UBC Occupational Science & Occupational Therapy  
**Mentored Clinician Partnership Program - 2024**

Do you have an idea to improve client-centred outcomes in your practice?

Do you need time to explore and understand an important topic?

Would you benefit from a mentor to help develop a solution for a clinical challenge?

The UBC Department of Occupational Science & Occupational Therapy (OSOT) Mentored Clinician Partnership Program Fund is designed to allow occupational therapists the time to work on innovative projects with the aim to improve client-centred outcomes.

With the support of a UBC OSOT faculty mentor, **apply for up to $5,000 for release time** and expenses to explore an idea, develop a solution, or understand an important topic that will benefit your clinical practice.

**Purpose**

The purpose of this fund is to provide occupational therapist clinicians with the **time** and **mentorship** to examine current practices and to explore new ideas for their practice that will improve client outcomes.

Examples might be taking the time to think deeply about new approaches to practice, gathering data on a new tool or pilot-testing an innovative solution to a clinical issue, but there really is no limit other than a direct focus on client-centred occupational therapy.

Previous projects include time to create an area-specific literature review to build knowledge in a team, and time to research and develop a presentation to explore the use of new virtual reality technologies in clinical practice. Another example might be studying and understanding more about Truth & Reconciliation and reflecting on how to embed culturally safe practices in your work.

**Eligibility**

Applicants must be occupational therapists working for Vancouver Coastal Health or Fraser Health and may only submit one application per competition.

It is anticipated that the majority of each grant will go toward release time for the applicant. If essential to project completion, we anticipate no more than 15-20% of the funding to be used on supplies or services. Examples of a service might be hiring a transcriptionist for a proposal that involves interviews. Ineligible expenses would include taking a course in professional development or attending a conference.

Projects can be carried out as mini-sabbaticals, (e.g., three weeks in a row) or as a series of days or half-days (e.g., half-day a week for six months).

Projects must include a mentor from the UBC Department of Occupational Science & Occupational Therapy and the full application must be approved by the applicant's operational manager to verify that the release time and applicable resources to support the completion of the project will be provided. Applications without a UBC mentor and without the required manager signature will not be considered.

Previously unsuccessful applicants are welcome to reapply. Previous recipients of the fund are not eligible to apply again.

**Mentorship Requirements**

Each application must be associated with at least one member of faculty from the UBC Department of Occupational Science & Occupational Therapy. A full list of faculty and interests can be found on the OSOT website ([osot.ubc.ca/our-research/our-faculty](https://osot.ubc.ca/our-research/our-faculty/)).

Applicants should prepare a sentence to give an overview of their project and contact the Mentored Clinician Partnership Program facilitator (via the online ‘Contact us’ form on the program webpage at [osot.ubc.ca/mcpp](http://www.osot.ubc.ca/mcpp)) for assistance in finding a mentor at least one month ahead of the application due date. This allows for the mentor to support you as you design your project and to help strengthen your application before you submit.

Your mentor should be someone who is knowledgeable in some aspect of your project and can provide you with feedback on the approach that you are taking. For example, the mentor may not work directly with the client population with whom you work, but could support knowledge related to your study methods or type of inquiry. You may also identify additional mentors or supports within your practice network or from other UBC departments as part of your mentorship plan.

**Application Process and Due Dates**

Use the following application form to submit your proposal. Your application will be reviewed by a committee comprised of clinical faculty and academic faculty in the UBC Department of Occupational Science & Occupational Therapy.

* Competition launches at the end of October.
* The due date to reach out and secure a UBC OSOT mentor is **January 28.**
* The due date for completed submissions is **February 28**.
* Results will be announced by/before **April 15**.

**How to Submit Your Application**

Complete the form on the following pages, save and upload as a single file to [**osot.ubc.ca/mcpp**](http://www.osot.ubc.ca/mcpp)

**Questions?**

If you have questions, please use the online form under ‘Contact us’ on the program webpage ([**osot.ubc.ca/mcpp**](http://www.osot.ubc.ca/mcpp)) and the Mentored Clinician Partnership Program facilitator will be pleased to assist.

**UBC OSOT Mentored Clinician Partnership Program - Application Form 2024**

**Application Guidance**

Please answer all questions with 12-point font with normal margins. Each question should be answered with a few sentences or a paragraph (250-300 words maximum). Bullet points may also be used. We look forward to hearing about your idea!

