

United Hospital
333 N. Smith Avenue
MS 60122
St. Paul, MN 55102



Date: _____

Dear Nursing Investigator:

Thank you for your interest in conducting your nursing research study at United Hospital. As part of the review process we require that you send your proposal to the Nursing Research Council for further review. In particular, this review is concerned with the impact of your study on nursing personnel and the unit(s) where your study will be conducted. In addition, the Council is interested in mentoring and assisting nurses to ensure their proposals have scientific merit. The attached “*Request for Approval of Nursing Research*” provides instructions on what your proposal should include and how to submit it for review. You will be notified in writing after your study has been reviewed, and if there are any concerns that we would like addressed prior to your implementation of the study.

After completion of your study, we ask that you submit a summary of findings to the Nursing Research Council. In addition, we would like to invite you to present your findings at a Nursing Grand Rounds to help disseminate the outcomes of your study and to help us learn about research that needs to be translated into practice at the bedside.

If you have any questions please do not hesitate to contact me. Thank you.

Sincerely,

Julie Sabo RN MN CNS-BC
Director of Practice
United Hospital
MS 60122
St Paul MN 55102
651-241-8378
Julie.Sabo@allina.com

UNITED HOSPITAL

Request for Approval of Nursing Research

Title of Project: _____

Investigator(s): _____ Date: _____

Address: _____

Telephone: _____ Advisor: _____
(If applicable)

Email Address: _____

Nursing Units/Practice Areas to be Used: _____
(state specific units/areas)

Data Collection Period: Start Date: _____ End Date: _____

Material Required for Review:

DESCRIPTION OF NURSING PERSONNEL INVOLVEMENT:

1. Specify the activity requested of nursing personnel contributing to the research protocol (i.e., data collection, recruitment of subjects, communication with research personnel, monitoring of patients).
2. Describe plan for educating nursing personnel about research study.
3. Provide an estimate of the amount of time for each activity the nursing staff is expected to perform (e.g., monitoring for adverse effects of medications).
4. Identify hospital supplies and equipment that will be required to complete this research study.

STUDY PROTOCOL

1. Background with relevant literature review
2. Research question or hypothesis
3. Sample selection with inclusion/exclusion criteria
4. Sample size determination (if appropriate for study design)
5. Specific plan for recruitment of subjects (who, how & when)
6. Study procedures
7. Outcome evaluation (measures, statistical analysis)
8. Safety review, criteria for stopping accrual of subjects (if appropriate)
9. All instruments to be used for data collection (include demographic forms, questionnaires and surveys)
10. All consent forms
11. Copy of IRB approval letter
12. Potential for dissemination of findings

APPROVAL PROCESS

Review by all Nurse Managers/& Clinical Nurse Specialists who have management and leadership responsibilities for subjects or areas involved in the study. Signatures are required to document their review and to give permission to conduct the research in their respective area(s).

Nurse Manager _____ CNS _____

Nurse Manager _____ CNS _____

Other _____ Other _____

Submit **10 copies** of this form and the **Description of Nursing Involvement** and the **Study Protocol** described on page 1 to the Chair, Christie Frid, Nursing Research Council, United Hospital, Internal Mailstop 60236, 333 N. Smith Ave. St Paul, MN 55102.

Review by the Nursing Research Council. This committee meets the 4th Tuesday of every month.

Notification:

Approved _____
(Date) (Chair Nursing Research Council)

Not approved _____
(Date) (Chair Nursing Research Council)

Comments: _____

IRB Approval Required

Check one: ☐ Pending
☐ Received: Date _____

UNITED HOSPITAL
Nursing Research Proposal

APPROVAL PROCESS

