Nih Peer Review Guidelines

Surgical site infections are caused by bacteria that get in through incisions made during surgery. They threaten the lives of millions of patients each year and contribute to the spread of antibiotic resistance. In low- and middle-income countries, 11% of patients who undergo surgery are infected in the process. In Africa, up to 20% of women who have a caesarean section contract a wound infection, compromising their own health and their ability to care for their babies. But surgical site infections are not just a problem for poor countries. In the United States, they contribute to patients spending more than 400 000 extra days in hospital at a cost of an additional US $10 billion per year. No international evidence-based guidelines had previously been available before WHO launched its global guidelines on the prevention of surgical site infection on 3 November 2016, and there are inconsistencies in the interpretation of evidence and recommendations in existing national guidelines. These new WHO guidelines are valid for any country and suitable to local adaptations, and take account of the strength of available scientific evidence, the cost and resource implications, and patient values and preferences.

The publication of research articles involving animal studies is central to many disciplines in science and biomedicine. Effective descriptions in such publications enable researchers to interpret the data, evaluate and replicate findings, and move the science forward. Analyses of published studies with research animals have demonstrated numerous deficiencies in the reporting of details in research methods for animal studies. Considerable variation in the amount of information required by scientific publications and reported by authors undermines this basic scientific principle and results in the unnecessary use of animals and other resources in failed efforts to reproduce study results. Guidance for the Description of Animal Research in Scientific Publications outlines the information that should be included in scientific papers regarding the animal studies to ensure that the study can be replicated. The report urges journal editors to actively promote effective and ethical research by encouraging the provision of sufficient information. Examples of this information include: conditions of housing and husbandry, genetic nomenclature, microbial status, detailed experimental manipulations, and handling and use of pharmaceuticals. Inclusion of this information will enable assessment and interpretation of research findings and advancement of knowledge based on reproducible results.

Biological resource centers (BRCs) collect, certify, and distribute organisms for use in research and in the development of commercial products in the pharmaceutical, agricultural, and biotechnology industries. They maintain a large and varied collection, including cell lines, micro-organisms, recombinant DNA material, biological media and reagents, and the information technology tools that allow researchers to access biological materials. BRCs have established themselves as a crucial element in the life science innovation infrastructure, from their early impact on virology, to their crucial role in addressing cross-culture contamination in the 1970s, to their current leadership in promoting a global biodiversity network. Today they confront new challenges, resulting from shifts in the nature of biological research, the interaction between public and private researchers, and the increasing focus on biosecurity. This book provides a systematic economic assessment of the impact of biological resource centers through their role in facilitating cumulative knowledge in the life sciences and building on their roles as knowledge hubs—institutions that facilitate the transfer of scientific and technical knowledge among members of a research community. The knowledge hubs framework offers insight into how to develop and evaluate policy proposals that impinge on the control and access of biological materials. Stern argues that science and innovation policy must be premised on a clear understanding of the role that knowledge hubs play and the policy mechanisms that encourage their sustained growth and effectiveness.

Research universities are critical contributors to our national research enterprise. They are the principal source of a world-class labor force and fundamental discoveries that enhance our lives and the lives of others around the world. These institutions help to create an educated citizenry capable of making informed and crucial choices as participants in a democratic society. However many are concerned that the unintended cumulative effect of federal regulations undercuts the productivity of the research enterprise and diminishes the return on the federal investment in research. Optimizing the Nation's Investment in Academic Research reviews the regulatory framework as it currently exists, considers specific regulations that have placed undue and often unanticipated burdens on the research enterprise, and reassesses the process by which these regulations are created, reviewed, and retired. This review is critical to strengthen the partnership between the federal government and research institutions, to maximize the creation of new knowledge and products, to provide for the effective training and education of the next generation of scholars and workers, and to optimize the return on the federal investment in research for the benefit of the American people.

