

**UNIVERSITY OF PITTSBURGH  
SCHOOL OF NURSING**

**ADMINISTRATIVE POLICIES AFFECTING THE  
SCHOOL OF NURSING**

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**TITLE OF POLICY:** FACULTY RESEARCH PROPOSAL REVIEWS

**DATE EFFECTIVE:** February 11, 2014

**LAST REVIEWED/REVISED:** MARCH, 2019

**POLICY:** All faculty research proposals planned for submission to any funding agency (internal or external) must receive both external scientific review and budget approval. Proposals that do not follow this policy are at risk of not being submitted to the funding agency. The purpose of this policy is to ensure the quality of research proposals submitted by faculty researchers from the School of Nursing. For external scientific review outside the University, the Office of Research Submission Form for the Evaluation of Research Confidentiality /Non-Disclosure Agreement (CDA/NDA) must be completed.

**PROCEDURE:**

Core elements of procedures for submitting grants are presented below.

1. The Principal Investigator (PI) meets with the department Vice Chair for Research (VCR) preferably at least 2-3 months prior to the SON Office of Grants Management submission deadline to discuss the proposal, departmental processes of submission, required documents, and development of the budget. The Grant Submission Timeline is given to the PI and reviewed with particular attention to the information needed to begin development of the budget. The department grants analyst is notified of the planned submission. If the application is for an educational training grant (HRSA, ACIE), the Associate Dean for Clinical Education is notified. Policy 408B should be followed.
2. The PI schedules an appointment with the department grants analyst to meet and discuss the submission process and begin development of the budget.
3. The PI and VCR will meet throughout the submission process.
4. The PI and VCR discuss the review process and the PI is responsible for identifying at least two external reviewers who are approved by the VCR. Once the PI emails the proposal to the VCR, the proposal and SON Scientific Review Form is emailed to reviewers who are asked to complete and return the review form and comments to the PI and VCR within an agreed upon timeframe.
5. The VCR will discuss reviews with the PI and will
  - a. If minor or no revisions are suggested by reviewers: provide scientific approval or
  - b. If major revisions are suggested by a reviewer: Inform the PI that the application may require substantial revision and re-review.
6. The department chair where the PI resides is responsible for providing written final approval of the budget and budget justification.
7. Grants analysts should be 1) notified in writing that scientific and budget approval have been granted, and 2) receive final proposal documents from the PI at least 5 business days prior to the funding agency deadline. Proposals that do not meet this deadline are at risk of not being submitted by the funding agency deadline.
8. For external scientific review outside the University, the Office Of Research Submission Form for the Evaluation of Research Confidentiality /Non-Disclosure Agreement (CDA/NDA) must be completed.

*Reference: Policy 408B - Guidelines for Submitting Educational Proposals*

**Attachments:** Review Form, Proposal Acceptability Form, Research Confidentiality /Non-Disclosure Agreement

Approved by Administration: 05/08, 02/14

Reviewed: 01/97, 03/99, 12/01; 03/04, 04/08, 02/14

Revised by Administration: 04/04; 11/04, 05/08, 02/14, 03/19

## 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

**Please return review form and comments via email to department Vice Chair of Research and the PI**

**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

\_\_\_\_\_  
Department Chair \_\_\_\_\_  
Date

**Reviewers: Name, University, School or Department**

Reviewer 1:

Reviewer 2

