

FoM Summer Student Research Program Submission Instructions

Deadline: Friday, February 15, 2019 [4:00PM]

Eligibility

- The competition is only open to currently registered UBC MD (years 1 and 3) and non-MD undergraduate students. Dentistry, nursing, and non-UBC students are not eligible.
 - All students must be in good academic standing; non-MD students must have a minimum GPA of 75%.
 - Students and supervisors are encouraged to discuss project expectations, schedules and timelines in advance of agreeing to work together. Due to the short summer break of Yr 3 MD students, we will be offering 4-week FoM SSRP awards for this cohort only.
 - This year's FoM SSRP funding period must occur between May 27-August 31, 2019 but the 8 (or 4 if applicable) weeks of funding need not be consecutive.
 - Each student and supervisor may only submit one application (can be submitted by the student or the supervisor). Multiple applications from the same individual will be disqualified and not put forward for adjudication.
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Instructions

1. In addition to these instructions we suggest you review the following prior to starting the application:
 - [Adjudication Criteria](#)
 - [Consent Form](#)
2. All applications must be submitted via our online application system (URL below). The application form was created using Qualtrics, a Canadian-hosted solution that meets strict BC privacy legislation. All FoM SSRP applications must be submitted using the online application form.
3. To simplify the online application process, we suggest you review the applications questions below and prepare the required items/information prior to starting the online application.
4. The first step of the online application requires you to enter an email address for registration. You must use a unique email address for each application (i.e. research coordinators submitting applications on behalf of multiple PIs will not be able to use one email address for multiple applications).
5. Please note that you are able to complete the application in multiple sittings by returning to the website and entering the email address you originally used to register your application.
6. Follow this link to complete the online application: https://ubc.ca1.qualtrics.com/jfe/form/SV_2c9NAKAQDWxAjsx

Notes on the consent form

- E-signatures are acceptable for the consent form (a typed name is not equivalent to an e-signature) or you can upload a scan of the signed hardcopy. Upload the signed form as part of the online application.
 - Supervisors with Instructor level appointments require an additional signature from their Department Head, School Director, or other designated signing authority as listed on the [FoM signing authority list](#).
 - Please save your file in the following format: **Student Last name, First name - Consent**
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CONTACT INFORMATION

Linda Herbert (Student Research and Education Coordinator) or **Marina Schor** (Student Research Assistant)
fom.ssrp@ubc.ca or (604) 822-7154 (Linda)

Additional information on the FoM SSRP, including [Frequently Asked Questions](#), funding terms and general program procedures can be found on the FoM SSRP website www.med.ubc.ca/ssrp.

This is not an application form. This is a copy of the application questions solely for reference purposes.

FoM Summer Student Research Program Application Questions

Deadline: Friday, February 15, 2019 [4:00PM]

This competition is only open to currently registered UBC undergraduate students: MD undergraduate students must be registered in year 1 or 3 of the UBC MD Undergraduate Program. Non-MD undergraduate students must be registered in a direct-entry UBC undergraduate program at the close of the application period, i.e. W2 semester (the FoM SSRP award can be held immediately after graduation).

Please review the following materials prior to starting the application: [Adjudication Criteria](#), [Submission Instructions](#), and [Consent Form](#).

Additional information on the FoM SSRP, including eligibility, funding terms, adjudication criteria and general program procedures can be found on the [FoM SSRP website](#). Each individual, student or supervisor, may only be listed as a primary applicant on one application (can be submitted by the student, the supervisor or another study team member). Additional applications naming the same primary applicant(s) will be disqualified and not put forward for adjudication.

Please note: Please note: all questions in this application are required unless otherwise stated. Please ensure you have filled out the entire application before submission to avoid penalties or possible disqualification of your application.

You are able to complete this application in multiple sittings by returning to this website and entering the email address you used during the original registration step. To navigate through the application access the table of contents by clicking "contents" at the bottom of the page or clicking the drop down menu in the upper left corner. You can also navigate the application using the "next" and "back" buttons.

STUDENT INFORMATION

****Reminder that an individual student can only be named as an applicant on one application****

Last Name:

Legal First Name (as on SSC account):

Preferred First Name:

Preferred Pronoun (she/he/xe/they, etc.):

The student partner is a:

- MD undergraduate student
- Non-MD undergraduate student

Program:

- Island Medical Program
- Northern Medical Program
- Southern Medical Program
- Vancouver Fraser Medical Program
- BMLSc (Bachelor of Medical Laboratory Science)
- BMW (Bachelor of Midwifery)
- BSc (Bachelor of Science) – UBC Vancouver
- BSc (Bachelor of Science) – UBC Okanagan
- PharmD (Bachelor of Science, Pharmacy)
- Bkin (Bachelor of Kinesiology)
- BA (Bachelor of Arts)
- BASc (Bachelor of Applied Science)
- Other (Please Specify): _____

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Student's Faculty (as per their degree program) – displayed to non-MD students only:

- Faculty of Applied Science
- Faculty of Arts
- Faculty of Education
- Faculty of Forestry
- Faculty of Land and Food Systems
- Faculty of Medicine
- Faculty of Pharmaceutical Sciences
- Faculty of Science
- Other (Please Specify)

Year of study as of Feb 2018:

- 1st year
- 2nd year
- 3rd year
- 4th year or above

UBC Student Number:

Student Phone Number (in XXX-XXX-XXXX format):

Student E-mail address:

This will be the address used for all communications, so this should be an account you check regularly

By applying to the FoM SSRP I grant permission to the program to access my academic record to assist in evaluating my application.