Handbook of EHealth Evaluation

Ethical and Legal Issues of Including Women in Clinical Studies

A Bridge to Quality

Evaluation of the Congressionally Directed Medical Research Programs Review Process

Confronting Racial and Ethnic Disparities in Health Care (with CD)

A veritable cookbook for individuals or corporations seeking funding from the federal government, The Complete Writing Guide to NIH Behavioral Science Grants contains the latest in technical information on NIH grants, including the new electronic submission process. Some of the most successful grant writers in history have contributed to this volume, offering key strategies as well as tips and suggestions in areas that are normally hard to find in grant writing guides, such as budgeting, human subjects, and power analysis. A "who's who" among grant reviewers, this guidebook provides "inside" information as to why some grants are scored well while others flounder during review. A must-read for both entry level grant writers making headway in the complex NIH grant system for the first time as well as more seasoned investigators who can't seem to break the barrier to funded research grants, Drs. Scheier and Dewey's comprehensive volume provides simple and clear explanations into the reasons why some grants get funded, and a step-by-step guide to writing those grants.

An estimated 69000 people die each year from opioid overdose. Opioid overdose is easily reversed with the opioid antidote naloxone and with basic life support. Such care is generally only available in medical settings, however. These guidelines recommend that people who are likely to witness an opioid overdose, including people who use opioids, and their family and friends should be given access to naloxone and training in its use so that they can respond to opioid overdose in an emergency if a medical response is not available. Naloxone can be injected or administered intra-nasally and has minimal effects in people who have not used opioids. While naloxone administered by bystanders is a potentially life-saving emergency interim response to opioid overdose, it should not be seen as a replacement for comprehensive medical care.

Since its establishment by USDA regulation in the mid-1980s, the Institutional Animal Care and Use Committee (IACUC) has evolved as the premier instrument of animal welfare oversight within research institutions in the United States. By addressing questions and problems that often confront institutions, The IACUC Handbook, Second Edition provides accurate, succinct answers. It features comprehensive updates for all pertinent federal laws, regulations, and policies. It also contains an expanded survey of IACUC practices from institutions around the nation. With accessible information, this new editionprovides a foundation for those attempting to understand and implement the many and varied responsibilities of these committees.

Expanding on the National Research Councilâ€™s Guide for the Care and Use of Laboratory Animals, this book deals specifically with mammals in neuroscience and behavioral research laboratories. It offers flexible guidelines for the care of these animals, and guidance on adapting these guidelines to various situations without hindering the research process. Guidelines for the Care and Use of Mammals in Neuroscience and Behavioral Research offers a more in-depth treatment of concerns specific to these disciplines than any previous guide on animal care and use. It treats on such important subjects as: The important role that the researcher and veterinarian play in developing animal protocols. Methods for assessing and ensuring an animalâ€™s well-being. General animal-care elements as they apply to neuroscience and behavioral research, and common animal welfare challenges this research can pose. The use of professional judgment and careful interpretation of regulations and guidelines to develop performance standards ensuring animal well-being and high-quality research. Guidelines for the Care and Use of Mammals in Neuroscience and Behavioral Research treats the development and evaluation of animal-use protocols as a decision-making process, not just a decision. To this end, it presents the most current, in-depth information about the best practices for animal care and use, as they pertain to the intricacies of neuroscience and behavioral research.

