UNIVERSITY OF PITTSBURGH
SCHOOL OF NURSING

ADMINISTRATIVE POLICIES AFFECTING THE
SCHOOL OF NURSING

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

DATE EFFECTIVE: **February 11, 2014**

LAST REVIEWED/REVISED: **FEBRUARY 2024**

POLICY: All faculty research proposals planned for submission to any funding agency (internal or external) must receive both 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.

PROCEDURE:
Core elements of procedures for submitting research 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 submission deadline to discuss the proposal, departmental processes of submission, required documents, development of the budget, and development of a timeline. The department grants analyst is notified of the planned submission. If the application is for an educational training grant (e.g. HRSA, ACIE, etc.), the Associate Dean for Clinical Education is notified and Policy 408B should be followed. If the application is being submitted by a student or postdoctoral fellow, Policy 408C 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 reviewers who are then approved by the VCR. The reviewers should always be external to the project and for external submissions (external to the SON) the reviewers should always be external to the SON. If a reviewer will be external to Pitt, the PI and VCR should discuss the utility of a Confidential Disclosure Agreement (CDA) with the reviewer. More information about initiating a CDA can be found at: [Confidential Disclosure Agreement (CDA) (Office of Sponsored Programs) | All Campuses | My Pitt](#)
5. The PI emails the proposal for review to the VCR, the proposal and SON Scientific Review Form (or alternative 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.
6. Mock Reviews: an NIH style mock review is required for all Early Stage Investigators submitting an R-level or equivalent application. For all other investigators and application types, the mock review is optional. The reviewers identified and utilized in #4 and #5 above can serve as the reviewers for the mock review.
5. The VCR will discuss reviews with the PI and will
   a. If minor or no revisions are suggested by reviewers: provide scientific approval <u>or</u>
   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 final approval of the budget and budget justification, with particular attention paid to the efforts proposed. The Associate Dean for Research and Scholarship will also review all budgets prior to submission.
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.

Attachments: Review Form, Proposal Acceptability Form

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