**SIMULATED LEARNING ENVIRONMENTS**

**RESEARCH GRANTS 2016**

APPLICATION INSTRUCTIONS

The Western Australian Clinical Training Network through the Western Australian Department of Health is making available grants of up to $15,000 for short-term Simulated Learning Environments research projects as follows:

|  |
| --- |
| **Validated Measures in Evidence Building Research** |
| A robust body of literature is growing, describing how best to use simulation in healthcare education. The Western Australian Clinical Training Network (with financial support from the Australian Government Department of Health) is offering grant funding for evidence-building research to support the development of simulation in healthcare training. Research project reports are to be submitted prior to 15th June 2016. **The Simulated Learning Environments Grants Program 2016 aims to:*** Reduce barriers to the adoption of simulated learning methods
* Improve patient safety and outcomes through simulation training in WA
* Support evidence to increase the inclusion of simulated learning methods in curricula as a substitute for traditional clinical training activity where relevant
* Increase capacity to use simulation in healthcare clinical education from undergraduate to continuing education, and in different environments includingRural and Remote, Primary Care, and possibly Mental Health and Aged Care
* Design and conduct research with objective and validated measures, to harness evidence to support the embedding of simulated learning methods into curricula
* Provide opportunities to be a part of simulated learning research.

**Scope:**Research submissions should be designed to represent qualitative, quantitative or hybrid approaches to simulated learning activity. Grants will be awarded for the purpose of meeting or contributing to costs of the research activity, and will be ‘one off’ and of a non-recurrent nature. Research projects that measure student satisfaction and/or confidence should include objective measures on skills and behaviours, since self-reported clinical confidence and satisfaction measures in simulated learning studies have been found to be poor predictors of students’ actual improvements in clinical competency. Submissions will need to target research into efficacy, techniques, materials, marketing, implementation, management and other key simulated learning issues. For example:* Translational research
* Evaluation and outcome measures during simulations, for example demonstration of changes in response rates and group behaviour or individual performance in crisis management, safe practice, and decision-making
* Optimising the ratio of clinical time and simulation time
* Prebriefing and briefing
* Use of theory in determining efficacy of various simulated learning training methods
* Measurement of higher order thinking (for example clinical reasoning)
* Type of equipment used
* Facilitator competence
* Improving team communication.
 |

Applications are invited in accordance with the conditions described in the attached Funding Program Conditions of Entry (Appendix A) and Subcontractor Deed (which is required under Australian Government Department of Health financing agreement FA/2011/026) (Appendix B).

**Applications Close: 11am Monday 22nd February 2016**

LATE APPLICATIONS WILL NOT BE ACCEPTED

Applicants are advised to confirm internal deadlines with the research grants office at the nominated administering institution(s), as these may be earlier.

* Applicants are asked to submit their proposals through the administering institution’s research grants office. Note: their internal deadlines may be earlier.
* One electronic copy of the completed application is to be submitted to wactn@health.wa.gov.au by the application closing time stated above.
* Acknowledgment of receipt of application will be provided via e-mail.
* Queries regarding the application process should be directed by email to wactn@health.wa.gov.au Telephone: (08) 9222 2166.
* Funding will be awarded based on an assessment of applications against proposal assessment criteria with the following weightings:

|  |  |
| --- | --- |
| Proposal Assessment Criteria | Weighting |
| Demonstrated skills and experience of research team and organisation to undertake projects of a similar nature | 20% |
| Significance of the proposed project to encourage the development of simulation in healthcare | 20% |
| Appropriateness and clarity of research methodology  | 20% |
| Organisational capacity to complete the project by 15th June 2016 including obtaining any approvals | 20% |
| Appropriateness of project’s funding requirement | 20% |
| Total | **100%** |

**Simulated Learning Environments**

**RESEARCH GRANTS 2016**

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**SIMULATED LEARNING ENVIRONMENTS**

**RESEARCH GRANTS 2016**

# APPLICATION FORM

SECTION 1: PROPOSED PROJECT

|  |  |
| --- | --- |
| Coordinating Principal Investigator |  |
| Administering Institution Institution which will receive grant funds |  |
| Project title |  |
| Amount requested excl any Goods and Services Tax that may apply, must not exceed $15,000 | $ |
| Total time required to complete project. Completion must be before 15th June 2016 |  |
| Submissions to other funding sources for this project. List the name of the funding agency(s) and the amount(s) requested. Include applications already submitted and planned submissions. |  |
| Project summarySummarise your research questions, methodology, and predicted benefits to Simulated Learning Environments in Western Australia.Where a grant is awarded, this summary may be used for publicity purposes.(Maximum 500 words) |  |

