Association of Community Health Nursing Educators (ACHNE) Evidence Based Practice (EBP) Project Call for Innovative Proposals

Purpose:

ACHNE supports all nurses and nursing students in developing EBP projects that promote excellence in nursing practice, research and education. ACHNE advances EBP projects promoting community/public health through effective teaching, mastery of student learning and/or collaborating to improve health outcomes of individuals, families, across the lifespan or groups, communities or systems across the healthcare continuum.

This grant establishes funding for nurses to engage in scholarly activities locally, statewide, nationally, and/or globally. The overarching goal of this call for EBP project proposals is to foster sustainable academic-clinical partnerships within the broader community that support ACHNE's mission of quality community/public health education and service.

ACHNE supports projects where student, faculty and practice partner collaboration is evident.

Eligibility:

Eligibility for the ACHNE EBP Project Call for Innovative Proposals is limited to active ACHNE membership. The requirement is that EBP Project Lead is an ACHNE member and hold a master's or doctoral degree, or be enrolled in a doctoral program.

Award Guidelines:

Total award amount for a single EBP project is capped at \$2,500.00 USD but may be less. Proposals must provide evidence for academic-clinical partnership. Priority consideration will be given to first time applicants and those who meet the initial submission deadline.

Proposals may include requests to support reasonable project-related expenses, including, but not limited to: travel to project sites; implementations supplies; instrumentation and/or software to analyze data; and up to \$500.00 USD may be used for dissemination related costs such as poster development and/or printing for handouts. Honorariums for experts/consultants that add to the quality of the project are accepted with justification.

Funds may not be used to: Support travel or hotel accommodations to conferences; pay salary or stipends.

All grant funds are to be used between March 15th of awarding year and May 15th of the subsequent year. Please note that checks will be mailed after the Annual Institute. Recipients are asked to provide a 3-minute pre-recorded video to the ACHNE office, info@ACHNE.org, summarizing the proposal and accepting the award no later than May 15.

Proposal Format:

Proposals should be no longer than five (5) single-spaced pages (12-point font and 1-inch margins), including budget and excluding references. Supporting information can be placed in appendices, but should be kept to a minimum. The proposal should follow the following format (headings should be used):

<u>Problem statement.</u> Proposal reflects minimum of one paragraph establishing: Relevance/severity of problem, Justification/background, and a gap in nursing practice.

<u>Practice-focused Question.</u> Use a question using a Population, Intervention, Comparison, Outcome, Time (if applicable) (PICOT) framework.

<u>Impact.</u> Assuming a successfully completed project, proposal should reflect a description of anticipated impact (e.g., policy, system, community, social determinants, vulnerable population, and practice) where a system level change (local, state, regional, national, or global/international) is described and project sustainability is addressed.

<u>Context of Project.</u> Proposal should describe setting and present evidence of partnership support (letter of support is required).

<u>Sources of Evidence</u>. Proposal succinctly describes the literature that supports the need to address the clinical problem and the intervention. A table of evidence is provided, and evidence is critically appraised and synthesized.

<u>Approach/Procedural Steps.</u> Proposal describes the design of the project with details that address implementation plan (include timeline), description of team members' roles, data collection plan, necessary resources and ethical considerations (e.g., IRB, if applicable).

<u>Evaluation and Dissemination Plans.</u> In 1-2 paragraphs, proposal describes how applicant plans to evaluate success of project (e.g., models, outcomes, other). Proposal addresses how applicant plans to disseminate information.

<u>Alignment</u>. In 1-2 paragraphs, proposal describes alignment with ACHNE mission, vision, and/or priorities. Additionally, sections of the project are aligned with one another.

<u>Budget</u>. Proposal budget includes expenses essential to completion of the proposed EBP project. ACHNE monies may not be used to fund salaries for investigators, expenses related to education or indirect costs. Educational expenses not covered includes expenses such as preparation of theses, DNP project, dissertations, travel associated with project approval, tuition and/or textbooks. Budget contains a realistic assessment of cost, with justification of expenses. Funds must be essential to complete project.

Ability of applicant to conduct the project. Proposal demonstrates that applicant has the ability and knowledge to complete the project.

<u>References.</u> Include only references NOT presented in the evidence table. Complete in APA format.

