

# **the institute for family health**

# **preliminary questionnaire for proposed research**

Please complete this document to inform the Institute of your proposed research. Answers may be brief. Forms must be submitted at least two weeks prior to the Research Committee meeting. All proposed studies must have a Research Committee approval letter before being submitted to the IRB.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Title of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected duration of project: from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator (if different from contact): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institute Co-PI (if PI is not employed by the Institute): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does this study include an external PI/organization? [ ]  Yes [ ]  No

**If yes, complete Appendix A: External Research Partnership Information.**

Are you a faculty member? [ ]  Yes [ ]  No

If yes, how many residents are or will be on this research project?

*Note: You must have at least 1 resident on your study team.*

Proposed Practice Site(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Summary of Project:

Select your research category:

[ ]  Racial and ethnic health disparities

[ ]  Patient-centered care

[ ]  Health information technology

[ ]  Integration of mental health care and primary care

[ ]  Women’s health

[ ]  Other

Have you conducted a literature review? [ ]  Yes [ ]  No

Based on the literature, why is this study important?

Please state your research questions or hypotheses:

Describe how this project supports the Institute’s mission:

Describe your proposed research methods. Please include all of the following elements:

* General information about the study: present a brief timeline of research activities and who is responsible
* Participant Recruitment (if applicable): what is the eligibility criteria, how will you develop a recruitment list, who will recruit, and when and how will recruitment take place
* Data analysis: what is the sample size and how was it determined, who and how will data analysis be conducted

Describe any anticipated Institute support, including any requests for new Epic features/build or patient/staff data reports. If you are requesting any Epic-related support, you will need to include the elements listed below. *You* ***must*** *also contact Hillary Porter at* *hporter@institute.org* *to discuss your Epic-related needs prior to your submission of this questionnaire.*

* Timeframe for when you need the Epic request completed
* If applicable, what new Epic features (BPAs, smartsets, etc.) do you need?
* If applicable, list specific data elements (i.e. all patients with asthma ages 18 and older)
* Use of Epic Research Functionalities (i.e. assigning patients to your study, etc.)

Is this project funded? [ ]  Yes [ ]  No

 Funder Name:

 Funder Amount:

What is your dissemination plan? Please include the following:

* A list of conferences where you plan to present your results; and/or
* A list of preliminary manuscript titles/ideas, including potential journals for manuscript submission

**Does your protocol require any Epic-related support (see question above)?**

[ ]  Yes [ ]  No

If yes, you **must** include a signature from:

PMT Manager\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is your protocol based at a clinical site (i.e. distributing surveys, patient recruitment, etc.)?** [ ]  Yes [ ]  No

If yes, you **must** include signatures from:

Regional Medical Director\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Regional Nursing Director\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice Operations Manager\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\* If this is a multi-site study, please obtain signatures from Regional Medical Directors (Dr. Eric Gayle – Downstate, Dr. Walter Woodley – Upstate); Regional Nursing Directors (Cindylou Killikelly – Downstate, Cecile Liotard – Upstate)***

Supervisor Name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator Signature (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **APPENDIX a: EXTERNAL RESEARCH PARTNERSHIP INFORMATION**

**Directions:**

If you are collaborating with an external research partner, you **must** complete this document as thoroughly as possible and submit it with your research questionnaire.

**Title of Project:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of External Partner** (please include their institutional affiliation):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| 1. **Have you previously collaborated with this external partner?**

 [ ] Yes [ ] No [ ] N/A*If “Yes,” briefly describe your/Institute’s collaborative history.**If “No,” briefly describe how this partnership was formed.*1. **Is this project funded?**

[ ] Yes [ ] No [ ] N/A*If “Yes,” will the Institute receive funding as a project partner?* [ ] Yes [ ] No [ ] N/A1. **Briefly describe the Institute’s role in this project.** *(Note: This could include recruiting participants – providers or patients, training staff, completing surveys, implementing new workflows, etc.).*
2. **Briefly describe how the Institute benefits from this partnership/project.** *(Note: This could include building research capacity (publications, fulfills Institute’s research agenda, staff training, etc.)).*
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