

**UNIVERSITY OF PITTSBURGH  
SCHOOL OF NURSING  
ADMINISTRATIVE POLICY AFFECTING THE SCHOOL OF NURSING**

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**TITLE OF POLICY:** RESEARCH AND TRAINING PROPOSAL REVIEWS

**ORIGINAL DATE:** JUNE 1, 2011

**LAST REVIEWED/REVISED:** NOVEMBER 1, 2011

**POLICY:** All faculty/student research and training proposals planned for submission to any funding agency (internal or external) must receive approval through the University of Pittsburgh - School of Nursing approved external or internal review process. All research proposals will be reviewed by at least two experienced researchers with expertise in the area of study. The department Vice Chair for Research will also review each proposal prior to submission. The purpose of this policy is to ensure the quality of research proposals submitted by faculty and students from the School of Nursing.

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**PROCEDURE:**

1. Grant Preparation: The Principal Investigator (PI) meets with the department Vice Chair for Research (VCR) preferably at least 3-4 months prior to the SON Office of Grants Management submission deadline to discuss the proposal, process of submission, required documents, and development of the budget. The Grants.Gov checklist is given to the PI and reviewed with particular attention to the information needed to begin development of the budget. The VCR alerts the department grants analyst of the planned submission (PI, funding agency, due date). The PI and VCR will continue to meet as needed. The PI schedules an appointment with the department grants analyst to meet and discuss the submission process, beginning with information from the PI about the investigative team, sub contracts, and sub accounts needed to begin development of the budget.
2. Scientific Review: At least one month prior to SON submission deadline, the VCR will identify 2 internal or external reviewers with expertise in the field of study who are independent of the project. The VCR contacts CRE Administrative assistant (AA) (e-mail preferred) to arrange internal scientific review of the proposal. The VCR completes and returns the Cover Sheet for Proposal Reviews, along with a copy of the proposal, electronically. The AA e-mails the proposal and the SON Scientific Review Form to reviewers who are asked to complete and return the review form and comments within 5 working days. Completed grant review forms and the reviewers' comments are sent electronically to the PI and VCR.
  - a. If the majority of reviewers' scores and comments (including VCR's) recommend none or minor revisions, VCR will discuss comments with the PI and approve the proposal with the acceptability form or an e-mail to the PI, copied to the department chair, grants analyst and the CRE.
  - b. If the majority of reviewers' scores and comments recommend major revisions, the VCR will discuss the comments with the PI and inform her/him that the application requires substantial revision. The PI will have one more opportunity, if time permits, to revise the proposal and resubmit for a 2nd review. If, after the second review, the proposal is still deemed unsatisfactory, the VCR will inform the PI that the proposal is not ready for submission at this time. The VCR will confirm this in writing with the acceptability form or e-mail to the PI, copied to the department chair, grants analyst and the CRE.

Reviewed: 01/97, 03/99, 12/01; 03/04, 04/08

Approved by Administration: 04/04; 11/04, 05/08, 11/11

**Attachments: Cover sheet, Review Form, Proposal Acceptability Form**

**COVER SHEET FOR INTERNAL SCIENTIFIC REVIEWS**

**Investigators:** Please complete this form and submit it electronically along with your proposal to: Kathleen Kennedy [kke100@pitt.edu](mailto:kke100@pitt.edu). Applications are due no later than **one (1) month** prior to the due date of the agency for which the application is intended. **\*NOTE:** If the proposal is a revision and external review critique (summary statement) is available, please include it with a copy of the introduction.

**Title of proposal:**

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**Names of 2 individuals (internal or external) with expertise in the field of study who have agreed to review your proposal within five (5) business days:**

<b>Name</b>	<b>Area of Expertise</b>	<b>Email</b>
_____	_____	_____
_____	_____	_____

<b>Name</b>	<b>Phone #</b>	<b>Email</b>
<b>PI:</b> _____	_____	_____
<b>Co-I(s):</b> _____		
_____		
_____		
_____		

**Consultants:**  
**Internal** \_\_\_\_\_

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**External** \_\_\_\_\_

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**Source of Funds:** \_\_\_\_\_ **Internal** \_\_\_\_\_ **External**

**Name of Funding Source:** \_\_\_\_\_ **Due Date:** \_\_\_\_\_

**Type of Application:** (e.g., Small grant, R01, center grant, training grant, individual fellowship, etc)

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**SCHOOL OF NURSING SCIENTIFIC REVIEW FORM**

**Confidentiality and Conflict of Interest: Application and review materials are confidential. If you feel you have a conflict of interest or cannot review the proposal objectively, please inform the department Vice Chair of Research so that another reviewer may be assigned.**

Please check here if you wish to remain anonymous

**Application Title** \_\_\_\_\_

**Principal Investigator (s)** \_\_\_\_\_

**Funding Agency** \_\_\_\_\_ **Award Mechanism (if pertinent)** \_\_\_\_\_

**Date Sent to Reviewer** \_\_\_\_\_ **Review Due Date** \_\_\_\_\_

Impact	Score	Strengths	Weaknesses
High Impact	1. Exceptional	Exceptionally strong	Essentially no weaknesses
	2. Outstanding	Extremely strong	Negligible weaknesses
	3. Excellent	Very strong	Only some minor weaknesses
Moderate Impact	4. Very Good	Strong	Numerous minor weaknesses
	5. Good	Strong	At least one moderate weakness
	6. Satisfactory	Some strengths	Some moderate weaknesses
Low Impact	7. Fair	Some strengths	At least one major weakness
	8. Marginal	A few strengths	A few major weaknesses
	9. Poor	Very few strengths	Numerous major weaknesses

**Overall Impact:** Provide an overall impact score to reflect your assessment of the likelihood for the project to exert a sustained, powerful influence on the research field(s) involved, in consideration of the five core review criteria and the additional review criteria. Please pay particular attention to the specific aims and ensure that they mesh with the proposed work.

**Overall Impact Score (circle) 1 2 3 4 5 6 7 8 9**

**Core Review Criteria (circle)**

Significance 1 2 3 4 5 6 7 8 9

Investigators 1 2 3 4 5 6 7 8 9

Innovation 1 2 3 4 5 6 7 8 9

Approach 1 2 3 4 5 6 7 8 9

Environment 1 2 3 4 5 6 7 8 9

**Additional Review Criteria (circle)**

Statistical Analyses 1 2 3 4 5 6 7 8 9

Clarity and Organization 1 2 3 4 5 6 7 8 9

Human Subject Protection 1 2 3 4 5 6 7 8 9

**(circle) Acceptable as is    Acceptable with minor revisions    Needs substantial revision and re-review**

1. Return review form and comments via email to Kathleen Kennedy in the CRE [kke100@pitt.edu](mailto:kke100@pitt.edu))
2. Kathleen Kennedy will send review and comments to the PI and department Vice Chair for Research

**SCHOOL OF NURSING PROPOSAL ACCEPTABILITY FORM**

**Proposal Number:**

**PI:** \_\_\_\_\_

**Title:** \_\_\_\_\_

This proposal has been reviewed by:

	Yes	No
Reviewer 1: _____	_____	_____
Reviewer 2: _____	_____	_____
Department Vice Chair for Research: _____	_____	_____

This proposal is acceptable for submission: \_\_\_\_\_

This proposal is not acceptable for submission at this time \_\_\_\_\_

\_\_\_\_\_  
Department Vice Chair for Research

\_\_\_\_\_  
Date