SECTION 2: RESEARCH TEAM

(i) Coordinating Principal Investigator (all correspondence will be sent to this person)

|  |  |
| --- | --- |
| Title, First Name, SURNAME |  |
| Institution |  |
| Postal address correspondence will be sent to this address |  |
| Telephone number(s) |  |
| Email address |  |
| Discipline / Profession |  |
| Position held and year appointed |  |
| Number of years work experience1. clinical / health practice:

b) postgraduate research: |  |
| Highest qualification |  |
| Role in this project |  |
| Time contribution to this project (hours/week) |  |

**(ii) Other Research Team Members** (where applicable)

In addition to the Coordinating Principal Investigator listed above, please provide details for each Principal and Associate Investigator for the project. Please use the tables below and insert additional tables as required.

|  |
| --- |
| **Principal Investigator 1 – will be the next point of contact after the Coordinating Principal Investigator** |
| Title, First Name, SURNAME |  |
| Discipline / Profession |  |
| Institution |  |
| Telephone number(s) |  |
| Email address |  |
| Role in this project |  |
| Time contribution to this project (hours/week) |  |

|  |
| --- |
| **Associate Investigator 1** |
| Title, First Name, SURNAME |  |
| Discipline / Profession |  |
| Institution |  |
| Telephone number(s) |  |
| Email address |  |
| Role in this project |  |
| Time contribution to this project (hours/week) |  |

|  |
| --- |
| **Associate Investigator 2** |
| Title, First Name, SURNAME |  |
| Discipline / Profession |  |
| Institution |  |
| Telephone number(s) |  |
| Email address |  |
| Role in this project |  |
| Time contribution to this project (hours/week) |  |

SECTION 3: AIMS AND SIGNIFICANCE OF THE PROJECT

What does the research hope to achieve?

1. Describe what issues the project will address and list the research questions;
2. Describe the benefits to clinical simulated learning in Western Australia
3. Include any consideration that has been given to the translation of evidence into practice after the funding period
4. Describe if applicable how this project is innovative? Discuss what distinguishes this work from similar or related research in this area
5. Outline any collaborations with policy, operational, consumer and other groups as appropriate. Include:
6. Nature of these collaborations and how these partnerships have assisted with framing the research questions; and
7. How they will assist the research outcomes to influence policy and practice in Western Australia; and
8. List any other programs, areas of work etc. that are interdependent with this project.

Ensure objectives are specific, measurable, attainable, relevant and time-bound.

(Maximum ONE page)

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

SECTION 4: RESEARCH PLAN

Include here the:

1. Methodology, including techniques and target group(s);
2. List all approvals that will be required before the research project can proceed such as ethics, governance approvals and intellectual property agreement; and
3. Milestones against the project’s timeline.

 (Maximum FOUR pages)

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

**(i) Methodology**

|  |
| --- |
|  |

**(ii) Approvals**

|  |
| --- |
|  |

**(iii) Milestones against timeline**

Consider required approvals, creation of positions, data extraction and report writing. Insert additional rows as required.

|  |  |
| --- | --- |
| **Milestones** | **Timeline** |
| 1.Notify successful applicants (subject to tax invoice, notification of ethical approval and commencement of subcontractor deed) | 29th February 2016 |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. Progress report submitted to Western Australian Clinical Training Network | By 15th June 2016 |
| 6. Oral presentation to Immersive and Simulation-based Learning Committee |  |

SECTION 5: BUDGET

|  |
| --- |
| **BUDGET ITEM (Excl Goods and Services Tax)** |
|  | **TOTAL BUDGET REQUEST****($)** | **VALUE OF IN-KIND SUPPORT****($)** | **ADDITIONAL OTHER SOURCE FUNDING****($)** | **TOTAL PROJECT COST****($)** |
| **Personnel** *specify for each position***Position 1*** *title*
* *new/ existing*
* *%FTE*
* *salary level*

**Position 2*** *title*
* *new/ existing*
* *%FTE*
* *salary level*
 |  |  |  |  |
| **Salary on-costs***specify for each position***Position 1***\_\_\_% applied***Position 2** *\_\_\_% applied* |  |  |  |  |
| **Minor essential equipment***quotations must be attached* |  |  |  |  |
| **Consumables** |  |  |  |  |
| **Professional services***Such as economic and statistical analysis* |  |  |  |  |
| **Research Governance and Ethics review** |  |  |  |  |
| **Infrastructure***Maximum of 10%* |  |  |  |  |
| **Other***specify each item*  |  |  |  |  |
| **TOTAL** |  |  |  |  |

1 Salary on-costs include payroll tax, superannuation, leave loading, workers' compensation and insurance payments.

Where applicable, in-kind support and other source funding should be indicated against the project’s costs.