Grades will be obtained internally; applicants do not need to submit transcripts or other documentation - except for non-MD applicants enrolled in programs where grades are not available on the SSC. These applicants must contact fom.ssrp@ubc.ca **in advance of the deadline** to discuss options to obtain their marks. Failure to do this in advance of the deadline will result in the application being considered incomplete.

- Yes
- No

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SUPERVISOR INFORMATION

****Reminder, an individual can only be named as a primary supervisor on one FoM SSRP application.****

Supervisor Last Name:

Supervisor First Name:

Email Address:

Primary Phone Number:

Secondary Phone Number (optional):

UBC FoM Division (if applicable):

Additional affiliations (Department/Schools, Centre, Hospital, unit, etc.) (Optional)

- FoM Department/School (Main FoM appointment):
- Anesthesiology, Pharmacology & Therapeutics
 - Audiology & Speech Sciences
 - Biochemistry & Molecular Biology
 - Biomedical Engineering
 - Cellular & Physiological Sciences
 - Dermatology & Skin Science
 - Emergency Medicine
 - Family Practice
 - Medical Genetics
 - Medicine
 - Obstetrics and Gynaecology
 - Occupational Science & Occupational Therapy
 - Ophthalmology & Visual Sciences
 - Orthopaedics
 - Pathology & Laboratory Medicine
 - Pediatrics
 - Physical Therapy
 - Population & Public Health
 - Psychiatry
 - Radiology
 - Surgery
 - Urologic Sciences
 - Other (Please Specify): _____

Supervisor Faculty Rank at UBC

- Professor
- Associate Professor
- Assistant Professor
- Instructor
- Clinical Professor
- Clinical Associate Professor
- Clinical Assistant Professor
- Clinical Instructor
- Professor of Teaching
- Other, please specify: _____

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Supervisor's preferred contact method

- Phone
- Email
- Either

Alternate Project Contact (optional)

Alternative Contact's Last Name :

Alternative Contact's First Name :

Alternative Contact's Email Address :

Alternative Contact's Phone Number:

Department:

Faculty Rank (if co-supervisor) :

- Alternate Project Contact's Role (optional):
- Administrative support personnel
 - Co-supervisor
 - Research/Lab coordinator
 - Other, please specify

I would like the alternate contact to be copied on all FoM SSRP communications.

If applicable, please inform project contacts that they will receive FoM SSRP communications.

- Yes
- No

PROPOSED DATES FOR FoM SSRP FUNDING

Must occur between May 27, 2019 – August 31, 2019. Estimated dates are fine as dates can be revised at the time of award acceptance in May.

Project Length

- 8-week
- 4-week (available for MD 2020 only)

Proposed start date

(YYYY/MM/DD)

Proposed end date

(YYYY/MM/DD)

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STUDENT STATEMENT OF INTENT

To assist with the adjudication process, describe why you are interested in pursuing this particular research opportunity, what you hope to gain from your participation in this project and how this opportunity will contribute to you achieving your current and/or future educational and/or career goals. Please note that the review process will be blind (with review documents identified only by student number). To facilitate a blind review process, please **do not use any names, gender specific pronouns or similar identifying characteristics** in this section, including collaborator's names, author names in references etc. Marks will be subtracted from applications not adhering to these guidelines.

Character Limit: 2900 characters (~425 words)

PROJECT ATTRIBUTES

Project title:

Hypothesis or Research Question being addressed: Character Limit: 400 characters (~60 words)

Provide approximately 5 key words that describe the proposed research project.

Indicate the type(s) of research applicable to your project: (select all applicable)

- Basic Science
- Clinical
- Educational and/or Curricular
- Health Systems & Services
- Population Health
- Global Health
- Other _____

Indicate if your project is related to any of the following:

Some FoM SSRP funding is only available for specific research topics but other funds are available for general research

- Oncology
- Surgical oncology
- Lung cancer
- Glioma/glioblastoma
- Pancreatic cancer
- Kidney disease
- Muscular dystrophy
- Diabetes
- Pharmacology
- Psychiatry/ Mental health
- Neurology
- Alzheimer's
- Parkinson's
- Cardiology
- Pulmonary
- Rheumatology and/or Arthritis
- Nutrition/Metabolism

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BACKGROUND AND SUMMARY OF PROPOSED RESEARCH

Please review the [adjudication criteria](#) carefully prior to completing the following question to ensure your application is addressing the adjudication criteria outlined in "Project Attributes". Note that the project title and the hypothesis or research question you provided on the previous page will be included when evaluating this section of your application.

