

2019 Excellence in Patient-Oriented Research Patient Engagement Module

This is an auto-fill form, using drop-down lists and text fields. For text fields you can either type directly onto the form or cut and paste from another file. All text will display in Arial 10 format, and no other formatting (e.g. bold) is possible. You can use the tab key to move from line to line. The character maximums (if listed) include spaces but not paragraph breaks.

Principal Investigator Last Name		Principal Investigator First Names		Title:
Email Address		VCH Research Institute Centre/Program		
Clinical Department/Program (if applicable)		Clinical Position (if applicable)		
Academic Department (if applicable)		Academic Rank (if applicable)		
Work Mailing Address (include street, building, room number, and postal code)				
Work Phone Number		Work Fax Number		
Project Title				
Location of Research Activity				
Site:	Building:	Room(s):		
Amount Requested (max. \$15,000):				
Ethics & Hospital Approvals				

IN PARTNERSHIP WITH

PI Last Name: _____

Project Title: _____

Principal Investigator Signature

Name	
Signature	Date

Academic or Department Head

Name	
Department	
Signature	Date

Clinical Department Head

Name	
Department	
Signature	Date

UBC Faculty Dean

Name	
Faculty	
Signature	Date

UBC Office of Research Services

Name	
Title	
Signature	Date

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Project Title: _____

1. Patient Engagement Objectives

Provide a brief summary of your objective(s) for doing patient engagement and describe how your research project will benefit from patient engagement [1000 character limit].

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2. Detailed Patient Engagement Plan

Provide a concise overview of your patient engagement plan for your project. Refer to the award instructions for more details on completing this section [3000 character limit].

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3. Additional POR Stakeholder Engagement Plan

Describe how you currently engage, or plan to engage, VCH health care providers or decision makers in the project and explain how your project will benefit from this engagement. If your project does not currently, or plan to, engage these stakeholders use this section to offer your rationale for why you are not engaging them [2000 character limit].

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4. Impact of Patient Engagement

Describe how your engagement of patients as partners on this research project will contribute to the potential impact and uptake of your research, and / or contribute to improvements in patient care or services within VCH [1000 character limit].

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5. Project Budget

Applications will be considered for a maximum of \$15,000 for an 18-month project. Awards are non-renewable. Refer to the application instructions for details.

Resources:

Refer to the SPOR Patient Engagement Framework (<http://cihr-irsc.gc.ca/e/51466.html>)

Budgeting for Engagement Tool: <https://chimb.ca/sub-sites/1-patient-engagement?page=79-budgeting-for-engagement>

Item	Amount Requested	In-Kind
Patient-Partner Compensation		
Reimbursement for Patient-Partners Expenses (e.g. travel, parking, caregiving, etc.)		
Patient-Engagement Training and Support (e.g. a patient focus group to inform research priorities)		
Knowledge Translation Tools/Products (must be targeted at patient/public audience)		
Publications or Conference Presentations (by the patient-partners)		
Research Personnel Support for Patient Engagement		
Other Patient Engagement Expenses		
Total requested from this competition (max. \$15,000)		

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6. Budget Justification

Provide enough detail and rationale for each item so that the review committee can determine the feasibility of the project, and whether the costs for each are reasonable and required for successful patient and other stakeholder engagement activities. [3000 character limit].

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