Federal Register

Health Professions Education

Women and Health Research

Research Project Selection

WHO Guidelines on Physical Activity and Sedentary Behaviour

Community Management of Opioid Overdose

There have been calls to revisit the experiences of TB screening campaigns that were widely applied in Europe and North America in the mid-20th century, as well as more recent experiences with TB screening in countries with a high burden of the disease, and to assess their possible relevance for TB care and prevention in the 21st century. In response, WHO has developed guidelines on screening for active TB. An extensive review of the evidence has been undertaken. The review suggests that screening, if done in the right way and targeting the right people, may reduce suffering and death, but the review also highlights several reasons to be cautious. As discussed in detail in this book, there is a need to balance potential benefits against the risks and costs of screening; this conclusion is mirrored by the history of TB screening. This publication presents the first comprehensive assessment by WHO of the appropriateness of screening for active TB since the recommendations made in 1974 by the Expert Committee. However, the relative effectiveness and cost effectiveness of screening remain uncertain, a point that is underscored by the systematic reviews presented in this guideline. Evidence suggests that some risk groups should always be screened, whereas the prioritization of other risk groups as well as the choice of screening approach depend on the epidemiology, the health-system context, and the resources available. This book sets out basic principles for prioritizing risk groups and choosing a screening approach; it also emphasizes the importance of assessing the epidemiological situation, adapting approaches to local situations, integrating TB screening into other health-promotion activities, minimizing the risk of harm to individuals, and engaging in continual monitoring and evaluation. It calls for more and better research to assess the impact of screening and to develop and evaluate new screening tests and approaches.

This volume, developed by the Observatory together with OECD, provides an overall conceptual framework for understanding and applying strategies aimed at improving quality of care. Crucially, it summarizes available evidence on different quality strategies and provides recommendations for their implementation. This book is intended to help policy-makers to understand concepts of quality and to support them to evaluate single strategies and combinations of strategies.

In the nineteenth century some scientists argued that women should not be educated because thinking would use energy needed by the uterus for reproduction. The proof? Educated women had a lower birth rate. Today's researchers can only shake their heads at such reasoning. Yet professional journals and the popular press are increasingly criticizing medical research for ignoring women's health issues. Women and Health Research examines the facts behind the public's perceptions about women participating as subjects in medical research. With the goal of increasing researchers' awareness of this important topic, the book explores issues related to maintaining justice (in its ethical sense) in clinical studies. Leading experts present general principles for the ethical conduct of research on women--principles that are especially important in the light of recent changes in federal policy on the inclusion of women in clinical research. Women and Health Research documents the historical shift from a paternalistic approach by researchers toward women and a disproportionate reliance on certain groups for research to one that emphasizes proper access for women as subjects in clinical studies in order to ensure that women receive the benefits of research. The book addresses present-day challenges to equity in four areas: Scientific--Do practical aspects of scientific research work at cross-purposes to gender equity? Focusing on drug trials, the authors identify rationales for excluding people from research based on demographics. Social and Ethical--The authors offer compelling discussions on subjectivity in science, the evidence for male bias, and issues related to race and ethnicity, as well as the recruitment, retention, and protection of research participants. Legal--Women and Health Research reviews federal research policies that affect the inclusion of women and evaluates the basis for researchers' fears about liability, citing court cases. Risk--The authors focus on risks to reproduction and offspring in clinical drug trials, exploring how risks can be identified for study participants, who should make the assessment of risk and benefit for participation in a clinical study, and how legal implications could be addressed. This landmark study will be of immediate use to the research community, policymakers, women's health advocates, attorneys, and individuals.

To order please visit https://onlineacademiccommunity.uvic.ca/press/books/ordering/

The Complete Writing Guide to NIH Behavioral Science Grants

Maximizing Benefits, Minimizing Risk

Guidelines for the Care and Use of Mammals in Neuroscience and Behavioral Research

Assessing the Evidence. Summary

Evaluation

Improving Healthcare Quality in Europe Characteristics, Effectiveness and Implementation of Different Strategies

The Institute of Medicine study Crossing the Quality Chasm (2001) recommended that an interdisciplinary summit be held to further reform of health professions education in order to enhance quality and patient safety. Health Professions Education: A Bridge to Quality is the follow up to that summit, held in June 2002, where 150 participants across disciplines and occupations developed ideas about how to integrate a core set of competencies into health professions education. These core competencies include patient-centered care, interdisciplinary teams, evidence-based practice, quality improvement, and informatics. This book recommends a mix of approaches to health education improvement, including those related to oversight processes, the training environment, research, public reporting, and leadership. Educators, administrators, and health professionals can use this book to help achieve an approach to education that better prepares clinicians to meet both the needs of patients and the requirements of a changing health care system.

