One of the most useful resources for researchers looking for funding is the NIH website. Yet, frequently when I mention to faculty that they should look for something on the NIH website, the room gets quiet. So the focus of this column will be navigating the NIH website. You will get the most out if you follow along with me on the site.

The website address is easy to remember—www.nih.gov. Once on the website, the two most useful tabs are “grants” and “institutes.” By using the grants tab, you can reach information about funding opportunities and application forms. Important tabs under grants are “about grants,” “funding,” “forms and deadlines,” and “electronic research administration.” The latter tab takes you to the eRA page. Under the “about grants” tab, you are lead to a page with much useful information including information on the grants process and award dates, electronic grants submission, funding opportunities, and forms and deadlines.

I find the “search funding opportunities” one of the most helpful links—all you have to do is type the mechanism number (R01, R03, R15 or R21) in the search opportunities box. Say you want to find the RFA for R21s, by typing in “R21”, you will receive a list of all RFAs that mention R21s. Of course, you will receive hundreds of RFAs, but if you look under the column listed as activity codes, you will be able to identify which of the RFAs apply to R21s. To refine your search click on the activity codes header and the search will sort by mechanism number. To further narrow your results enter key word with commas between different words (without commas the search engine will only find cases where the words occur consecutively). So if you wanted RFAs from NINR about R03s on health promotion, put in “R03, NINR, health promotion”.

Another useful tab is the “forms and deadlines,” which you can find either from the home page or the grants & funding home page. The first two forms that come up are the SF 424 and the PHS 398. For electronic submission the SF 424 link provides useful information on the structure and format of the
electronic application. The electronic submissions here at Duke use the Grants.Duke system, but the
Grants.Duke system requires that you follow the instructions and use the forms described in the SF424.
The PHS 398 is used for research grants not submitted electronically, and example would be the T32s.
Further down the page is the listing of the PHS 416-1 for predoctoral and post-doctoral NRSA grants. By
clicking on the appropriate link, you are brought to a page that has the instructions and a list of all the
relevant forms. For an R01, R03, R15, or R21, you will want to read the Application Guide SF424 (R&R) -
Version 2. Much of this application guide includes technical information that is irrelevant so I suggest
downloading the MS Word format file and then searching for the relevant information. However, as a quick
hint, the most important parts of the SF 424 and PHS 398 application guidelines to read are sections 2.5-
2.11. For the PHS 416-1, read pages 1-9 to 1-28. After reading the instructions, you can copy any specific
forms that you will need, such as the biographical sketch form.

If you return to the “forms and deadlines” page, you can find the submission deadline for your
particular application by looking on the bottom of the page under submission information and help. Click on
“submission dates/deadlines” and then click on “competing application” and scroll down.

Finally, let’s explore what can be found under the “institutes” tab on the NIH home page. Listed are
the 27 Institutes and Centers that make up the NIH. From there, you can follow the quick link to each
institute or click directly on the complete Institute name. You can go to an Institute to locate a program
officer’s name. At NINR, for example, you can find program officers’ contact information and areas of
responsibility by going to the staff directory off the home page. Alternatively, you can click on “grants and
funding,” and go to “Division of Extramural Activities,” and then go to “Office of Extramural Activities”,
and then click on “areas of science/program contacts”.

But don’t stop with identifying your program officer; spend a few minutes exploring the other
helpful information on the Institute website. For example, on the NINR “Division of Extramural Activities”
page, you will also find a helpful list of all the funding opportunities supported by NINR under “NINR
research mechanisms (extramural)” by clicking Office of Extramural programs and funding opportunities,
selecting application or program announcements to see a list of all the funding opportunities. You can also
find a link to NIH grant writing tip sheets under “grant writing aids”, and list of information about managing
a grant once you are funded.

One final NIH Center to mention is the Center for Scientific Review (CSR). It is also accessible
through the 27 Institutes and Centers that make up the NIH page. On the CSR home page, you can find a
lot of useful information for grant applicants. However, what I use the CSR website most for is learning
about study sections. On the CSR home page under peer review meetings, you can follow links to get
review group descriptions and study section rosters. For example, if your grant application was assigned to
the Nursing Science: Adults and Older Adults Study Section (NSAA), you can click on “review group
descriptions” to learn about your study section. Once you are on the next page go to HOP (Health of
Populations), the overriding group under which the nursing study sections fall. Clicking on HOP will lead
you to a list of all HOP study sections and the link to the NSAA study section. This link will lead you to a
page that describes the areas of science covered by this study section and will give you another link to the
roster of standing study section members.

