SHEA Research Network
Project Application Package

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Summary and Project Application Process

Summary of SHEA Research Network

The SHEA Research Network incorporates a diverse sample of healthcare institutions; the Network's mission is to address important unanswered questions in healthcare epidemiology. To date, 177 institutions have signed up to become part of the Network. Investigators interested in engaging the Network for a study should complete the attached Study Proposal Concept Form and submit it to Melanie T. Young, Policy and Strategic Initiatives Director, SHEA, 1300 Wilson Boulevard, Suite 300, Arlington, VA 22209 (Telephone: 703.684.0761; Fax: 703.684.1009; E-mail: srn@shea-online.org). This document outlines the steps required to solicit participation of the Network in a research study.

Application Process

Investigators or agencies should submit a brief summary of the proposed research using the Study Proposal Concept Form. If the research proposal aligns with the mission and capabilities of the Network and is conceptually approved by the Research Network Application Review Committee, investigators will be invited to submit a Full Protocol Application for review. Concept form submissions will be reviewed as they are received and full proposals, if solicited, will be reviewed (at least quarterly) by the Review Committee. Please see the Study Proposal Concept Form and Full Proposal Application for instructions.
**Study Proposal Concept Form**

Review of this Study Proposal Concept Form by the SHEA Research Network Application Review Committee is required before submission of a full application. Concept Forms should not exceed two single-spaced pages, using an 11 point font. References are *not* included in the page limit. Concept Forms are reviewed using the Study Proposal Concept Review Criteria. The completed Study Proposal Concept Form should be submitted, along with a current CV of the Principal Investigator, and biosketches for all coinvestigators to: Melanie T. Young, Policy and Strategic Initiatives Director, Society for Healthcare Epidemiology of America, 1300 Wilson Boulevard, Suite 300, Arlington, VA 22209 (Telephone: 703.684.0761; Fax: 703.684.1009; E-mail: srn@shea-online.org).

**Please complete the following elements regarding your study proposal. Use this page as a cover letter for your proposal (no more than 3 pages including this cover).**

Name:
Email:
Address:
Phone:
Date submitted for review:
Project Title:

Please include in your proposal the following information:

1. Statement of the research problem or question
2. Description of project goal(s)
3. Hypothesis (es) to be tested (if applicable)
4. Specific aims to address the hypothesis (es)
5. Brief statement of proposed methods
6. Primary endpoint
7. How will the SHEA Research Network assist with this project?
8. How will the SHEA Research Network benefit from this project?
9. What do you see as the outcomes of this study? Will you be collecting preliminary data to apply for external funding? What are the long-term goals of this study?
10. Is this project part of a larger project that is being submitted for external grant funding? If so, do you propose to use some of the funding to support SHEA Research Network participating sites?
**Full Proposal Application Form**

A Study Proposal Concept Form must have been submitted, reviewed and a full proposal must have been solicited by the SHEA Research Network Application Review Committee. A Full Proposal Application Form should not exceed 5 single spaced pages, using an 11 point font. Tables and figures are included in the 5-page limit. Full proposals, along with a current CV of the Principal Investigator, and biosketches for all coinvestigators should be submitted to Melanie T. Young, Policy and Strategic Initiatives Director, SHEA, 1300 Wilson Boulevard, Suite 300, Arlington, VA 22209 (Telephone: 703.684.0761; Fax: 703.684.1009; E-mail: srn@shea-online.org).

Please complete the following elements regarding your study proposal.

Principal Investigator’s Name:
Email:
Address:
Phone:
Date submitted for review:

Please include in your proposal the following information:

1. Statement of the research problem or question
2. Description of project goal
3. Hypothesis (es) to be tested (if applicable)
4. Specific aims to address the hypothesis (es)
5. Brief background overview including:
   a) significance of the study; and
   b) how your study addresses the problem
6. Relevant existing preliminary data
7. Outline of project design
8. Feasibility information including:
   a) detailed budget for the project;
   b) detailed sample size estimates;
   c) numbers of study eligible subjects from the appropriate study population and control population sources, if applicable; and
   d) description of inclusion/exclusion criteria that may impact numbers of eligible subjects
9. Primary endpoint
10. Definition of effect size (if appropriate)
11. Broad definition of analytical approaches

12. An outline of data points, if data collection is part of the study methods

13. Project timeline, to include expected duration of SHEA Research Network involvement

14. Language acknowledging SHEA and the Research Network along the lines of the following: "This study was supported in part by the SHEA Research Network.”
**Study Proposal Concept Review Criteria**
*(Adapted from the NIH scoring system for grant applications)*

Principal Investigator(s):
Date of Submission:
Date of Review:
Proposed Funding Agency if applicable (e.g., AHRQ, NIH):

Each member of the Research Application Review Committee will score the Study Proposal Concept Form. The average score is summarized at the bottom of the document. As a general rule, Concept Forms receiving a score of 3 or less will be invited to submit a full proposal. Scoring is on a scale of 1-5 with 1 being the best score and 5 the least.

**Overall Impact**

Reviewers will provide an assessment of the likelihood for the project to address an important question in healthcare epidemiology using the following review criteria

**Review Criteria**

Reviewers will consider each of the review criteria below in the determination of request for full proposal

<table>
<thead>
<tr>
<th>Review Criteria</th>
<th>Highest</th>
<th>Lowest</th>
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<tbody>
<tr>
<td>1. Significance</td>
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<td>2. Investigator(s)/environment</td>
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<td>3. Feasibility</td>
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<td>4. Alignment with SHEA Research Network mission</td>
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<td>5. Approach</td>
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Invited Full Proposal Review Criteria

(Adapted from the NIH scoring system for grant applications)

Principal Investigator(s):
Date of Submission:
Date of review:
Proposed Funding Agency if applicable (e.g., AHRQ, NIH):

Each member of the Research Application Review Committee will score the complete form. The average score is summarized at the bottom of the document.
Scoring is on a scale of 1-5 with 1 being the best score and 5 the least.

Overall Impact
Reviewers will provide an assessment of the likelihood for the project to address an important question in healthcare epidemiology.

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<th>Overall Impact</th>
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SHEA Research Network
Project Proposal Summary Score Sheet

Name of Proposal:
Date received:
Principal Investigator:

Summary of scores (tallied from scoring sheets provided by each Research Network Application Review Committee member).

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<thead>
<tr>
<th></th>
<th>Significance</th>
<th>Investigators/ Research Environment</th>
<th>Feasibility</th>
<th>Alignment (i.e., with SHEA Research Network mission)</th>
<th>Approach (including innovation)</th>
<th>Overall</th>
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Interpretation of scores:

1   2   3   4   5
Highest                      Lowest