

**Nursing Clinical Inquiry Research (NCIR) Project Experience Request**

***Applies to PA and Advanced Degrees for Nurses (Such as: MS/DNP/CNS/PhD/MAOL/Etc.) Students***

* ***This is not to approve a project topic, but to request a project experience.***

**Student (Including Employee Students) and Faculty acknowledge the Following:**

* Initial approval must be by the Allina Health Nursing Clinical Inquiry Research (NCIR) Council. ***No exceptions***.
  + This applies to project planning, implementation, and/or evaluation for research and clinical inquiry projects. See [Differentiating Academic Clinical Leadership Project-experiences.](https://www.allinahealth.org/-/media/allina-health/files/careers/student-preparation/differentiating-academic-clinical--leadership--project-experiences.pdf?la=en&hash=01C83A1A3B09CF3A7675C9C080569B2F)
  + Allina Health NCIR Council must approve all requests for projects formally. A willing preceptor/mentor does not equal approval.
  + This applies even if you do not believe IRB is required. The school will determine separately if IRB for the school is required. The school’s decision does not eliminate the expectation of the Allina Health IRB tol review for human subjects’ determination.
  + If approved by NCIR Council, the planning phase (needs assessment) may start without IRB approval under the council’s oversight. **No implementation may start without the required Allina Health IRB determination**.
  + Students **must complete onboarding requirement before** starting any of their project hours.

**Process Notes:**

* School must submit all requests into TCCP (The Clinical Coordination Partnership) for **each semester** the project is active. <https://studentpassport.clinicalcoordination.org/>
* When official request is in TCCP, the student must submit this Project Request document **each semester** to [AllinaAcademics@allina.com](mailto:AllinaAcademics@allina.com) and copy your school coordinator, unless directed differently by your school.
* After review, the project request will be formally approved or denied in TCCP. The school will notify the student/s.
* Students must follow all affiliation agreement and on-boarding requirements.
* Onboarding is required for **every semester** the student is doing any project exploration, planning, implementation, or data analysis/final paper/dissemination. Project work will be delayed, if student fails to re-onboard for subsequent semesters timely. [Student preparation (allinahealth.org)](https://www.allinahealth.org/careers/student-preparation)
* **Project work cannot be done outside of approved dates.**

**Complete this section for your initial application and update each semester if there are changes**.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Student Name:** |  | | **School Faculty/ Coordinator:** | |  |
| Email: |  | | Email: | |  |
| Phone Number: |  | | Phone Number | |  |
| **Are you an Allina Health Employee?** | | * No * Yes If yes, specify site, unit and manager: | | | |
| **Anticipated Graduation Date or project completion date.** | | | | How many hours TOTAL are you expecting to work on your project. | |
| **Degree:** | | | | **College:** | |
| **Student Type:** (NP, CNS, CNM, etc.) | | | | **Current Work:** (i.e., Med/Surg, Case Mgmt., etc.) | |
| **What type of project is required for your academic needs?** | | | | * Quality Improvement * Research * Project Proposal Only * Other: (Specify) | |

**Complete the following sections – one for each application/semester.**

**Complete this section for your initial project semester request. Follow application timelines.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Applying for Semester** | * **Semester Start Date:** | * **Semester End Date:** | | **Total hours requested for this semester** |
| **Project Phase: (Check all that apply for this semester)** | * Preliminary Exploration/Literature Review * Proposal Development & IRB Application * Implementation * Data Analysis/Final Paper/Dissemination | | Comments: | |
| **Select two areas for of interest. Allina Health will partner students with projects based on organizational need.**   |  |  |  | | --- | --- | --- | | **Safety & Quality** [e.g. falls, skin, restraints, patient violence] | **Nursing wellbeing & employee experience** [e.g. bullying, lateral violence, post-pandemic recovery] | **Diversity, equity, and inclusion** | | **Practice, leadership, and innovation** | **Nursing informatics** | **Care transitions** | | | | | |

***For returning students: Do not complete below with initial application.***

***Update/submit for appropriate semester per timeline. Onboarding is required for EACH semester.***

**Second project semester**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Applying for Semester** | * **Semester Start Date:** | * **Semester End Date:** | | **Total hours requested for this semester** |
| **Project Phase: (Check all that apply for this semester)** | * Preliminary Exploration/Literature Review * Proposal Development & IRB Application * Implementation * Data Analysis/Final Paper/Dissemination | | * **Comments:** | |
| **Assigned PI/Preceptor/Mentor:** | | | | |
| **Project Topic** | | | | |
| **Project site and department:** | | | | |

**Third project semester**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Applying for Semester** | * **Semester Start Date:** | * **Semester End Date:** | | **Total hours requested for this semester** |
| **Project Phase: (Check all that apply for this semester)** | * Preliminary Exploration/Literature Review * Proposal Development & IRB Application * Implementation * Data Analysis/Final Paper/Dissemination | | * **Comments:** | |
| **Assigned PI/Preceptor/Mentor:** | | | | |
| **Project Topic** | | | | |
| **Project site and department:** | | | | |

**Fourth Project Semester**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Applying for Semester** | * **Semester Start Date:** | * **Semester End Date:** | | **Total hours requested for this semester** |
| **Project Phase: (Check all that apply for this semester)** | * Preliminary Exploration/Literature Review * Proposal Development & IRB Application * Implementation * Data Analysis/Final Paper/Dissemination | | * **Comments:** | |
| **Assigned PI/Preceptor/Mentor:** | | | | |
| **Project Topic** | | | | |
| **Project site and department:** | | | | |

**Additional Project semesters: Explain here:**