**Applicant**

**Name**:       **email**:

**Phone number:**

Position:

Employee of:  Fraser Health  Vancouver Coastal Health

Location:

# Mentor(s)

**Name**:       **email**:

Position:

Organization: Department of Occupational Science & Occupational Therapy

Location:

Add further mentors, if required:

**Name**:       **email**:

Position:

Organization:

Location:

**Project title:**

**Amount requested: $**

**Project overview - Tell us about your proposed project**

1. What question or issue would you like to investigate in this project?

1. Why is this work important? What need would this project address?

1. How will your project improve patient-centred care?

1. How will you use this project to inform your future practice?

**Timeline – Tell us about how you will allocate the time**

1. What would be the best way to use your time in this project?  
   *e.g.,* *I will take one day per week for 15 weeks to complete this project.*

1. When do you intend to start the project?

1. Please outline your week-by-week plan in bullet points   
   *Below is an example of a plan.*
   * *Weeks 1-3: I will review best practices in the literature for provision of wheelchairs in in-patient settings*
   * *Weeks 4-6: I will review the practices in our facility and survey clients about their satisfaction*
   * *Weeks 7-10: Based on the results of the surveys, I will propose changes to our practices to my manager*
   * *Weeks 11-14: We will implement these changes, and I will survey clients on their satisfaction again*
   * *Week 15: I will summarize my findings and recommendations or use this week as a contingency plan*
   * *Post-project: I will present the project’s findings to colleagues in my practice setting*

**Budget – Tell us how you intend to spend the funds**

1. How do you plan to spend the funds provided by this grant? Do you need any materials? What is the value of your time, which your employer will need to back-fill? Give a brief justification for the amount. e.g., *Release time (15 days @ $275/day plus 18% benefits) $4868*. Please fill in the table below, adding additional lines as needed.

|  |  |
| --- | --- |
| **Description of expense** | **Amount requested for this expense** |
|  |  |
|  |  |
|  |  |
|  |  |

**Professional experience - Tell us how you are well-placed to pursue this project**

1. Please describe your qualifications (degrees/university or college/years granted), any recent continuing professional education/training, and any experience in clinical occupational therapy related to your proposed project. Include any other accomplishments, such as involvement in community projects, outreach and education, scholarly presentations or papers if they are relevant to your project.

**Mentorship plan - Tell us how you will be supported by your mentor(s)**

1. How is/are your chosen mentor(s) well-suited to support this project?

1. How will your mentor be involved in the project? (e.g., regular meetings, feedback on a specific activity or procedure)

**Conditions of Fund:**

* **Projects must commence within 6 months of notice of the grant** (otherwise the funds may be conferred to other applicants).
* Given the small scale of these grants, **projects must be completed by May 15, 2025.**
* **A formal check-in mentorship meeting should take place 6 months after being awarded** (in addition to any other meetings/discussion as required).
* **All funds must be used to pursue the proposed project**. Expenses that differ from the stated budget must first be approved by the UBC Department of Occupational Science & Occupational Therapy.
* **Health Authorities will need to invoice UBC** Occupational Science & Occupational Therapy for any back-fill salary. Individual expenses should be submitted directly by the successful applicant to the Mentored Clinician Partnership Program facilitator for payment.
* **A final report is due July 15, 2025.** A form for the final report will be sent to the recipient once the grant is awarded. Any unspent funds remaining at that time will be returned to the Department.
* Publications, presentations, and products arising from the funded project should acknowledge the UBC Occupational Science & Occupational Therapy Mentored Clinician Partnership Program Fund.
* Please note that projects funded as part of the Mentored Clinician Partnership Program will not be eligible as a research project option for the Department of Occupational Science & Occupational Therapy course ‘OSOT 547’ during the year of funding. Projects can, however, be extended and used in subsequent years, once the funded year is complete.

*Procedures and form adapted, with permission, from the ICORD Seed Grant format.*

**Signatures**

It is agreed that the conditions above apply to any funding received in connection with this application, and these conditions are hereby accepted by the applicant. The applicant accepts responsibility for obtaining any ethics certificates or other approvals required by UBC or the Health Authority prior to the release of funds (if needed). The applicant’s managers agree to protect the applicant’s time for this project for the duration of the project.

**Applicant’s Signature** (required)

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Date:

**Operational Manager’s Signature** (required)

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Date:

Name:         
Position:

Email:         
Phone:

**Professional Practice Manager/Lead’s Signature** (as appropriate)

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Date:

Name:         
Position:

Email:

Phone: