

CALL FOR GRANT PROPOSALS

Proposal Deadline: October 1, 2025 at 11:59 EDT

Funding Date: January 2026

AAACN's grants program funds original research and evidence-based practice (EBP) or quality improvement (QI) initiatives. We encourage *novice* and *expert* clinicians and researchers to propose systematic research and EBP/QI initiatives that support clinical inquiry and generate new knowledge for ambulatory care nursing.

RESEARCH GRANTS

Qualified proposals must be relevant to ambulatory care nursing practice and an AAACN strategic priority:

- *Advance our Science* - Articulate the Value of the Professional Nurse
- *Support the Standard for Excellence* - Support workforce development, promote inclusivity, well-being, and healthy work environments
- *Transform Healthcare for People and Communities* - Improve access and outcomes

While the research question and clinical problem must be the main driver of the proposed methods, preference will be given to proposals that:

- Use rigorous quantitative or mixed methods as the ambulatory care nursing body of literature contains significant amounts of descriptive and qualitative work.
- Address 1 or more of the following AAACN research priority areas:

Person-Centered Care – An approach to the planning, delivery and evaluation of health care that is focused on the individual and their particular health care needs. Person-centered care encourages active collaboration and shared decision making between individuals, families, and health care providers to design and manage a customized and comprehensive care plan. Focus areas of interest include:
-Nurse-patient communication, health literacy interventions, patient adherence, patient reported outcomes & advance care planning

Patient Wellness and Prevention – Implementation of proactive measures to maintain or improve an individual's health and well-being. Preventive care involves routine care to maintain health and early detection of potential health issues to prevent serious diseases. Focus areas of interest include:
-Health promotion, risk reduction, vaccination, cancer screening, tobacco cessation, fall prevention, behavioral change interventions, child development, women's health,

Informatics – The use of information technology to enhance patient care and operational efficiency.
Focus areas of interest include:
-Mobile health applications, clinical decision support, documentation, automation, use of artificial intelligence (AI) in ambulatory care, and user experience

Telehealth - The use of electronic information and telecommunications technologies, both synchronous and asynchronous, to provide healthcare services remotely, allowing health care providers to evaluate, diagnose, treat, educate, and inform patients without an in-person visit. Focus areas of interest include:

-Nurse-advise line services, telephone triage & remote monitoring

Ambulatory Nurse Sensitive Indicators (NSIs) - Specific process and patient outcome measures that are influenced by nursing care. These measures are used to monitor the quality of care, patient safety, and linking outcomes to nurse delivered care in ambulatory care settings. Focus areas of interest include:

-Refer to AAACN NSI Report. Preference will be given to proposals focusing on the RN, LVN, or MA.

Specialty Population Health – The health status and outcomes of a population of people with shared characteristics, such as a health diagnosis, geographic location, or health care provider. Indicators that reflect the quality of a population's health and well-being include: Access to care, preventive care and screening, health behaviors, utilization of health services, coordination of care and community services, and clinical outcomes. Focus areas of interest include:

-Acute conditions, women's health, pediatrics, pediatric mental health, adult mental health, older adult

Workforce Development - Initiatives that prepare nurses to meet current and future health care needs of clients and communities served by organizations. Focus areas of interest include:

-Pre-licensure education, continuing education & professional development

Leadership – Behaviors used to help people align their collective direction, execute strategic plans, inspire healthcare professionals, and continually renew an organization or professional group. Focus areas of interest include:

-Interprofessional communication, healthy work environments, burnout, nurse retention, organizational policy & political advocacy

Care Coordination – The deliberate organization and management of patient care activities across various settings and providers to ensure patients receive comprehensive, continuous, and effective healthcare. It focuses on optimizing patient outcomes, improving patient experience, and reducing healthcare costs. Focus areas of interest include:

-Care transitions, navigation, referral management, social determinants of health, chronic illness case management

Medication Management – The safe and effective use of medications for patients in outpatient settings to optimize patient outcomes. Medication management includes various aspects such as medication reconciliation, administration, patient education, and monitoring potential adverse effects. Focus areas of interest include:

-Antibiotic stewardship/prescribing, opioid prescribing, prescribing practices

Additional topics will be considered if a rigorous approach and support is explained for the identified gap. Inquiries may be directed to Dr. Margo Halm, AAACN Research Committee Chair (margohalm@gmail.com) or Dr. Kristen Shear, AAACN Research Committee Co-Chair (kristenshear@gmail.com).

General Guidelines

1. The Principal Investigator (PI) must:

- Be a member of AAACN.
 - Hold a registered nurse (RN)/nurse practitioner (NP) license OR have a co-investigator with a RN or NP license.
 - Hold at least a master's degree or DNP, with PhD preferred or completion of candidacy requirements in a BSN-to-PhD or DNP program.
 - Submit a complete proposal package including:
 - Grant application
 - Curriculum vitae
 - Research proposal aligned with a specified ambulatory nursing research priority
 - Budget form
 - Organizational letter of support
 - IRB approval or exemption preferred; will consider applications in process
- Note - If IRB approval is pending, your study will not be funded until IRB approval is received.
- Awards which fail to satisfy this requirement within 90 days will be considered ineligible.
- Sign a research agreement if awarded and be ready to implement the study upon funding or receipt of IRB determination.

2. Proposal Requirements

- Proposals must be typed in MS Word or a similar program

- **Format:** Times New Roman 12-point font; ½ inch margins; double-spaced; 12 pages from Background through Methodology sections,
- Tables and figures are allowed

RESEARCH PROPOSALS must include the following elements:	
1. Abstract: 250 words maximum using these structured headings:	• Background/significance • Specific aims/hypotheses • Theoretical or conceptual framework • Methodology • Dissemination plan
2. Background/Significance to ambulatory research priorities	
3. Specific Aims or Research Hypotheses	
4. Theoretical or Conceptual Framework	
5. Methodology	- Research design - Sample: Inclusion/exclusion criteria; sample size/power analysis (or other justification); sampling strategy - Research variables, measures & methods of data collection - Description of intervention (if applicable) - Data analysis plan – Statistical or qualitative analysis - Protection of human subjects - Timeline
6. Dissemination Plans - Discuss plans to disseminate the results in poster or podium presentations and scholarly publications	
<i>These sections are not included in page count:</i>	
7. References: In AMA format	
8. Budget Form	If dually funded – Clearly delineate which grant source is funding specific budget items.
9. Personal Statement: Describe how you are uniquely qualified to complete this study and how it demonstrates a commitment to advancing the science of ambulatory care nursing.	

Use the **EQUATOR Network** (<https://www.equator-network.org/>) to identify any reporting guidelines you will need to follow in dissemination efforts.

A sample research proposal may be found [here](#).

- Research studies should be completed within 1 year from the time of funding unless otherwise specified in grant announcement.
 - PIs can apply for a one-time no-cost 1-year extension.
- Permission may be granted to move funds from one budget category to another as long as there is no additional cost to AAACN. A written request for such a change must be made to AAACN's grants program, and approval received, before use of those funds in the requested category.
- A final narrative (up to 20 pages) and financial report are required within 60 days of the end of the grant cycle.

6. Pls are required to submit an abstract to present their findings at the AACN annual conference in either podium or poster format. Pls are highly encouraged to submit a manuscript to the *Journal of Ambulatory Care Nursing*, as well as journals with broader health care audiences to extend dissemination visibility.
 - Presentations and publications resulting from the grant must acknowledge funding from the AACN.

EBP/QI GRANTS

EBP initiatives may focus on EBP or performance improvement projects based on evidence, or outcomes evaluation projects. These initiatives may be new projects, projects in progress, or those required for an academic degree as long as all other criteria are met. Qualified proposals must also be relevant to ambulatory care nursing practice.

General Guidelines

1. The EBP applicant must:
 - Be a member of AACN.
 - Hold a registered nurse (RN) or nurse practitioner (NP) license.
 - Hold at least a BSN but master's degree is preferred.
 - Submit a complete proposal package including:
 - Grant application
 - Curriculum vitae
 - Project proposal aligned with a specified ambulatory nursing research priority
 - Budget
 - Organizational letter of support
 - Non-research determination letter from your organization

Note - Funding will not be released until the non-research determination letter is received.
 - Sign an EBP agreement and be ready to implement the initiative upon funding and receipt of non-research determination.
2. Proposal Requirements
 - Proposals must be typed in MS Word or a similar program
 - Format: Times New Roman 12-point font; ½ inch margins; double-spaced; 10 pages from Background through Timeline sections.
 - Tables and figures are allowed.

EBP or QI PROPOSALS must include the following elements:

1. **Abstract: 250 words** maximum using structured headings:
 - Background/Problem
 - Model
 - Aim or Purpose
 - Evidence
 - Proposed Change & Measures
 - Outcome Evaluation
2. **Background/Problem:** Explain the problem, how it was identified and its significance (i.e., why change was needed).

3. Model: Describe model used to frame project.	
<u>EBP Proposals:</u> EBP Models (e.g., Iowa or Johns Hopkins)	<u>QI Proposals:</u> Quality Models (e.g., PDSA, Lean Six Sigma, IHI Model for Improvement)

4. Aim or Purpose: Describe the aim or purpose, including the specific ambulatory care setting.	
<u>EBP Proposals:</u> Include PICO(T) question that guided search for external evidence.	<u>QI Proposals:</u> Explain current state, baseline metrics & project scope (e.g., specific process, participant locations...) May include a process or value stream map.
5. Evidence: Describe the internal &/or external evidence used to inform initiative, including how the evidence was gathered and appraised.	
<u>EBP Proposals:</u> Summarize recommendation from body of evidence appraised. Include table of evidence with at least 4 peer reviewed sources.	<u>QI Proposals:</u> May be limited to evidence related to local problem.
6. Proposed Change & Measures	
<u>EBP Proposals:</u> Describe the specific practice change. Explain the measures to study processes and outcomes of the change, including rationale and reliability/validity.	<u>QI Proposals:</u> Describe the planned change and a rationale of why it would work. Explain the measures to study processes and outcomes of the change, including rationale and reliability/validity.
7. Outcome Evaluation: Explain quantitative &/or qualitative methods to be used to analyze if the change worked.	
8. Timeline: Describe dates for major project milestones.	
9. Dissemination: Explain plan to disseminate findings.	
<i>These sections are not included in page count:</i>	
10. References: In AMA format	
11. Budget Form If dually funded – Clearly delineate which grant source is funding specific budget items.	
12. Personal Statement: Describe how you are uniquely qualified to complete this project.	

A sample EBP proposal may be found [here](#).

3. EBP initiatives should be completed within 1 year from the time of funding unless otherwise specified in grant announcement.
4. Permission may be granted to move funds from one budget category to another as long as there is no additional cost to AAACN. A written request for such a change must be made to AAACN's grants program, and approval received, before use of those funds in the requested category.
5. A final narrative (up to 15 pages) and financial report are required within 60 days of the end of the grant cycle.
6. EBP grantees are required to submit an abstract to present their findings at the AAACN annual conference in either podium or poster format. Grantees are also highly encouraged to submit a manuscript to the *Journal of Ambulatory Care Nursing* or *Viewpoint*.
 - Presentations and publications resulting from the grant must acknowledge funding from the AAACN.

FUNDING GUIDELINES

What We Fund	What We Do Not Fund
Recruitment costs (e.g., mailing lists)	Research & development initiatives (e.g., developing an informatics solution)
Participant incentives (must be IRB approved)	Laptop computers
Supplies & printed materials	- Compensation for -Investigator time or mentor time -Fringe benefits -Faculty compensation (except in limited consultant role for a unique aspect of project)
Small equipment (e.g., recording devices, cell phones, home monitoring, iPads for data collection)	
Research assistant time	
Software (e.g., qualitative software, statistical programs)	
Statistician time	
- Dissemination costs (poster development, open access publication fees) - Only 10% of total funds may be used for conference registration/travel costs)	