



THE UNIVERSITY OF BRITISH COLUMBIA

## Clinician Scholar Program

### UBC Department of Family Practice

### Clinician Scholar Program (CSP)

### *Mentorship Agreement*

**Thank you for your interest in becoming a Clinician Scholar Program Mentor!**

The Clinician Scholar Program (CSP) is a College of Family Physicians of Canada (CFPC) Category 1 Enhanced Skills Residency accredited program offered through the Department of Family Practice (DFP) of the University of British Columbia. It is a two-year, part-time program that provides R3-level funding for family physicians to develop advanced scholarly skills. The structure of the CSP aims to flexibly accommodate a clinician's practice with their scholarship training. Each participant's learning needs and career objectives drive the structure and curriculum of the program.

The DFP recognizes the importance of the mentorship role and its contribution to the success of the Clinician Scholar's scholarly project and skill development. The success of past Clinician Scholars has always been associated with strong mentorship; therefore, all applicants must secure the consent of a DFP faculty member with sufficient research expertise to act as their scholarship mentor during both years of the program. The role also provides an opportunity for professional development of academic and clinical faculty through mentoring.

Please complete and sign this mentorship agreement and return it to the Clinician Scholar Program applicant, who will then submit it with the rest of their application to the CSP office.

If you have any questions, please contact the CSP coordinator:

**Clinician Scholar Program (CSP)**

UBC – Department of Family Practice

320 – 5950 University Boulevard

Vancouver, BC V6T 1Z3

Email: [csp.assistant@familymed.ubc.ca](mailto:csp.assistant@familymed.ubc.ca)

Phone: (604) 827-2488



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## Mentor Information

Name:

Department and Area of study:

Are you UBC Academic  
or Clinical Faculty :

Have you mentored a  
Clinician Scholar before  
(Yes | No)? If so, indicate  
year:

Please indicate your  
availability to provide  
scholar support:  
*(Hours per week, days per  
month)*

Please indicate the type  
of support you can  
provide to the scholar:  
*(Scholarship background,  
writing, grant proposal  
etc.)*

Number of prior  
mentees at a similar or  
more advanced stage in  
their scholarly training  
that you have mentored  
in the past 5 years:

What are your  
anticipated  
contributions? :

A link to your  
publication record, and  
to site(s) summarizing  
your scholarly  
contributions and  
qualifications (e.g.  
PubMed, citations in  
Google Scholar and/or  
Research Gate):



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## CSP Mentor – Mentee Agreement

**If the applicant is accepted into the Clinician Scholar Program, the mentor and mentee agree to abide by the following set of guidelines (please tick the boxes):**

- Commit to making the time to meet on a regular basis (at least 2 times per month, by phone, email, or in person).
- Participate in the Scholar Evaluation Process that consists of one One45 Evaluation that is completed every year:
  - Mentor evaluation of Clinician Scholar
  - Clinician Scholar evaluation of the Mentor
- Each year, the mentor will participate in faculty development activities that will be consistent with supporting or advancing their ability to mentor the scholarship of their trainee. This can be participating in scholarly meetings in their field, or UBC opportunities to advance your ability as a teacher. You are welcome to contact the CSP Director for other opportunities.
- This agreement can be terminated at the request of either party by contacting the CSP Director.
- This agreement expires in two years; the mentoring relationship may continue after that on an informal basis.

**Mentor:**

If the applicant is accepted into the Clinician Scholar Program, I agree to work in partnership with the mentee. As a Clinician Scholar Program Mentor:

- I have read the Mentorship Agreement
- I have reviewed the Clinician Scholars’ Application
- I acknowledge and will abide by the CSP Mentorship requirements and guidelines

*Please check all the boxes to indicate you’ve read and agree with the terms.*

Mentor Name: \_\_\_\_\_ Mentor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Mentee:**

If I am accepted into the Clinician Scholar Program, I agree to work in partnership with the mentor.

Applicant Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_