Costs must be verified by the administering institution’s Finance Officer or Business Manager at Section 8

SECTION 6: CURRICULA VITAE

Please insert Curriculum Vitae of the ***Coordinating Principal*** and ***Principal*** ***Investigators***. An abridged version would be appreciated (two pages) if possible, including key publications from the last 5 years.

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

SECTION 7: CERTIFICATION BY RESEARCH TEAM

1. I declare that I have agreed to take part in the research proposed in this application.
2. I declare that the information supplied by me on this form is complete, true and correct in every particular.
3. I understand and agree that research carried out by me will be in accordance with the relevant codes of practice and guidelines of the National Health & Medical Research Council (NHMRC) and other relevant agencies.
4. I agree to abide by the grant terms contained in the Subcontractor Deed.
5. I agree to obtain the relevant research governance approvals and agreements before commencement of the project.
6. I understand and agree that no further claim will be made on Western Australian Clinical Training Network or the Western Australian Department of Health to cover any over-expenditure of budget or any costs beyond the research project.
7. I understand and agree to the Funding Program Conditions of Entry.

**Coordinating Principal Investigator**

|  |
| --- |
| **Full Name** |
| **Signature** | **Date** |

**Principal Investigator 1**

|  |
| --- |
| **Full Name** |
| **Signature** | **Date** |

**Principal Investigator 2**

|  |
| --- |
| **Full Name** |
| **Signature** | **Date** |

**Principal Investigator 3**

|  |
| --- |
| **Full Name** |
| **Signature** | **Date** |

*Note:* If more than three Principal Investigators, please insert additional tables as required.

SECTION 8: CERTIFICATION BY FINANCE OFFICER/ BUSINESS MANAGER OR EQUIVALENT

I certify that:

1. The budget costs in this application form for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Coordinating Principal Investigator) are true and correct and reflect the latest costing information available to me;
2. The organization can pay its debts as and when they fall due; and
3. Proper and adequate insurances are in place.

|  |  |
| --- | --- |
| **Title, First Name, SURNAME** |  |
| **Position** |  |
| **Institution** |  |
| **Signature** |  |
| **Date** |  |
| **Telephone number(s)** |  |
| **Email address** |  |

Where different to the Finance Officer or Business Manager named above, please provide contact details for the person responsible for matters pertaining to the payment of funds and financial acquittal reporting for this project.

|  |  |
| --- | --- |
| **Title, First Name, SURNAME** |  |
| **Position** |  |
| **Institution** |  |
| **Telephone number(s)** |  |
| **Email address** |  |

SECTION 9: CERTIFICATION BY HEAD OF DEPARTMENT OR EQUIVALENT

I certify that:

1. The above project proposed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ (Coordinating Principal Investigator) is acceptable and appropriate to the School/Centre/Department or Service Unit in the institution and I am prepared to have the project carried out in this area; and
2. This area is capable of providing the facilities and services necessary for the efficient conduct of this research.

|  |  |
| --- | --- |
| **Title, First Name, SURNAME** |  |
| **Position** |  |
| **Institution** |  |
| **Signature** |  |
| **Date** |  |
| **Telephone number(s)** |  |
| **Email address** |  |

Please include separate *Certification by Head of Department* pages for ***each department and institution*** where resources are being obtained and/or patients accessed, by providing additional copies of this page.

SECTION 10: CERTIFICATION BY RESEARCH GRANTS OFFICER OR EQUIVALENT

I declare that:

1. The Administering Institution endorses the application proposed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Coordinating Principal Investigator) and is willing to administer the grant under the conditions specified in the Subcontractor Deed, and
2. Western Australian Clinical Training Network will be notified immediately of any changes to the applicant’s eligibility (for example employment status) or changes to the information originally provided in this application.

|  |  |
| --- | --- |
| **Title, First Name, SURNAME** |  |
| **Position** |  |
| **Institution** |  |
| **Signature** |  |
| **Date** |  |
| **Telephone number(s)** |  |
| **Email address** |  |