The medical research landscape in the United States is supported by a variety of organizations that spend billions of dollars in government and private funds each year to seek answers to complex medical and public health problems. The largest government funder is the National Institutes of Health (NIH), followed by the Department of Defense (DoD). Almost half of DoD's medical research funding is administered by the Congressionally Directed Medical Research Programs (CDMRP). The mission of CDMRP is to foster innovative approaches to medical research in response to the needs of its stakeholdersâ€"the U.S. military, their families, the American public, and Congress. CDMRP funds medical research to be performed by other government and nongovernmental organizations, but it does not conduct research itself. The major focus of CDMRP funded research is the improved prevention, diagnosis, and treatment of diseases, injuries, or conditions that affect service members and their families, and the general public. The hallmarks of CDMRP include reviewing applications for research funding using a two-tiered review process, and involving consumers throughout the process. Evaluation of the Congressionally Directed Medical Research Programs Review Process evaluates the CDMRP two-tiered peer review process, its coordination of research priorities with NIH and the Department of Veterans Affairs, and provides recommendations on how the process for reviewing and selecting studies can be improved.

Recent scandals and controversies, such as data fabrication in federally funded science, data manipulation and distortion in private industry, and human embryonic stem cell research, illustrate the importance of ethics in science. Responsible Conduct of Research, now in a completely updated second edition, provides an introduction to the social, ethical, and legal issues facing scientists today.

Advances in medical, biomedical and health services research have reduced the level of uncertainty in clinical practice. Clinical practice guidelines (CPGs) complement this progress by establishing standards of care backed by strong scientific evidence. CPGs are statements that include recommendations intended to optimize patient care. These statements are informed by a systematic review of evidence and an assessment of the benefits and costs of alternative care options. Clinical Practice Guidelines We Can Trust examines the current state of clinical practice guidelines and how they can be improved to enhance healthcare quality and patient outcomes. Clinical practice guidelines now are ubiquitous in our healthcare system. The Guidelines International Network (GIN) database currently lists more than 3,700 guidelines from 39 countries. Developing guidelines presents a number of challenges including lack of transparent methodological practices, difficulty reconciling conflicting guidelines, and conflicts of interest. Clinical Practice Guidelines We Can Trust explores questions surrounding the quality of CPG development processes and the establishment of standards. It proposes eight standards for developing trustworthy clinical practice guidelines emphasizing transparency; management of conflict of interest ; systematic review--guideline development intersection; establishing evidence foundations for and rating strength of guideline recommendations; articulation of recommendations; external review; and updating. Clinical Practice Guidelines We Can Trust shows how clinical practice guidelines can enhance clinician and patient decision-making by translating complex scientific research findings into recommendations for clinical practice that are relevant to the individual patient encounter, instead of implementing a one size fits all approach to patient care. This book contains information directly related to the work of the Agency for Healthcare Research and Quality (AHRQ), as well as various Congressional staff and policymakers. It is a vital resource for medical specialty societies, disease advocacy groups, health professionals, private and international organizations that develop or use clinical practice guidelines, consumers, clinicians, and payers.

Designing, Conducting, Analyzing, and Funding

Hearings Before the Task Force on Science Policy of the Committee on Science and Technology, House of Representatives, Ninety-ninth Congress, Second Session, April 8, 9, 10, 1986

