**Purpose of the Scholars Program –** To educate and train appropriately prepared GI/endoscopy nurses in order to build a repository of research applicable to the GI/endoscopy setting. Scholars will receive in-person scoping review training utilizing the TCU Center for Evidence-based Practice and Research: A Collaborating Center of the Joanna Briggs Institute.

**Scoping Review Overview –** A scoping review is a comprehensive and up-to-date broad overview of the principal evidence about a topic of interest. The reviewer uses a systematic method to find evidence that answers a broad research question such as what is known and not known about a topic. Scoping reviews often lead to a systematic review that has a more focused research question and where the quality of the available evidence is then assessed.

**Scholars Program Dates -**June 2019 - May 2020

* June 2019: 3-day training class
* August 2019: Protocol submitted to JBI for publication
* November 2019: Article screening, assessment of methodological quality completed
* April 2020: Scope manuscript submitted for publication
* May 2020: Meeting and recognition – May 2020 Annual Course
  + Scoping Review presentation (poster and/or concurrent session) at Annual Course

**Criteria for participants include:**

* Minimum of 2 years’ experience as a GI/endoscopy nurse
* Undergraduate research experience and preferred Master’s degree (not limited to MSN) or greater
* Current SGNA member
* In good standing with state licensure (unencumbered)
* Active employment at least part-time, either clinically or academically, in a nursing role related to gastroenterology/endoscopy
* Access to a healthcare-specific/medical library database in their institutional setting or home community is highly desirable
* Ability to dedicate at least 3 hours a week to the SGNA Scholars Program
* Applications must be submitted with a partner

**SGNA will be funding the Scholars’ Joanna Briggs membership costs, 3-day training class and associated travel expenses, and select research resources.**

**Research Topics**

Your scoping review must fall under one of the topics listed below. Any other topics must get approval with a request to Joann Lee ([jlee@sgna.org](mailto:jlee@sgna.org)) prior to submitting your application.

1. Human factor engineering
2. Storage time after endoscope reprocessing
3. Impact of reprocessing delays
4. Efficacy of high-level disinfectants
5. Drying time/forced air drying
6. Simethicone use in endoscopy
7. Patient notification – assessment
8. Risks to staff (chemicals)
9. Microbiological surveillance options
10. Methods to culture a scope
11. Environmental cross contamination
12. Impact of following current guidelines
13. Risk of transmission of infection via endoscopy/endoscopic equipment
14. Terminal decontamination in endoscopy
15. Water quality for final rinsing and during endoscopic procedures
16. Nurse’s role in medication compliance

**Application Components**

**Please ensure all components of the application are completed prior to sending:**

* Completed application (pages 3-6 of application packet)
* C/V or resume
* One letter of recommendation

**Email or fax completed application components by April 10, 2019 to Joann Lee:**

[**jlee@sgna.org**](mailto:jlee@sgna.org)

**312.673.6723**

**Preferred Topic:**

**Rationale for topic selection:**

Partner 1

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Personal Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Clinical Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SGNA Member ID #:**\_\_\_\_\_\_\_\_\_ **Region Name/#:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Involvement (if any) at regional level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**State of Nursing Licensure:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **License Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dietary Restrictions (for 3-day training class): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total years as a registered nurse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Total years in GI nursing:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Describe your previous experience with research and/or evidence-based practice by addressing the bulleted questions below. Please complete in a separate word document.**

* **What project(s) did you work on?**
* **What were your contributions to the project(s)?**
* **What were the outcomes of the project(s)?**

1. **Describe other skills and experiences you feel will help you to be successful as a scholar. Please complete in a separate word document. May be 100 words or less.**

**As an SGNA Scholar, I agree to:**

1. **Attend all educational sessions (3-day training class, quarterly webinars, meeting at Annual Course).**
2. **Participate in group discussions.**
3. **Fulfill one-year commitment in Program and meet given deadlines unless agreed otherwise**
4. **Submit a scoping review within one year of the training class. If you are unable to meet this deadline, then you must request in writing an extension.**
5. **Present your research findings in a poster presentation at an annual course within two years of training class.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Scholar Signature Date**

**As the manager of this applicant, I am aware of their participation in the SGNA Scholars Program and give my support of their work on this project.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Manager’s Signature Date**

# Partner 2

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Personal Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Clinical Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SGNA Member ID #:**\_\_\_\_\_\_\_\_\_ **Region Name/#:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Involvement (if any) at regional level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**State of Nursing Licensure:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **License Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dietary Restrictions (for 3-day training class): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total years as a registered nurse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Total years in GI nursing:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Describe your previous experience with research and/or evidence-based practice by addressing the bulleted questions below. Please complete in a separate word document.**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Scholar Signature Date**

**As the manager of this applicant, I am aware of their participation in the SGNA Scholars Program and give my support of their work on this project.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Manager’s Signature Date**