We are pleased to welcome...

Julie Barroso, PhD, ANP, APRN, BC, FAAN, Associate Professor, Specialty Director, Adult Nurse
Practitioner in Primary Care Program and Senior Research Fellow, Health Inequalities Program. New to her
CV is Research Development Coordinator for the School of Nursing Office of Research Affairs. Julie will be
assisting this division of the school with mentoring responsibilities in the area of grant submissions. Her
specific activities will include: providing mentoring in the preparation and conduct of research; the
preparation of material for Institutional Review Board (IRB) review; the development of grant applications,
including setting grant development goals, critiquing drafts and leading mock reviews; the development of
the principal investigator role; and manuscript development consultation. She brings to this position
experience in qualitative and quantitative research methods; she currently is completing an R01 examining
physiological and psychosocial predictors of HIV-related fatigue. Julie also spent 7 years as a funded investigator doing methods research; Dr. Margarete Sandelowski and she developed the techniques for qualitative metasynthesis. During the fall semester Julie will be teaching the qualitative research course to the students in the doctoral program.

Study Feature
Strategies To Help Inform Colorectal Cancer Risk Magnitudes
By Linda Folsom

Like many other faculty here at the Duke School of Nursing, Constance Johnson has more than one area of research interest. Hers are colorectal cancer and informatics. So when she received an RO3 grant from The National Cancer Institute for her study, "Strategies to Help Inform Colorectal Cancer Risk Magnitudes", she felt fortunate to be able to merge them.

An RO3 is a mentored study, and Constance is being mentored by Isaac Lipkus here at Duke and Eric Stone at Wake Forest University – both experts in risk assessment. Constance’s study is about communicating the critical elements of colorectal cancer risk to the public - how to deliver information that people understand and will use to make decisions about lifestyle changes and getting screening. Her interest in this area came about from a background in both nursing and informatics. After graduating with a BS in Nursing from the University of Connecticut, Constance went on to the University of Texas for both a Masters and a PhD in Health Informatics. While in Texas at MD Anderson Cancer Center, Constance worked as the informatician with a team of researchers – epidemiologists, statisticians, clinicians, biostatisticians, behavioral scientists - developing cancer risk models for the big 4 cancers: colon, breast, prostate, and lung. The goal of each mathematical model was to give clinicians and consumers what the 10 year and lifetime risks were of developing these cancers.

The colon cancer model is finished, and now the purpose of Constance’s RO3 study is to begin to understand more fully how to communicate colorectal cancer risk comprehensively to affect screening. In particular she is examining the unique effects two variants of likelihood information (numbers and stick figures) with other essential dimensions of risk to figure out the best way to represent information to healthcare consumers. Constance is very much interested in how the visualization of information affects whether people get cancer screening. Finding the best way is important, because not nearly enough people get screened for colorectal cancer. The good thing about colorectal cancer is that it’s a preventable cancer. We know that if we remove the precursors to the cancer, polyps, then you can essentially prevent the disease. But left untreated it can be lethal.

In the RO3 study, Constance is looking at 4 major issues 1) do people understand the precursors (risk factors) to colorectal cancer, 2) do they understand the probability of occurrence, or their numerical risk, 3) do they understand the severity of the disease, and 4) do they know how to prevent or diminish the threat and various methods of screening available to them? Constance hopes to recruit about 300 subjects. The participants will be asked to complete screening questions (eligibility = between age 50 and 75 and never been screened). Those who are eligible will be randomized into three different groups: 1) one group will get information on risk factors, the severity of the disease, screening methods; 2) the second group gets all of this information plus a number for numerical risk, and 3) the third group gets all the previous information plus some kind of picture or graphic of their numerical risk. Three months after receiving this information the study team will contact them again and ask them whether they’ve gone for screening or have an intention of getting screening (have made an appointment). They will look for differences in screening rates between the groups.

Constance Johnson, RN, MS, PhD, came to Duke in August of 2006. She is an Assistant Professor at Duke University School of Nursing, and lives in Durham. When she is not working, she likes mountain climbing, cycling, and photography.