National Institute of Allergy and Infectious Diseases, NIH

Community-based Participatory Research

Framework for Determining Research Gaps During Systematic Review

Pain Management and the Opioid Epidemic

The identification of gaps from systematic reviews is essential to the practice of ''evidence-based research.'' Health care research should begin and end with a systematic review. A comprehensive and explicit consideration of the existing evidence is necessary for the identification and development of an unanswered and answerable question, for the design of a study most likely to answer that question, and for the interpretation of the results of the study. In a systematic review, the consideration of existing evidence often highlights important areas where deficiencies in information limit our ability to make decisions. We define a research gap as a topic or area for which missing or inadequate information limits the ability of reviewers to reach a conclusion for a given question. A research gap may be further developed, such as through stakeholder engagement in prioritization, into research needs. Research needs are those areas where the gaps in the evidence limit decision making by patients, clinicians, and policy makers. A research gap may not be a research need if filling the gap would not be of use to stakeholders that make decisions in health care. The clear and explicit identification of research gaps is a necessary step in developing a research agenda. Evidence reports produced by Evidence-based Practice Centers (EPCs) have always included a future research section. However, in contrast to the explicit and transparent steps taken in the completion of a systematic review, there has not been a systematic process for the identification of research gaps. We developed a framework to systematically identify research gaps from systematic reviews. This framework facilitates the classification of where the current evidence falls short and why the evidence falls short. The framework included two elements: (1) the characterization the gaps and (2) the identification and classification of the reason(s) for the research gap. The PICOS structure (Population, Intervention, Comparison, Outcome and Setting) was used in this framework to describe questions or parts of questions inadequately addressed by the evidence synthesized in the systematic review. The issue of timing, sometimes included as PICOTS, was considered separately for Intervention, Comparison, and Outcome. The PICOS elements were the only sort of framework we had identified in an audit of existing methods for the identification of gaps used by EPCs and other related organizations (i.e., health technology assessment organizations). We chose to use this structure as it is one familiar to EPCs, and others, in developing questions. It is not only important to identify research gaps but also to determine how the evidence falls short, in order to maximally inform researchers, policy makers, and funders on the types of questions that need to be addressed and the types of studies needed to address these questions. Thus, the second element of the framework was the classification of the reasons for the existence of a research gap. For each research gap, the reason(s) that most preclude conclusions from being made in the systematic review is chosen by the review team completing the framework. To leverage work already being completed by review teams, we mapped the reasons for research gaps to concepts from commonly used evidence grading systems. Our objective in this project was to complete two types of further evaluation: (1) application of the framework across a larger sample of existing systematic reviews in different topic areas, and (2) implementation of the framework by EPCs. These two objectives were used to evaluate the framework and instructions for usability and to evaluate the application of the framework by others, outside of our EPC, including as part of the process of completing an EPC report. Our overall goal was to produce a revised framework with guidance that could be used by EPCs to explicitly identify research gaps from systematic reviews.

Healthcare decision makers in search of reliable information that compares health interventions increasingly turn to systematic reviews for the best summary of the evidence. Systematic reviews identify, select, assess, and synthesize the findings of similar but separate studies, and can help clarify what is known and not known about the potential benefits and harms of drugs, devices, and other healthcare services. Systematic reviews can be helpful for clinicians who want to integrate research findings into their daily practices, for patients to make well-informed choices about their own care, for professional medical societies and other organizations that develop clinical practice guidelines. Too often systematic reviews are of uncertain or poor quality. There are no universally accepted standards for developing systematic reviews leading to variability in how conflicts of interest and biases are handled, how evidence is appraised, and the overall scientific rigor of the process. In Finding What Works in Health Care the Institute of Medicine (IOM) recommends 21 standards for developing high-quality systematic reviews of comparative effectiveness research. The standards address the entire systematic review process from the initial steps of formulating the topic and building the review team to producing a detailed final report that synthesizes what the evidence shows and where knowledge gaps remain. Finding What Works in Health Care also proposes a framework for improving the quality of the science underpinning systematic reviews. This book will serve as a vital resource for both sponsors and producers of systematic reviews of comparative effectiveness research.

This manual is designed for health professionals working in high HIV and TB prevalence countries. It summarises the characteristics of both diseases and their interactions. It concentrates particularly on the problems of diagnosis and management both in adults and children and summarises the other HIV related illnesses the clinician might encounter.

This book has established itself as the authoritative text on health sciences peer review. Contributions from the world's leading figures discuss the state of peer review, question its role in the currently changing world of electronic journal publishing, and debate where it should go from here. The second edition has been thoroughly revised and new chapters added on qualitative peer review, training, consumers and innovation.