Summarize the proposed project including the rationale for the project, the context within the relevant field of research, the proposed research approach and the expected project outcomes. If this is an ongoing project of >8 weeks duration (or 4 weeks for MD 2020 students) clearly distinguish the expected project outcomes at the end of the FoM SSRP funding period from the overall project objectives.

Please write in lay terms for a non-specialist audience. Additionally, please be aware that this application system only supports plain text responses, no special characters or formatting can be included in your responses. Please note that the review process will be blind (with review documents identified only by student number). To facilitate a blind review process, please do not use any names (including in references), gender specific pronouns or similar identifying characteristics in this section. Marks will be subtracted from applications not adhering to these guidelines. For brevity, the abbreviation TS can be used to refer to "The Student". References are not required or expected, but if you do use them, use an abbreviated style without author names as indicated above.

Character Limit: 3050 characters (~450 words)

BENEFIT TO THE STUDENT

Please review the [adjudication criteria](#) carefully prior to completing the following question to ensure your application is addressing the adjudication criteria outlined in "Benefit to the Student".

This section must address how involvement in this project will allow the student to gain an understanding of how to conduct high quality research. This includes addressing the opportunities to learn new skills in the context of the relevant learning objectives listed in the [adjudication criteria](#); their anticipated interactions with other researchers; and the available resources that will contribute to a beneficial experience.

Clearly indicate which items will be completed during the FoM SSRP funding period and which (if applicable) will be completed before or after the funding period if the student and supervisor have chosen to also work together outside of the funding period. Project feasibility is considered during the adjudication process; 4-week and 8-week projects will be adjudicated separately, with appropriate consideration given to each.

Please note that the review process will be blind (with review documents identified only by student number). To facilitate a blind review process, please **do not use any names or gender specific pronouns or similar identifying characteristics** in this section. Marks will be subtracted from applications not adhering to these guidelines. For brevity, the abbreviation TS can be used to refer to "The Student".

Character Limit: 3800 characters (~550 words)

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ADDITIONAL PROJECT INFORMATION

Please indicate if your project requires the following:

This will allow our partner institutions to liaise with successful applicants if needed.

This project requires ethics approval (human or animal):

- Yes
- No

Please indicate if you:

Ethics approval can be a lengthy process and applicants are encouraged to start the approval process ASAP, unless the intention for this activity is to be a focus of the project (and the application reflects this). Waiting until after funding announcements are made to start the approval process is not advised as this usually provides insufficient time to obtain approval which may jeopardize your award (as some FoM SSRP funds require ethics approval to be in place well before the project start date, e.g. May 1st).

- Already have ethics approval
- Will obtain ethics approval before the FoM SSRP funding period
- Intend for the ethics application to be undertaken as a focus of the FoM SSRP project during the funding period

This project requires access to electronic medical records (EMR):

- Yes
- No

Please indicate if you:

- Already have EMR access
- Will obtain EMR access before the FoM SSRP funding period
- Will include the EMR application process as part of the FoM SSRP project during the funding period

RESEARCH AFFILIATIONS

Please indicate if the project supervisor is affiliated with any of the following: (select all applicable)

- BC Cancer
- BC Children's Hospital Research Institute
- Providence Health Care Research Institute
- Vancouver Coastal Health Research Institute
- Women's Health Research Institute
- Fraser Health Authority (supervisor must hold a clinical appointment, not just a research appointment)
- Interior Health Authority
- Northern Health Authority
- Provincial Health Services Authority
- Vancouver Coastal Health
- Island Health
- UBC Point Grey
- UBC Okanagan
- Island Medical Program
- Northern Medical Program
- Southern Medical Program
- Vancouver Fraser Medical Program
- Office of Pediatric Surgical Evaluation and Innovation (OPSEI)

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RESEARCH LOCATION INFORMATION

As applicable, indicate where the project will be conducted.

City or Region:

Research Centre:

Hospital/clinic:

Program or Unit:

Additional information (building, lab, etc.):

SUMMER STUDENT RESEARCH PROGRAM CONSENT FORM

Please note that supervisors with Instructor level appointments must have their consent form signed by their official Department Head or School Director (or alternate designated signing authority) as indicated in the [FoM signing authority list](#). Supervisors with professorial appointments do not require this additional signature.

Upload your signed [Consent Form](#) as a PDF or Image file (must contain all required signatures)

Please save your file in the following format: "**Student Last Name, First Name - Consent**"

This is the end of the application. Once you click "Submit", you will see an end-of survey message.

Every question in the application is required unless otherwise indicated. Please ensure you have completed all the questions before you submit your application. Incomplete submissions will be penalized, up to and including possible disqualification.

A copy of your application responses will be sent to the student and supervisor email addresses. If you would like to have a copy of the responses sent to an additional email address, please enter it below. Thank you for your submission.

Additional Email Address: