample size. Include a power analysis for quantitative studies and approach to saturation for qualitative studies. Identify inclusion/exclusion criteria and the method of recruitment
   2. Key concepts and study variables, e.g., dependent, independent, or predictor
   3. Measurement tools (include copies in the appendix)
   4. Reliability and validity of measurement tools used in quantitative studies and approaches to enhance the trustworthiness for qualitative studies
   5. Data collection procedures
   6. Data analysis procedures
   7. Data management procedures including storage and access to data
   8. Study feasibility including potential limitations and difficulties that may be encountered
   9. Timeline
7. **Human Subjects:** If human subjects will be used in any part of the proposed study, provide evidence that approval has been obtained from an institutional review board and from all necessary parties. Researchers must have completed the certification for protection of human participants (http://phrp.nihtraining.com). Investigators affiliated with institutions that do not have established review boards must obtain review of the proposal by an established review board at another agency (e.g., university, medical center, etc.) or an appropriate medical/nursing director. ANNA requires a consent form for all nursing research unless a waiver of consent is granted by the Institutional Review Board. Enclose a copy of the consent form that will be used in this study in the appendix. If approval has not been obtained, provide evidence of submission for approval. Funds will be held until approval has been obtained.
8. **Animal Subjects:** If laboratory animals will be used in any part of the proposed study, state species strains, ages, and number of animals to be used. Provide rationale for your selection of this animal. Provide evidence that approval for use of animals has been obtained by the necessary parties. Investigators affiliated with institutions, which do not have established review boards, must obtain review of the proposal by an established review board at another agency (e.g., university, medical center, etc.). Describe all procedures that will be done on the animals, and the precautions that will be taken to assure adequate care/comfort of the animals. If approval has not been obtained, provide evidence of submission for approval. Funds will be held until approval has been obtained.

All Project Proposals Must Include the Following:

**Project Proposal** (Do not exceed 12 double-spaced pages for this section)

Note: Projects in this category may vary widely. Consequently, the guidelines provided below are general. In writing this section, provide as much detail as possible to give reviewers a clear picture of the proposed project.

1. **Type of Project Proposed:** List the type of project proposed, for example: evidence summary, implementation of a new evidence-based procedure, development of an evidence-based care pathway.
2. **Problem or clinical focus to be addressed by the project**
3. **Purpose and goals of the project**
4. **Background and significance of the project:** Include a literature review to provide justification for the project. Indicate how the project incorporates scientific evidence and how it will advance the practice of nephrology nursing and affect patient outcomes.
5. **Detailed description of the proposed project and steps for implementation:** Include a discussion of the feasibility of the project.
6. **Facilitators and barriers to project completion:** Discuss the factors that facilitate success of the project as well as anticipated barriers. Discuss how barriers will be addressed.
7. **Evaluation Plan:** Describe the plan for evaluating the effectiveness of the project including outcomes to be assessed, timelines for the evaluation and strategies for analyzing the evaluation data collected.
8. **Dissemination:** Discuss the approach(es) that will be used to share the results of the project with relevant audiences.

Satellite Healthcare / ANNA Applied Pragmatic Clinical Research Grant

**Cover Sheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title of Proposal: | | | |  | | | | | | | | |
| Dates of Project:  From:  To: | | | | | | Type of Project:  Original research  Clinical practice guideline, clinical pathway, protocol, algorithm etc.  Implementation of practice change  Evaluation of a practice change  Other | | | | | | |
| Principal Investigator/ Project Manager: | | | | |  | | | | | Credentials: | |  |
| Home Address: | | |  | | | | | | | | | |
|  | | |  | | | | | | | | | |
| Employer: | |  | | | | | | | | | | |
| Work Address: | | |  | | | | | | | | | |
|  | | |  | | | | | | | | | |
| Work Telephone: | | | |  | | | | | | | | |
| Preferred Mailing Address:  Home  Work | | | | | | | | Email: | | |  | |
| ANNA Membership Number/ Expiration Date: | | | | | | |  | | | | | |
| RN License Number and State: | | | | | |  | | | | | | |
| NNCC Certification Held: | | | | | |  | | | | | | |
| Institution(s) and address(es) where research will be conducted: | | | | | | | | | | | | |
| 1. |  | | | | | | | | | | | |
| 2. |  | | | | | | | | | | | |
| 3. |  | | | | | | | | | | | |
| Is this project being used to fulfill any part of a requirement for completion of a degree program (BS, MS, DNSc, PhD)?  YES NO | | | | | | | | | | | | |
| Has other funding for this project been sought or received?  YES  NO | | | | | | | | | | | | |
| If ‘Yes’, specify the funding agency, the monetary amount received or to be received, and the period of funding: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **I, the undersigned, certify that the statement in this proposal are true and complete to the best of my knowledge and accept the obligation to comply with the terms and conditions of any grant awarded by the American Nephrology Nurses Association.** | | | | | | | | | | | | |
|  | | | | | | | | |  | | | |
| Signed (Principal Investigator/Project Manager) | | | | | | | | | Date | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Complete one sheet for each co-investigator and provide (on a separate sheet behind this one) this individual’s contribution and how this fits with his/her expertise and facilitates completion of the research project** | | | | | | | | | | | | | | | |
| Co-Investigator: | | | | | |  | | Credentials: | | | |  | | | |
| Home Address: | | | | | |  | | | | | | | | | |
|  | | | | |  | | | | | | | | | | |
| Home Phone: | | | |  | | | | | | | | | | | |
| Employer: | |  | | | | | | Job Title: | | |  | | | | |
| Work Address: | | | | |  | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | |
| Work Phone: | | |  | | | | | | | | | | | | |
| ANNA Membership Number/Expiration Date (if applicable): | | | | | | | | | | | | | |  | |
| RN License Number and State (if applicable): | | | | | | | | |  | | | | | | |
|  | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Complete one sheet for each consultant/collaborator and provide (on a separate sheet behind this one) this individual’s contribution and how this fits with his/her expertise and facilitates completion of the research project.** | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | Credentials: | | | | |  |
| Role on Project: | | | | |  | | | | | | | | | | |
| Employer: | |  | | | | | | | | Job Title: | | |  | | |
| Work Address: | | | | |  | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | |
| Work Phone: | | |  | | | | | | | | | | | | |
| ANNA Membership Number/Expiration Date (if applicable): | | | | | | | | | | | | | |  | |
| RN License Number and State (if applicable): | | | | | | | |  | | | | | | | |
|  | | | | | | |  | | | | | | | | |

Budget Sheet

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| \* All items requested must be explained in detail on a separate sheet behind this one. | | | | | |
| Personnel: | | | | | |
| Investigator’s Salary/Stipend: | | | |  | |
| Research Assistants: | |  | | | |
| Consultants: |  | | | | |
| Other (please specify): | | |  | | |
| **Total Personnel: $** | | | | |  |
| **Supplies:** | | | | | |
|  | | | | | |
|  | | | | | |
| **Total Supplies: $** | | | | |  |
| **Equipment:** | | | | | |
|  | | | | | |
|  | | | | | |
| **Total Equipment: $** | | | | |  |
| **Travel (include travel related to conduct research, not presentation of research):** | | | | | |
|  | | | | | |
|  | | | | | |
| **Total Travel: $** | | | | |  |
| **Other Expenses Excluding Indirect Costs:** | | | | | |
| **ANNA will reimburse up to $500 in travel costs for oral presentation of the completed research at the National Symposium. Do not include this $500 in your grant amount.** | | | | | |
|  | | | | | |
| **Total of Other Expenses Excluding Indirect Costs: $** | | | | |  |

Research Grant Checklist

**After using this checklist to assure that all criteria have been met**

**when submitting your application, please place it**

**(with your checks) after the budget sheet.**

An application that is not completed in its entirety will be ineligible for funding. Be sure all instructions are followed when completing application.

**Introduction**

**Cover letter**

Includes a brief summary of the project

Indicates how applicant(s) meet the eligibility criteria

Identifies other funding sources for which funds for this project have been requested

Specifies whether a decision regarding funding has been made and, if favorable, the monetary amount and period of funding

**Cover sheet**

Completed

**Abstract (limited to 250 words)**

Problem statement

Purpose

Overall aims

Methodology

**Research Plan (for research proposals)**

**Problem Statement / Significance of Project**

Is the problem stated and does this study address an important problem that nurses can address?

**Questions to be addressed/Specific Aims/Hypothesis**

The hypotheses or key research questions to be addressed are delineated

Short and long-term aims or objectives are stated

An anticipated timetable for achievement of the aims or objectives is provided

Appropriate and logical consistency exists between title, purpose, aims, research question(s) and hypothesis (if present)

**Literature Review/Theoretical/Conceptual Framework**

Existing knowledge is critically evaluated

Relationships identified among major areas in the literature

Gaps the project is intended to fill are identified

Literature has been analyzed well

Conceptual framework provided for quantitative research projects

Potential contribution to nephrology nursing knowledge either in terms of new knowledge, expansion of knowledge in another population, or confirmation of previous findings is identified

Preliminary studies of researcher are briefly described that are pertinent to the proposal

**Research Design and Methods**

**Subjects**

Sampling frame/sample size identified

Sampling procedure/rationale described

Justification for the sample size and sampling plan (power analysis provided for quantitative studies; approach to data saturation described for qualitative studies)

**Data collection**

Appropriateness of design

**For quantitative studies include**

Description of key variables: independent, dependent or predictor

Methods of measurement:

1. Reliability
2. Validity

Understanding of the principles of the measurements and their limitations

Control of competing hypotheses

**Apparatus/Instruments**

Description of instruments

Appropriateness of instruments

Psychometric/Biometric considerations or consultations

Copy of instrument in Appendix

**For qualitative studies include**

Description of data sources and methods for data collection

Copy of interview guide if available

Strategies for enhancing data quality e.g., prolonged engagement, persistent observation

**Procedures**

Choice of procedures (how data will be collected)

Feasibility of procedures (If a question of feasibility, information has been presented that will convince the reviewers that the studies will be completed and valid

Procedures will generate data needed

Process for orienting appropriate personnel (including data collectors) to the study

Experimental protocol (if applicable)

Detailed timetable with information from the beginning to the completion of the project included/proposed research can be carried out within the support period

Description of study limitations

**Data Analysis**

Analysis plan is appropriate to specific aims and/or hypotheses

Data management procedures identified (storage of data and who will have access)

Statistical procedures are appropriate and described in sufficient detail (quantitative research)

Data analysis techniques (qualitative research) are well described and consistent with the methodology

**Human/Animal Subject Considerations**

Process for protection of human and/or animal subjects and data files has been identified

Human subjects or institutional review board approval has been obtained and in appendix. (If approval has not been obtained, evidence is provided of submission for approval)

Written permission from all necessary administrative parties (hospital, clinic, dialysis unit) located in appendix

Informed consent document is located in appendix

Proof researcher has completed the certification on protection of human participants

**Other Projects**

**Problem or clinical focus to be addressed by the project**

Problem or clinical focus of the project clearly stated

Problem is significant for the practice of nephrology nursing

**Purpose and goals of the project**

Purpose and goals of the project are clearly stated

Goals are realistic within the time frame of the project

**Background and significance of the project**

Relevant literature is included to support and justify the project

Literature has been critically analyzed

Potential contribution to nephrology nursing practice and patient outcomes is clearly stated

**Detailed description of proposed project and steps for implementation**

Proposal provides a clear, step-by-step plan for implementation of the project

Project as described is feasible

Project is supported by the institution where the project will be implemented

**Facilitators and barriers to project completion**

Factors that will facilitate completion of the project are included

Anticipated barriers to project completion are discussed

Methods for handling potential barriers are realistic

**Evaluation Plan**

Plan for evaluating the effectiveness of the project

Outcomes to be assessed

Timelines for the evaluation

Strategies for analyzing the evaluation data collected

**Dissemination**

Approach(es) that will be used to share the results of the project

**References**

APA (7th ed.) format followed

Relevant and current literature is cited

**Budget**

Budget sheet completed

Justification provided for any item greater than $500.00

Additional detailed sheet explaining all items requested

If additional funding is needed to complete the study, budget sheet indicates where funding will come from

Contingencies for failure to receive additional funding is addressed (if applicable)

**Curriculum Vitae**

CV provided for the principal investigator and all co-investigators, collaborators, and consultants

Copies provided of at least one, but not more than three research articles from projects on which he/she was either the principal or co-principal investigator

**Picture**

8 x 10 Professional Headshot

**IRB Approval**

Proof of approval by appropriate Institutional Review Board

Please place this Checklist behind your Budget Sheet in your Grant Application Packet for submission!

References that may be of assistance with proposal development:

Levin, R. F., & Feldman, H. R. (2006), *Teaching evidence-based practice in nursing.* New York: Springer Publishing Company.

Melnyk, B. M., & Fineout-Overholt, E. (2005). *Evidence-based practice in nursing and healthcare. A guide to best practice.* New York: Lippincott Williams & Wilkins.

Stevens, K. R. (2004). *ACE Star Model of EBP: Knowledge transformation.* Academic Center for Evidence-Based Practice. The University of Texas Health Center at San Antonio.[www.acestar.uthsca.edu](http://www.acestar.uthsca.edu).