Recombinant DNA Research

An Evidence-Based Approach

Volume 1: Frontiers in Research

Novum Organum

Optimizing the Nation's Investment in Academic Research

Biological Resource Centers

Sir Francis Bacon's "Novum Organum" is a treatise meant to adjust the thought and methodology of learning about and understanding science and nature. Learn about the four Idols and the inductive method outlined in this keystone philosophy work. This is now known as the Baconian method. The title is a reference to Aristotle's work Organon, which was his treatise on logic and syllogism. Ultimately, the Novum Organum is defined as the "New Tool." But, a new tool for what, and why is it 'new'? In this book Bacon demonstrates the use of the scientific method to discover kn examples in this volume concern the nature of heat and energy.

Finding What Works in Health CareStandards for Systematic ReviewsNational Academies Press

Drug overdose, driven largely by overdose related to the use of opioids, is now the leading cause of unintentional injury death in the United States. The ongoing opioid crisis lies at the intersection of two public health challenges: reducing the burden of suffering from pain and containing the rising toll of the harms that can arise from the use of opioid medications. Chronic pain and opioid use disorder both represent complex human conditions affecting millions of Americans and causing untold disability and loss of function. In the context of the growing opioid problem, the U.S. Fo launched an Opioids Action Plan in early 2016. As part of this plan, the FDA asked the National Academies of Sciences, Engineering, and Medicine to convene a committee to update the state of the science on pain research, care, and education and to identify actions the FDA and others can take to respond to the opioid epidemic, with a particular focus on informing FDA's development of a formal method for incorporating individual and societal considerations into its risk-benefit framework for opioid approval and monitoring.

This publication provides evidence-based public health recommendations for children, adolescents, adults and older adults on the amount of physical activity (frequency, intensity and duration) required to offer significant health benefits and mitigate health risks. For the first time, recommendations are provided on the associations between sedentary behaviour and health outcomes, as well as for subpopulations, such as pregnant and postpartum women, and people living with chronic conditions or disability. The guidelines are intended for policy-makers in high-, middle-, and lo education, youth, sport and/or social or family welfare; government officials responsible for developing national, sub regional or municipal plans to increase physical activity and reduce sedentary behaviour in population groups through guidance documents; people working in nongovernmental organizations, the education sector, private sector, research; and healthcare providers.

Characteristics, Effectiveness and Implementation of Different Strategies

Guidelines

TB/HIV

Balancing Societal and Individual Benefits and Risks of Prescription Opioid Use

NIH Guide for Grants and Contracts

Responsible Conduct of Research

For over 50 years, the mission of the National Institute of Allergy and Infectious Diseases (NIAID) has been to conduct and support basic and applied research to better understand, treat, and prevent infectious, immunologic, and allergic diseases with the ultimate goal of improving the health of individuals in the United States and around the world. As part of its mission to foster biomedical discovery and to reduce the burden of human disease, NIAID is committed to encouraging the accelerated translation of biomedical discoveries into effective clinical care and public health practice throughout the world.

In pursuit of this goal and its disease-specific scientific objectives, NIAID seeks to broaden research opportunities and collaborations involving scientists and institutions outside the United States. National Institute of Allergy and Infectious Diseases, NIH: Volume 1, Frontiers in Research contains presentations given at the 2006 NIAID Research Conference held in Opatija, Croatia which brought internationally known researchers from the United States and Central and Eastern Europe to focus together on shared interests in microbiology, infectious disease, HIV/AIDS, and basic and clinical immunology.

Some of the topics covered include emerging and re-emerging infections, the development of infectious disease prophylactics and therapeutics, drug resistance, and various topics in immunomodulation, autoimmunity, infections and immunity, and the development of vaccines. Extensive and in-depth, National Institute of Allergy and Infectious Diseases, NIH: Volume 1, Frontiers in Research is a valuable, comprehensive guide to the state of research today.

This publication is a comprehensive assessment of leading risks to global health. It provides detailed global and regional estimates of premature mortality, disability and loss of health attributable to 24 global risk factors.--Publisher's description.

This guideline provides updated global, evidence-informed recommendations on the intake of free sugars to reduce the risk of NCDs in adults and children, with a particular focus on the prevention and control of unhealthy weight gain and dental caries. The recommendations in this guideline can be used by policy-makers and programme managers to assess current intake levels of free sugars in their countries relative to a benchmark. They can also be used to develop measures to decrease intake of free sugars, where necessary, through a range of public health interventions. Examples of such interventions and measures that are already being implemented by countries include food and nutrition labelling, consumer education, regulation of marketing of food and non-alcoholic beverages that are high in free sugars, and fiscal policies targeting foods and beverages that are high in free sugars. This guideline should be used in conjunction with other nutrient guidelines and dietary goals, in particular those related to fats and fatty acids (including saturated fatty acids and trans-fatty acids), to guide development of effective public health nutrition policies and programmes to promote a healthy diet.

First Edition received 2012 First Place AJN Book of the Year Award in Nursing Research! "This is a resource for success and should be a part of any researcher's library." --Doody's Medical Reviews (Praise for the First Edition) Written for researchers, clinicians and doctoral students, the newly revised edition of this comprehensive reference continues to deliver the essentials of intervention research with added content on evidence-based quality improvement, a must for improving healthcare quality, safety and population health outcomes. Although typically it takes years for research-based interventions to make their way to real world clinical settings, this "prolonged time for translation" frustrates researchers and their interprofessional teams. This second edition now delves even deeper into key strategies for rapidly moving research-based interventions into real world settings in the form of evidence-based quality improvement as well as the challenges of working in an increasingly diverse professional research environment. Intervention Research and Evidence-Based Quality Improvement, Second Edition begins at the pilot study phase for intervention research and highlights every step of the way through to full-scale randomized controlled trials. Written in user-friendly format, content covers designing, conducting, analyzing, and funding intervention studies that improve healthcare quality and people's health outcomes. Chapters cover writing grant applications and show examples of actual applications that have been funded by NIH and other organizations. These real-life samples are available online, alongside additional progress reports and final reports. Real-world examples of evidence-based quality improvement projects that have improved outcomes also are highlighted in this second edition. New to the Second Edition: Describes evidence-based quality improvement and specific steps in conducting EBQI projects, which are essential for enhancing healthcare quality, safety and costs along with enhancing population health outcomes. Emphasizes the importance of interprofessional teams Focuses on using research-based interventions in real-world settings Six new chapters o Generating Versus Using Evidence to Guide Best Practice o Setting the Stage for Intervention Research and Evidence-based Quality Improvement o Evidence-based Quality Improvement o Translational Research: Why and How o Factors Influencing Successful Uptake of Evidence-Based Interventions in Clinical Practice o Using Social Media to Enhance Uptake of Research-Based Interventions into Real World Clinical Settings Key Features: Provides a practical, comprehensive resource for designing, conducting, analyzing, and funding intervention studies Outlines the specific steps in designing, conducting and evaluating outcomes of evidence-based quality improvement projects Includes examples of funding research grants, progress reports, and final reports Serves as a core text for students in doctoral nursing and other health sciences programs

The Researchers' Toolbox

Standards for Systematic Reviews

Principles and Recommendations

Systematic Screening for Active Tuberculosis

Peer Review in Health Sciences

A New Regulatory Framework for the 21st Century

Health care-associated infections (HAI) are one of the most common adverse events in care delivery and a major public health problem with an impact on morbidity, mortality and quality of life. At any one time, up to 7% of patients in developed and 10% in developing countries will acquire at least one HAI. These infections also present a significant economic burden at the societal level. However, a large percentage are preventable through effective infection prevention and control (IPC) measures. These new guidelines on the core components of IPC programmes at the national and facility level will enhance the capacity of Member States to develop and implement effective technical and behaviour modifying interventions. They form a key part of WHO strategies to prevent current and future threats from infectious diseases such as Ebola, strengthen health service resilience, help combat antimicrobial resistance (AMR) and improve the overall quality of health care delivery. They are also intended to support countries in the development of their own national protocols for IPC and AMR action plans and to support health care facilities as they develop or strengthen their own approaches to IPC. These are the first international evidence-based guidelines on the core components of IPC programmes. These new WHO guidelines are applicable for any country and suitable to local adaptations, and take account of the strength of available scientific evidence, the cost and resource implications, and patient values and preferences.

