



Foundation Policies for Investigator Initiated Grants

The Foundation for Informed Medical Decision Making is accepting investigator initiated proposals to support research in shared medical decision making. The grants are designed to fund basic and applied research that can advance the field of shared decision-making in medical care. Grants up to \$100,000 including direct and indirect costs will be awarded. Studies requiring smaller amounts of funding are encouraged.

The purpose of these awards is to fund research that will contribute to our understanding of shared decision making. Research should address either the practical challenges of engaging patients in shared decision making or the theoretical basis of decision support and medical decision making. Researchers will have access to the full library of the Foundation's programs, including updates as they are produced if interested in using FIMDM decision aids in their studies. The Foundation's current library consists of decision aids in videotape (VHS) and DVD formats, accompanied by print booklets.

Application Guidelines

Proposals will be accepted from academic and community based organizations. Currently, proposals are reviewed and funded once a year. As a first step, a one-page Letter of Intent including: the specific aims of the research, a brief discussion of methodology, and expected deliverables is required no later than February 5, 2010. Full proposals will be solicited from successful letters of intent. Please send the Letter of Intent via email to IIGproposals@fimdm.org.

Full proposals must be limited to 10 pages exclusive of appendices and received in electronic copy by 8:00 AM EDT on May 3, 2010 to IIGproposals@fimdm.org. The Foundation expects to announce its awards by August 15, 2010. The funded projects will begin on October 1, 2010 and will usually expect to conclude by September 30, 2011.

Format for Full Proposals

The proposal narrative should not exceed 10 pages using 1.5 line spacing, exclusive of title page, abstract, references, biosketches, budget, and budget justification. Font size requirement is Arial 12 point. One inch margins are required on all sides.

Proposals should include the following:

Title Page: project title, investigators, affiliations, contact information (email, address, fax, phone) for principal investigator.

Abstract: The abstract should summarize the proposal in 250 words.

Specific Aims/Research question(s): Specify the overall goal of the research as well as delineating the research questions that will be addressed.

Background and Significance: This section should include background of the research, any theories or hypotheses to be addressed, and the possible implications of the research.

Preliminary Studies: This section should describe prior work done by the investors in this area.

Research Design and Methods: This section should explain the data collection plan, including who will be the participants/subjects and the general demographic characteristics of the population, how data will be collected, what measures or tests will be used, outcomes, and analysis plan. We welcome both quantitative and qualitative methodologies.

References

Budget: Please include a description of project staffing, current and proposed and attach biographical sketches for all investigators and key personnel. The Foundation pays indirect costs to funded organizations at the rate of 17% of total direct project costs.

Possible topics

The proposal should outline how the money is to be spent. If it is to be used as a stipend to cover living expenses, other sources of support should be described. If it is to be used to cover research expenses, those expenses should be described.

This is not meant to be an exhaustive list of topics. Creative, thoughtful proposals that will advance the growing field of shared decision-making are strongly encouraged.

- How effective are decision support tools on chronic condition management? How can decision support tools best be developed and implemented to help patients make changes in their self-management of their chronic condition?

- Best methods for getting patients to actively engage in decision making with their providers:
 - Role clarification: SDM involves patients bringing their unique perspective (preferences, health and personal history, lifestyle, etc.) to the encounter, while a provider's role is to know and share the medical evidence so that TOGETHER they can make medical decisions that best meet the patient's needs.
 - How to prepare patients to be ready to receive, understand, and process information that they receive, especially when the medical evidence may be counterintuitive to what is in the popular media?
 - Does patient engagement vary depending on severity or urgency of treating or managing their condition? Under what conditions are patients more or less likely to "do as their doctor" orders?
- How feasible and effective are integrating decision support tools into the clinical visit:
 - Best practices for implementing decision support tools
 - How do other decision support services augment, affect, or complement decision aids?
- Literacy and numeracy as they relate to the communication of complex medical information:
 - Tradeoffs and uncertainty
 - Communicator and target effects
 - Comprehension of audiovisual presentations compared to other modes
- Basic research on how best to communicate information:
 - How to present scientific data that may be counterintuitive
 - How to present information in various different formats: web, video, paper, etc.
- Decision support tools
 - What components are more vs. less engaging?
 - What components are more effective?
 - How does engagement or effectiveness vary by clinical condition, patient health, or patient demographics?
 - How personalized do DAs have to get to maximize engagement and impact?
- How do medical decisions actually get made?
 - What is the effect of the media?
 - What is the effect of recommendations from family and friends?
 - What is the effect of provider recommendations?
- How can online viewing of decision aids be facilitated?
 - What are the barriers (technical, psychological, other) and how can they be overcome?
 - What can be done to support online viewing to insure that the DA is watched in its entirety?
 - How does online viewing compare with programs watched in DVD format?

Please contact us if you have questions. Email letters of Intent to:
IIGproposals@fimdm.org

The Foundation for Informed Medical Decision Making does not discriminate because of race, ethnicity, age, gender, religion, sexual orientation, or disability.