We Published!
Click here and check out this recent publication from our own Ruth Anderson, PhD
Congratulations to these PIs and their entire teams, Nice Job!


☞ John Brion whose grant proposal, submitted with Professor Mark Leary, PhD, Department of Psychology and Neuroscience at Duke, entitled "Self-compassion and Adherence to Antiretroviral Therapy" has been accepted for funding by The Duke Center For AIDS Research (CFAR).

☞ Rebecca Kitzmiller, PhD student, for the resubmission of her F31 National Research Service Award (NRSA) proposal "Sensemaking of Staff and Managers during Organizational Change" to NIH. The proposed study will describe and explore team member sensemaking, defined as the search for answers and meaning which then drive action, during an organizational change project (information technology implementation) and explore how sensemaking changes over the course of the project. Funding is requested to support a two-year fellowship program. Ruth Anderson will serve as mentor.

☞ Heather Mann, PhD student, for her F31 National Research Service Award (NRSA) proposal submission "Development of Cerebral Oxygenation in Premature Infants" to NIH. This application proposes a study to describe the trajectory of cerebral blood flow in premature infants and determine how positioning affects cerebral blood flow. Funding is requested to support a three-year fellowship program. Diane Holditch-Davis will serve as mentor and Debra Brandon will be co-sponsor.

☞ Dorothy Powell and the OGCHI Team who has received a second year of funding from the Center for Disease Control their 2008 Caribbean Continuing Education Institute on Managing Cardiovascular Disease Conference. The $97,971 direct cost award will offset the cost of the Chair's effort (5%) and share in the cost of conference related equipment rentals, supplies, and travel.

☞ Dorothy Powell and the DUSON Office of Global and Community Health Initiatives team for their submission of the proposal "Health Disparities at Home and Abroad" to the Medtronic Foundation. The proposal award will support the OGACHI 2008 Caribbean Conference.

☞ Dorothy Powell and the DUSON Office of Global and Community Health Initiatives team for their submission of the proposal "Health Disparities at Home and Abroad" to Eli Lilly and Company. The proposal award will support the OGACHI 2008 Caribbean Conference.

☞ Susan Schneider for her submission of a one-year subcontract proposal with Womack Army Medical Center to study virtual reality as a stress reducer in caregivers at war. In conjunction with the Fort Bragg based team, Duke will hire and train a military team on protocol guidelines for subject enrollment and data collection. Participating faculty include Barbara Turner.

Did you need support for submitting your Grant or IRB?

Please do not hesitate to ask for help. If you are thinking of submitting a grant please contact our office. Leslie Fife at 684-5376 can schedule a scientific consult with Diane Holditch-Davis or Julie Barroso to help get your started in the right direction. Once you have made the decision to submit a grant please fill out an Intent to Submit form. It is one more useful planning tool. From this ORA can help plan your personal timeline, source for funding opportunities and put you in contact with Jane Halpin for help with drafting a budget. Also available for consult and process assistance is Robbin Thomas. Robbin can help with assigning editing and statistical resources. For IRB questions Denise Snyder is available for consultation. We understand that you have questions and we want to help.

*Helpful IRB Tips*

1. When in the e-IRB system remember that in section 16 you need to select Leslie Fife as the Department Administrator. This will notify the ORA office that you have submitted a protocol and assure that the Departmental Reviewer is assigned. Taking this step also prevents delays in the approval process.

2. Was that consent form attached? Make sure you have downloaded the correct form from the e-IRB. Reusing or editing your last version of this document may not be the best idea. This is one more time when the extra call to Denise Snyder can be something that saves you time in the long run.
If a cluttered desk is the sign of a cluttered mind
Of what then is an empty desk?                           Albert Einstein

What do these images have to do with nursing research?

These are images of Pippin, a four-week-old abandoned kitten found by our own Sharron Docherty, PhD. Not wanting to see any harm come to the little creature, she began to care for him, enlisting the assistance and support of known feline expert Diane Holditch-Davis, PhD. Together, the nurse researchers assessed the needs of their feline patient and developed an intervention to give Pippin the care he needs to become a healthy self-sufficient kitten who will make a positive difference in the lives of everyone he meets. This is what nursing research can do – it can make a real difference in the lives of everyone it touches.

