



PRAIRIE VIEW A&M UNIVERSITY
A Member of the Texas A&M University System

IRB USE ONLY

Last Name _____
IRB# _____

Prairie View A&M University

IRB Quality Improvement Form

INSTRUCTIONS

Quality improvement studies are intended to improve a practice or process within an organization or ensure it conforms with expected norms. Quality improvement projects are not designed to contribute to generalizable knowledge. If you believe that your project meets this definition, please follow the below instructions for submission.

1. Complete Form

Form must be typed and free of typographical/grammatical errors.

2. Attach Documents to Application

- ☐ Recruitment materials as applicable: flyers, letters, scripts, e-mail, etc.
- ☐ Consent documentation as applicable: consent protocol, consent form or assent form
- ☐ Survey and/or Interview Questions
- ☐ Funding Proposals (as applicable)
- ☐ Any other documents referenced in this application as applicable

3. Submit Form

Submit the completed Quality Improvement Form to the Office of Research and Compliance, Wilhelmina Delco Building, Room #163 in person or by email at research@pvamu.edu.

**If you have any questions or need assistance completing this application, please call
Crysta Mendes (936) 261-1553, or e-mail research@pvamu.edu**

INVESTIGATOR/ MANAGER INFORMATION

Principal Investigator/ Project Manager Name: _____

☐ Faculty ☐ Staff ☐ Graduate Student* ☐ Undergraduate Student*

Department: _____ College: _____

Phone: _____ Email: _____

Please list additional Principal Investigator/ Project Manager (if applicable): _____

*For Students: Answer the following and list your faculty advisor

Is this study part of your Thesis or Dissertation? ☐ Yes ☐ No

Graduate Committee Chair/Faculty Advisor Name: _____

Project Title:

Funding Status: ☐ Externally Funded* ☐ Grant Application* ☐ Internally Funded* ☐ Not Funded

Will the results from the project be published/ presented outside of PVAMU? ☐ Yes ☐ No

DESCRIPTION AND METHODS

Please provide a brief description of the design of your project and the methods you will use. Please specify all sources of data you will use (e.g. charts, surveys, etc.)

If you need additional space, put "see attached" in the box below and attach complete description of procedures.

Please check all statements that apply to the methods you will utilize:

☐ We will be implementing an evidence-based intervention that has been previously established/published.

☐ We will be implementing a novel intervention that has not yet been reported in the literature.

☐ We will only be evaluating an existing program, intervention and/or procedure.

☐ Other: _____

INTENT AND PURPOSE

What is the intent and purpose of your project? Please check all that apply:

☐ To contribute to generalizable knowledge (e.g. testing a hypothesis, establish a registry or data base from which a hypothesis will be tested).

☐ To contribute to the knowledge base of a discipline (e.g. establish innovative clinical practice standards where existing ones need updating).

☐ To improve the process/delivery of care while decreasing inefficiency (e.g. measure variation from or improve adherence with standard practice, measure satisfaction with standard practice, compare a program/process system with an established set of standards).

☐ Other: _____

Please provide a **brief** statement, in lay terminology, outlining the intent and purpose of this project (i.e. what are the goals and objectives of the project?):

FOCUS

What is the focus of your project?

- ☐ This is an *institution or program-specific* evaluation (i.e. intended to improve or evaluate a practice or process at PVAMU/ hospital/ other institution specifically). If so, please describe:

- ☐ We expect the results to be generalizable AND/OR the project involves other institutions or programs or processes beyond PVAMU. If so, please describe:

- ☐ We expect the results to be applied in specific clinical/administrative/educational scenarios AND/OR the project involves other institutions or programs or processes beyond PVAMU. If so, please describe:

SAMPLE/ POPULATION

Will the project involve the evaluation of any of the following groups (check all that apply)? **NOTE:** if data/information will be collected about a member of these groups, regardless of whether they will be evaluated, please check the corresponding box.

- ☐ PVAMU Students
- ☐ Students from another institution
- ☐ PVAMU Employees
- ☐ Employees from another institution
- ☐ Medical facility patients (e.g. hospitals, clinics, etc.)
- ☐ Other: _____

Please provide a brief description:

BENEFIT

Who will benefit from this activity? Please check all that apply:

- ☐ The program/department under evaluation would benefit from the project. If so, please describe:

- ☐ The most significant benefit from the project is societal or to the greater medical community (i.e. in developing new or advancing existing general knowledge)? If so, please describe:

SIGNATURE

Principal Investigator/ Project Manager Signature: _____

Typed Name: _____ Date: _____

Principal Investigator/ Project Manager Signature: _____

Typed Name: _____ Date: _____

Principal Investigator/ Project Manager Signature: _____

Typed Name: _____ Date: _____

Principal Investigator/ Project Manager Signature: _____

Typed Name: _____ Date: _____

FACULTY / RESEARCH ADVISOR

I certify that I have read and agree with this proposal, that the Principal Investigator/ Project Manager has received adequate training to perform this project, and will receive adequate supervision while performing this project:

Faculty Advisor Signature: _____

Typed Name: _____ Date: _____

For a determination regarding whether your project needs an IRB approved protocol, please submit this completed form to research@pvamu.edu.