**Department of Psychiatry**

**Research Review Committee**

**PCORI Reviewer Scoring Form**

If you feel you have a conflict of interest or cannot review the proposal objectively, please inform the committee chair so that another reviewer may be assigned.

**Application Title**

**Principal Investigator(s)**

**Co-Investigator(s)**

**Funding Agency**

**Award Mechanism (Type)**

**Research Review Committee Number**

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| --- | --- | --- | --- | --- |
| **Impact** | **Score** |  | **Strengths** | **Weaknesses** |
| High | 1 | Exceptional | Exceptionally strong | Essentially no weaknesses |
| 2 | Outstanding | Extremely strong | Negligible weaknesses |
| 3 | Excellent | Very strong | Only some minor weaknesses |
| Medium | 4 | Very Good | Strong | Numerous minor weaknesses |
| 5 | Good | Strong | At least one moderate weakness |
| 6 | Satisfactory | Some strengths | Some moderate weaknesses |
| Low | 7 | Fair | Some strengths | At least one major weakness |
| 8 | Marginal | A few strengths | A few major weaknesses |
| 9 | Poor | Very few strengths | Numerous major weaknesses |

**Overall Impact.** Provide an overall impact score to reflect your assessment of the likelihood for the project to exert a sustained, powerful influence on the research field(s) involved.

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| **Overall Impact Score:**   |
|  |

**Core Review Criteria:**

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| **Potential for the study to fill critical gaps in evidence score:** |
| **Strengths** **Weaknesses** |

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| **Potential for the study findings to be adopted into clinical practice and improve delivery of care score:**  |
| **Strengths** **Weaknesses** |

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| **Scientific merit (Research design, analysis, and outcomes) score:**   |
| **Strengths** **Weaknesses** |

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| **Patient-centeredness score:**   |
| **Strengths** **Weaknesses** |

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| **Patient and stakeholder engagement score:** |
| **Strengths** **Weaknesses** |

**Additional Review Criterion (if applicable):**

|  |
| --- |
| **Statistical analysis score:**  |
| **Strengths** **Weaknesses** |

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| **Concerns with minority inclusion, human subjects or vertebrate animal care, or resource sharing plan?**  |
| **Strengths** **Weaknesses** |

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| **Additional comments to Applicant:** (Optional) |
| **Strengths** **Weaknesses** |

**Please return your completed form via e-mail to** **psychiatryrrc@upmc.edu****.**

**Thank you for your help!**