General Instructions to Applicants for Proposal Submission:

- 1. Complete an Application for EBP Project Funds Form
- 2. All correspondence will be addressed to the Project Lead, so provide that information on the Application for EBP Project Funds Form.
- 3. The format for the proposal is provided above, please include in text citations and references in APA format, as well as include page numbers and a running head.
- 4. Submit a single .pdf file containing all combined documents to the ACHNE EBP Awards Subcommittee Chair: Stephanie D. Smith, PhD, RN. The subject heading should include the ACHNE member's last name and the words ACHNE EBP Project Proposal, e.g., Jones ACHNE EBP Project. Proposers will receive confirmation by email receipt. Paper copies will not be accepted. Proposals must be submitted by **February 15 at 8:00 AM EST.**
- 5. Submitted applications must be complete and should include the following:
 - a. Abstract of the proposed research (250 words or less).
 - b. Proposal body and references (see Proposal Format for specific directions).
 - c. Biographical sketch of each project team member (Use NIH biographical sketch format (SF 424), maximum of 2 pages)
 - d. Appropriate appendices (see Proposal Format for details).

Proposal Evaluation & Review Criteria:

This is a competitive award process. Each proposal will be peer-reviewed by the ACHNE Research Subcommittee using a double-blind process. Review of proposals will be based on adherence to proposal format and alignment with goals of this call for proposals.

Timeline of Notification, Award, and Reports

- February 15 Submission Deadline
- March 15 Estimated Award Notification
- April 15 Acceptance of award to info@ACHNE.org
- May 15 Pre-recorded Acceptance Speech and Summary to info@ACHNE.org
- October 15 Mid-term Report due
- 1 year from acceptance Final Report by May 15, prior to presentation at Annual Institute

Post Award Requirements:

After receiving an award, and in order to be eligible for future awards, the recipient will be required to:

- (1) submit a brief report (no more than one page) that includes the significant outcome resulting from the EBP Project grant to the ACHNE President by the 15th day of April in the academic year that follows the year in which the award was made; and,
- (2) submit an abstract for presentation at the next ACHNE Annual Institute.

Any presentations and publications as a result of this grant must acknowledge the ACHNE as the source of funding.

Ouestions

Questions about proposal preparation or review can be addressed to Stephanie Smith, EBP Award Subcommittee Chair, at Smithsd@uncw.edu

Ann M. Stalter serves as the ACHNE Research Committee Chair. She can be reached at ann.stalter@wright.edu

Association of Community Health Nursing Educators Application for Evidence Based (EBP) Project Funds Form

Name and credentials of Project Lead: Project Title: Address of Project Lead: Institution: Street: City, State, Zip Code: Phone: Email: Are you currently an ACHNE member?YesNo Are you currently a doctoral student?YesNo Are you currently a community/public health faculty member?YesNo					
Institution: Street: City, State, Zip Code: Phone: Email: Are you currently an ACHNE member? Yes No Are you currently a doctoral student? Yes No Are you currently a community/public health faculty member? Yes No					
Street: City, State, Zip Code: Phone: Email: Are you currently an ACHNE member? Yes No Are you currently a doctoral student? Yes No Are you currently a community/public health faculty member? Yes No					
City, State, Zip Code: Phone: Email: Are you currently an ACHNE member? Yes No Are you currently a doctoral student? Yes No Are you currently a community/public health faculty member? Yes No					
Phone: Email: Are you currently an ACHNE member? Yes No Are you currently a doctoral student? Yes No Are you currently a community/public health faculty member? Yes No					
Email: Are you currently an ACHNE member? Yes No Are you currently a doctoral student? Yes No Are you currently a community/public health faculty member? Yes No					
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Are you currently a doctoral student?YesNo Are you currently a community/public health faculty member?YesNo					
Are you currently a doctoral student?YesNo Are you currently a community/public health faculty member?YesNo					
Are you currently a community/public health practice partner?YesNo					
Have you received ACHNE funding in the past 5 years?YesNo					
If yes, month/year					
Have you applied for, plan to apply for, or are now receiving support for this project?					
Yes* No					
If yes, please identify source and amount requested.					
*If all an arranged is a social after this malicular is a social and an hour found of all all and a social after the December					
*If other support is received after this application is reviewed or has been funded, please notify the Research Chairperson.					
Are human subject involved? Yes No					
Institutional Review Board action:					
Approval date or submission date (if not approved):					
Are there other collaborative partners on this project? Yes No					
Please include contact information for each partner and the role they play in the project:					
Name and credentials:					
Institution:					
Street Address:					
City, State, Zip Code:					
Phone:					
Email:					
Total amount of budget: \$					
Budget justification must be attached.					
Anticipated start date:					
Anticipated completion date:					

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History of Reviews and Approvals

Action	Approval Date
Reviewed by Research Committee Chair and EBP Sub-Committee Chair; minor revision; approved	11/03/2020
ACHNE Board approved on 9/20/2017	09/20/2017

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors. Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME:
eRA COMMONS USER NAME (credential, e.g., agency login):
POSITION TITLE:
EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)

INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YYYY	FIELD OF STUDY

- A. Personal Statement
- **B.** Positions and Honors
- C. Contributions to Science
- D. Additional Information: Research Support and/or Scholastic Performance