

Introduction

The Department of Patient Services (PS) supports the continued education of nurses. PS employees who wish to conduct student evidence-based practice/quality improvement/innovation projects within a Cincinnati Children's facility as part of degree completion must submit projects to the Center for Professional Excellence (CPE) through the Graduate Nurse Experience Form. This form should be utilized by nurse graduate students within the organization for practicum experiences with a preceptor and scholarly projects.

The objectives for tracking inquiry projects are to:

1. Ensure alignment between student projects and organizational priorities, particularly when employees are receiving tuition assistance through reimbursement or cohort programs;
2. Maintain a database of current inquiry projects in an effort to reduce duplication across sites of care;
3. Track student project progress and deliverables;
4. Provide potential Magnet stories;
5. Ensure minimal cost to the organization.

This practice does not change the established process for approval through the Cincinnati Children's Institutional Review Board (IRB), if necessary. The CPE review is not a scientific review; scientific review will continue to occur through the Divisional Scientific Review process as currently established within the Department of Patient Services for research studies. Refer to CCHMC Patient Services Research Guideline – *PSR-G-01 – Patient Services Research*. IRB submission requires CITI training; the link is provided below.

For more information about IRB approval and inquiry projects, please utilize the links below or contact ORCRA@cchmc.org.

- Research home page: <https://centerlink.cchmc.org/research/research---tabs/orcra/home>
- CITI training: <https://centerlink.cchmc.org/research/research---tabs/research-education/citi-training-information>
- Clinical Inquiry Council/Shared Governance page: <https://centerlink.cchmc.org/patient-services/shared-governance/councils/clinical-inquiry>

Application Process

Inquiry projects are reviewed on a rolling basis. A signed CPE approval letter may be provided to you upon request by email within 10 business days.

Upload supporting documents to: [Graduate Nurse Experience Form](#).

1. Complete the Patient Services Graduate Nurse Experience Form, if not already completed
2. Upload the completed signature form (see below)
3. Upload Project Proposal (500 words or less) if **Evidence-Based Practice** or **Quality Improvement**
 - a. Brief overview of identified gap or need in organization
 - b. Alignment with the strategic plan or priority
 - c. Overview of your identified practice change project
 - d. SMART Aim or Outcomes to be measured
 - e. Proposed project timeline
 - f. Description of Cincinnati Children's resources (personnel, time, materials) needed to accomplish the project



4. Upload Project Proposal (500 words or less) if **Research**
 - a. Research study background and purpose/objectives/aims.
 - b. Research question and/or hypotheses.
 - c. Theoretical model or conceptual framework, if applicable
 - d. Brief overview of methods including proposed design, sample (inclusion/exclusion criteria, sample size), setting, measures, and data analysis.
 - e. Alignment with the strategic plan or priority
 - f. Proposed project timeline.
 - g. Description of Cincinnati Children’s resources (personnel, time, materials) needed to accomplish research study

By signing below, we agree to:

- Conduct the project in accordance with organizational policies and standards for research and scholarship;
- Provide department support for necessary staff time required for this project;
- Submit a final update or abstract to the CPE Evidence-based Practice Mentor at CPE-EBP-Group@cchmc.org within 90 days of project completion;
- Inform the CPE EBP Mentor CPE-EBP-Group@cchmc.org of any resulting publications or presentations up to 24 months after project completion.

Student signature:		Date:	
Print student name:			
Faculty/academic advisor signature:		Date:	
Print advisor name:			
Clinical Dir/Dept Director signature (of dept where project will be completed):		Date:	
Print Director name:			
Student direct supervisor/manager signature (if CCHMC employee)		Date:	
Print supervisor name:			
Preceptor signature:		Date	
Print preceptor name:			

