



**Quality Improvement and Evidence-Based Project Application for
Geri & ME Nursing Fund**

FACE PAGE

Name of Person Applying for Funding: _____

Title of Person Applying for Funding: _____

Mentor: _____

Work Area: _____

E-mail Address: _____

Title of Project: _____

Total Amount of Application (from budget page): _____

Application Submission Date: _____

**Geriatric & ME Checklist for Application for Quality
Improvement and Evidence-Based Projects**

- Background
- Program Plan
- Objectives
- Program Faculty
- Program Evaluation
- Timeline
- Budget
- Letter of Support from Nurse Leader/
Department Head
- Additional Letters of Support (if needed)
- Appendices (if needed)

BACKGROUND (1 page maximum)

Example: In 2007, a descriptive cross-sectional study conducted within the Department of Nursing at Memorial Sloan-Kettering Cancer Center (MSKCC) revealed that most nurses have barriers to discussing sexual health/sexuality with their patients. Furthermore, close to half of the nurses surveyed stated they do not routinely perform a sexual health assessment (SHA) on their patients.

Sexuality is one of the 12 activities of life named in the Roper-Logan-Tierney model of nursing, and performing a SHA is a fundamental part of holistic nursing care. Sexual health can relate directly to the ability to recover from or adapt to various medical conditions and is affected by all aspects of cancer including biological processes of growth and metastasis, treatment (surgery, chemotherapy, radiation therapy, hormonal agents, stem and marrow transplant), and psychological issues. As cancer patients attempt to improve their quality of life after treatment, recovery of sexual health becomes a priority.

Now that baseline sexual health attitudes and knowledge levels of have been established among nurses at MSKCC, we believe an important priority for continued nurse education is to have four nurses participate in train-the-trainer workshops, focusing on SHA, held by the Sexual Medicine Society of North America (SMSNA). The workshops are offered in conjunction with the SMSNA Annual Conference. The participating nurses will then be responsible for conducting SHA in-services for nurses in applicable clinical areas throughout the institution.

Continue with this description. Other information that would be relevant background for why this continued education program is important for funding should be included. You may want to describe the units, staff nurse demographics, and the need for continued training.

PROGRAM PLAN (2 pages maximum)

As mentioned above, we believe an important priority for continued nurse education at MSKCC is to have specially trained nurses offer SHA in-services to their colleagues in applicable clinical areas throughout the institution. These clinical areas include *(name them and why they were chosen)*.

Four MSKCC nurses with experience and interest in sexual health will travel to the SMSNA Annual Conference in *(city)*, held from *(date)* to *(date)*, and participate in a two-day long pre-conference training session that focuses on training SHA trainers. Upon our return to New York, a series of in-services will be held to train nurses on SHA. These in-services will be held between *(date)* and *(date)*. We will contact a representative (nurse leader and/or clinical nurse specialist) from each clinical area by *(date)* to ensure that the staff nurses are aware of the in-service and are available to attend.

Transportation for program faculty between New York and *(conference city)* will be provided by *(mechanism)*.

In addition, in collaboration with the Sexual Medicine service at MSKCC, the four nurses will use an evidence-based methodology to select a tool to perform SHA on all patients. This tool will be added to the current Adult Initial Assessment form. Education on how/where to complete the tool will be provided during the in-services.

Continue to describe the program, including logistical considerations and program considerations (such as what topics will be presented and a brief rationale about why they are the highest priority). Any concerns or anticipated hurdles to success should also be mentioned here, as well as what can be done to overcome them.

OBJECTIVES (half page maximum)

Clearly state your educational program objective. Objectives should be specific and measurable. A complete objective should answer the following questions: WHO? will do HOW MUCH? of WHAT? by WHEN?

Example of INCORRECT objective: Additional educational programs will be held to reinforce the learning.

Example of CORRECT objective: A team of four nurses who have participated in the Sexual Health Assessment train-the-trainer workshop will conduct day-long workshops in applicable clinical area by January 15, 2014.

Example of INCORRECT objective: Nurses will begin to perform SHA regularly.

Example of CORRECT objective: By March 31, 2014, an audit of 100 randomly selected medical records of active patients will reveal that 100% show a completed SHA on the Adult Initial Assessment.



PROGRAM FACULTY (1 page maximum)

Provide a short paragraph regarding the training and experience of each nurse who will be actively involved in this program to ensure that the chosen individuals are interested and qualified to conduct the project as outlined. For example:

Nurse Extraordinaire, BSN, RN, OCN©

Ms. Extraordinaire is an office practice nurse with 12 years of nursing experience, all at MSKCC. She has had an interest in the sexual health of oncology patients since starting work in the breast center and has attended sessions at ONS Congress regarding sexual health and fertility issues. She is a graduate student at NYU in the Acute Care NP track and has written a paper titled “Sexual Health of the Oncology Patient: A Review of the Literature” for one of her courses.

PROGRAM EVALUATION, MONITORING, AND REPORTING (1 page maximum)

Example text: Results of this project will be reported back to both the Executive Nursing Council of MSKCC and the Geri & ME Nursing Fund Oversight Board. The program will be evaluated in the following manner:

(Program faculty may consider the following types of evaluation and the following questions in determining criteria for evaluation)

1. Process evaluation: Did four MSKCC nurses attend the SMSNA train-the-trainer workshops? Did all of the subsequent institutional in-services occur? If not, how many? Did they occur on schedule according to the timeline established in advance? How many nurses participated in the in-services? Was the Adult Initial Assessment form updated to include SHA? *(continue to describe the relevant facts about the program, including explanations of any problems encountered)*
2. Outcome evaluation: How did the participants rate the in-service on their evaluation forms? What were the strengths of the in-services? What could be improved for in-services in the future?
3. Impact evaluation: What has been the impact of the entire program at MSKCC? Have there been any unexpected outcomes? What are the remaining areas of need related to sexual health for nurses at MSKCC?



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TIMELINE (1 page maximum)

List all major study activities and indicate the time frame in which they will be done. This can be done in table format, as illustrated in the following example:

Program Activity	Winter 2019	Spring 2019	Summer 2019	Fall 2019
SMSNA conference/pre-conference workshops				
Logistics arranged for MSKCC in-services				
MSKCC SHA in-services				
Development, implementation of new adult initial assessment form to include SHA				
Evaluation and outcomes. Final report submitted.				



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BUDGET (1 page maximum)

Line-Item Budget Category	Cost
Office Expenses	
Supplies, copying and printing for program related activities	
Direct Program Expenses	
Conference fees for SMSHA training	
Travel expenses to SMSHA meeting	
Preparation of MSKCC in-service materials	
Food for day long MSKCC in-service participants	
Re-design of Adult Initial Assessment to include SHA tool	
Other Expenses	
TOTAL	

BUDGET JUSTIFICATION (1 page maximum)

Office Expenses: *This should be self-explanatory. Any administrative costs incurred (e.g., workshop materials, copying, etc.) should be listed and explained here. The number does not have to be exact but should reflect a realistic estimate.*

Direct Program Expenses: *In this example, the funding will be spent primarily on training four nurses at and then conducting SHA workshops on institutional nursing units. These costs should be explained here, in detail. For example, you would indicate that four nurses will need accommodations for two nights each, plus per diem expenses for food and travel. Also, you will need to calculate any time needed for preparation of the MSKCC institutional workshops (i.e., backfill of 4 RN positions to work on project plan, implementation evaluation).*

Quality Improvement and Evidence-Based Project (non-research)

scoring sheet

CONFLICT OF INTEREST

No Yes

If yes, please specify:

GUIDELINE FOR FILLING OUT THIS FORM

Please evaluate using the system outlined in the table below.

1. Score each statement with 1.0 - 9.0 points using the enhanced NIH criteria listed below.
2. Please comment on the reasons for your judgement.
3. Give an overall score (not necessarily the arithmetic mean; other considerations may cause a differential weighting).

RATING SYSTEM

The NIH Grant Application Scoring System

The NIH scoring system uses a 9-point rating scale from 1 = Exceptional to 9 = Poor for the overall impact/priority score as well as the individual review criteria. Ratings are provided only in whole numbers, not decimals.

Impact	Score	Descriptor	Additional Guidance on Strengths/Weaknesses
High	1	Exceptional	Exceptionally strong with essentially no weaknesses
	2	Outstanding	Extremely strong with negligible weaknesses
	3	Excellent	Very strong with only some minor weaknesses
Medium	4	Very Good	Strong but with numerous minor weaknesses
	5	Good	Strong but with at least one moderate weakness
	6	Satisfactory	Some strengths but also some moderate weaknesses
Low	7	Fair	Some strengths but with at least one major weakness
	8	Marginal	A few strengths and a few major weaknesses
	9	Poor	Very few strengths and numerous major weaknesses
Non-numeric score options: NR = Not Recommended for Further Consideration, DF = Deferred, AB = Abstention, CF = Conflict, NP = Not Present, ND = Not Discussed			
Minor Weakness: An easily addressable weakness that does not substantially lessen impact Moderate Weakness: A weakness that lessens impact Major Weakness: A weakness that severely limits impact			

Quality Improvement and Evidence-Based Project (non-research)
scoring sheet

1) Criterion: Innovation and Relevance	Score
1.1 Relevance to Nursing	
1.2 Significance of the project to Nursing	
1.3 Innovativeness of the proposal.	
Please briefly justify the given scores:	
2) Scientific methodological Quality	Score
2.1 Appropriateness of the project	
2.2 Adequacy of the outcome measures	
2.3 Satisfactoriness of the evaluation	
Please briefly justify the given scores:	
Overall Score	Score
Additional comments:	