Collinearity in Regression Models
By John Boling

The researcher can use regression analysis to (1) understand the relationship between a dependent variable and a set of independent variables (2) screen independent variables and rank the variables in order of importance (3) estimate regression coefficients and (4) predict, forecast, or estimate a dependent variable.

There is no best technique. The method the researcher chooses depends on what the researcher wants to learn from the data and the principal use of the regression model-fitting versus prediction.

If in a multiple regression setting the independent variables are highly correlated then ordinary least squares is never allowed to expose the data structure since rates of change cannot be clearly estimated. This condition is defined as collinearity. It affects the model's predictive ability, not the model's fitting ability.

Collinearity manifests itself in a number of different ways:
- Produces large variances in the regression coefficients
- Results in unstable regression coefficients
- Produces regression coefficients that are too large in magnitude
- Can result in poor prediction
- Makes a suitable prediction equation difficult to find
- Makes the role of each variable difficult to delineate.

The researcher can use the following tools to diagnose the presence of collinearity:
- Correlation matrix
- Variance inflation factors
- Eigenvalues of the correlation matrix
- Condition indices.

If the data are not sufficient to provide good estimates the researcher either does not have enough data or the researcher has too many collinear variables. Several alternative solutions and biased estimation techniques include:
- Collecting more data
- Removing one or more of the independent variables
- Performing transformations on the independent variables
- Performing ridge regression
- Performing principal components regression.
Megan Williams has a dual role at the Office of Research Affairs. She originally came on board with Duke in March 2007 to work as a Clinical Research Coordinator with Denise Snyder on the PROMIS Study. Since January 2008 her responsibilities have expanded to Research Management Team (RMT) Manager.

The RMT is a group of research-trained staff at the Office of Research Affairs (ORA) who can be contracted to perform various tasks for a study, such as recruiting subjects, building a database, performing interviews, entering data, or statistical analysis. Staff for other tasks, such as study coordination, can also be provided depending on the needs of the investigator. There are multiple advantages to using the RMT, in that it eliminates the need for faculty investigators to recruit and train research staff, or to worry about the day-to-day management of personnel. They can use whatever level of support they need, which often means financial savings. For example, if a SON faculty investigator needed 20% of a data entry person, and 30% of a recruiter, the RMT could piece together staffing to perform these functions, thus avoiding the hiring of a full 100% FTE. Megan is trying to spread the word about the RMT so that the school takes full benefit of this resource that is located within the school. Many other campus departments (i.e., DCRI, School of Medicine, Pediatrics) are tapping into this resource and finding it valuable.

Megan’s other role is as overall coordinator for the Cancer PROMIS Supplement Study, a large multi-site NIH study focusing on the development of a Quality of Life measurement tool that can be used almost universally for different disease states. The NIH hopes that researchers across various universities and all over the world can use the QOL survey to eventually “compare apples to apples” with regard to patient quality of life over time. The PI at Duke is Kevin Weinfurt, and Megan also works closely with Kathryn Flynn, both at DCRI. The Duke site is currently focusing on recruiting study participants with various cancers – breast, ovarian, prostate, lung, and colorectal - which has been accomplished by using the Cancer Registry and an outside recruiting agency, Nexcura. Megan and the RMT have completed several phases of the study – database development, focus groups, cognitive interviews to explore specific problematic sub-set areas, and internet surveys. They are now completing a second phase of internet survey testing, recruiting about 1680 subjects with specific types of cancers. The PI’s have “been thrilled with our work, because we’ve successfully recruited most of those people in about 3 months”.

Megan has an interesting background as an “Army brat who moved 12 times”. She went to Notre Dame for her undergraduate degree, and then was in the Army herself for 4 years as Medical Service Corps officer, performing medical logistics, personnel, and administrative functions. She came to the University of North Carolina for graduate school, where she completed her Master of Social Work and Master of Public Health (Maternal and Child Health) degrees. So besides her present focus on research and cancer, she has experience in public health, infant mortality reduction, and child abuse prevention. Megan says some of her favorite things about her present work with the SON are trouble-shooting issues that come up in the studies, helping find the best RMT staffing match for new projects, and most of all, working with great people.

Megan and her husband Clifton live in Cary with their four year-old daughter, Adele. They are happily awaiting the birth of their second child, due in October.