Racial and ethnic disparities in health care are known to reflect access to care and other issues that arise from differing socioeconomic conditions. There is, however, increasing evidence that even after such differences are accounted for, race and ethnicity remain significant predictors of the quality of health care received. In Unequal Treatment, a panel of experts documents this evidence and explores how persons of color experience the health care environment. The book examines how disparities in treatment may arise in health care systems and looks at aspects of the clinical encounter that may contribute to such disparities. Patients' and providers' attitudes, expectations, and behavior are analyzed. How to intervene? Unequal Treatment offers recommendations for improvements in medical care financing, allocation of care, availability of language translation, community-based care, and other arenas. The committee highlights the potential of cross-cultural education to improve provider-patient communication and offers a detailed look at how to integrate cross-cultural learning within the health professions. The book concludes with recommendations for data collection and research initiatives. Unequal Treatment will be vitally important to health care policymakers, administrators, providers, educators, and students as well as advocates for people of color.

Data sharing can accelerate new discoveries by avoiding duplicative trials, stimulating new ideas for research, and enabling the maximal scientific knowledge and benefits to be gained from the efforts of clinical trial participants and investigators. At the same time, sharing clinical trial data presents risks, burdens, and challenges. These include the need to protect the privacy and honor the consent of clinical trial participants; safeguard the legitimate economic interests of sponsors; and guard against invalid secondary analyses, which could undermine trust in clinical trials or otherwise harm public health. Sharing Clinical Trial Data presents activities and strategies for the responsible sharing of clinical trial data. With the goal of increasing scientific knowledge to lead to better therapies for patients, this book identifies guiding principles and makes recommendations to maximize the benefits and minimize risks. This report offers guidance on the types of clinical trial data available at different points in the process, the points in the process at which each type of data should be shared, methods for sharing data, what groups should have access to data, and future knowledge and infrastructure needs. Responsible sharing of clinical trial data will allow other investigators to replicate published findings and carry out additional analyses, strengthen the evidence base for regulatory and clinical decisions, and increase the scientific knowledge gained from investments by the funders of clinical trials. The recommendations of Sharing Clinical Trial Data will be useful both now and well into the future as improved sharing of data leads to a stronger evidence base for treatment. This book will be of interest to stakeholders across the spectrum of research--from funders, to researchers, to journals, to physicians, and ultimately, to patients.

The integrity of knowledge that emerges from research is based on individual and collective adherence to core values of objectivity, honesty, openness, fairness, accountability, and stewardship. Integrity in science means that the organizations in which research is conducted encourage those involved to exemplify these values in every step of the research process. Understanding the dynamics that support â€" or distort â€" practices that uphold the integrity of research by all participants ensures that the research enterprise advances knowledge. The 1992 report Responsible Science: Ensuring the Integrity of the Research Process evaluated issues related to scientific responsibility and the conduct of research. It provided a valuable service in describing and analyzing a very complicated set of issues, and has served as a crucial basis for thinking about research integrity for more than two decades. However, as experience has accumulated with various forms of research misconduct, detrimental research practices, and other forms of misconduct, as subsequent empirical research has revealed more about the nature of scientific misconduct, and because technological and social changes have altered the environment in which science is conducted, it is clear that the framework established more than two decades ago needs to be updated. Responsible Science served as a valuable benchmark to set the context for this most recent analysis and to help guide the committee's thought process. Fostering Integrity in Research identifies best practices in research and recommends practical options for discouraging and addressing research misconduct and detrimental research practices.

Sharing Clinical Trial Data

Intervention Research and Evidence-Based Quality Improvement, Second Edition

Unequal Treatment:

Guideline: Sugars Intake for Adults and Children

Guidance for the Description of Animal Research in Scientific Publications

PHS Grants Policy Statement