DUSON Office of Research Affairs (ORA) Small Grant Program

Call for Applications

Funds are awarded to faculty, of any rank, in four areas (listed in order of priority):
1) Pilot work or other research essential to qualify for external large-scale funding
2) Short-term bridge funding for established studies submitting for competing continuation or other forms of additional funding
3) New investigators launching their research through pilot work.
4) Other small-scale research studies or research needs.

The intent is for the small grant funds to be used to support research that is of a quality and rigor that will have a reasonable potential for obtaining extramural funding (grant and/or contract).

Fall Submission deadline:
Call for Proposals September 1
Notification of award: Made by December 20
Application Deadline: October 15
Funding starts: January 1 and is for one year
Applications can be found at: http://nursing.duke.edu/modules/son_research/index.php?id=44
NIH's FAQs:

Three out of four Certified Research Administrators agree:

   The question is: "My paper has multiple authors and/or is funded from multiple NIH sources. Who should submit the final peer-reviewed manuscript?"

   My thought would be to encourage them to have the primary author list it but if they are a co-author or co-editor and the primary is not making the effort then they should do it. If they don’t and are submitting for future NIH funds there’s a chance it could negatively impact them.

   • Any author may submit the final peer-reviewed manuscript, but each Principal Investigator and Institution is responsible for ensuring that the terms and conditions of their award are met. A final peer-reviewed manuscript need only be submitted once to the NIH Manuscript Submission system. Authors will be notified during the submission process if they try to submit a manuscript that has already been submitted.

   • Papers can be assigned multiple NIH award numbers during submission. They can also be linked to an award via the eRA Commons when completing an electronic Progress Report, or listed as arising from any NIH award in writing when submitting an application, proposal or progress report.

   To check it out. http://publicaccess.nih.gov/FAQ.htm#e5

I hope this helps.
   -Jane

ORA Schedule of Events

Research Conference Series begins on September 10, 2008 at Noon in Clipp Building Room 1017 with Janet Levy, PhD presenting on her findings from the NIH Conference on Clinical Trials. This will be a bring your lunch event and all are welcome. Lite refreshments will be served.

Please join us for continental breakfast on September 17, 2008, from 9:00 AM till 10:00 AM. ORA is hosting an Open House in the Clipp Building highlighting the services provided and some of the research projects that are currently taking place.

The second Research Conference will be on October 8, 2008, and will feature Susan M. Schneider and her work with virtual reality. Please join us at Noon in the Clipp Auditorium, room 1017. This will be also be a bring your lunch event and all are welcome. Lite refreshments will be served.

Do you want to see something really scary? Something that will strike fear into any researcher's heart? Find out what an audit of your research is like! The Fatigue Team is the first research team in DUSON's ORA to be audited, and they will share the harrowing experience with you….but be prepared to have the FRIGHT of your LIFE!! October 31, 2008 at noon in the Clipp Auditorium. Bring your lunch if you dare.
A mock review for Sharron Docherty, PhD and Debra Brandon, PhD grant "Decision-making for Infants with Complex Life-Threatening Conditions", will be held on October 14, 2008, from 2:00 PM – 4:00 PM the School of Nursing conference room 3088. All faculty and students are invited.

Highlights from Conference

The Fatigue Team (as pictured: Les Harmon, Research Assistant; Naima Salahuddin, Project Director; Brad Hammill, Statistician; and Julie Barroso, PI;) recently returned from the 17th International AIDS Conference in Mexico City.

Brad Hammill accompanied the group as well. The team presented three posters, and had 2 additional abstracts published in the conference proceedings. It was the first time any of the fatigue team members had attended the International AIDS Conference, and it was quite an experience for all of them!

According to Julie, "We were so happy to have the opportunity to share our work at this conference. Nursing research is not prominent there at all; there are lots of biomedical presentations, and a huge focus on getting resources to HIV-infected people in developing countries. So symptom research like ours has a difficult time getting accepted there. The response to our posters was great, and we made contact with many people from around the world."

The most interesting feature of the conference was the Global Village. "There are almost 2 conferences there....there is the formal scientific conference, and then there is the people's conference...people with HIV and those who care about them from around the world filled the Global Village tent. There were people with HIV from nearly every country, transgendered people, kids with HIV, lots of performance art, artwork and goods made by people with HIV....it was incredible," said Julie.