



Physicians of Ontario Collaborating
for Knowledge Exchange & Transfer

PROJECT REQUEST TEMPLATE

Organization name _____

Contact person name _____

Project Title _____

Address _____

Phone number _____

Email _____

When reviewing the project request POCKET will be looking at the following criteria:

- Converging interests of partners
- Availability of evidence
- Applicability in Ontario through the EI network
- POCKET ability to evaluate the effect of using the EI network for this project (availability of data sources for evaluation)
- Clinical Practice issues
- Patient issues

I. PURPOSE

Project Overview

Project Objectives

Describe the clinical practice issues outlined in the project and how it is applicable to the EI network

- Perceived need to assist family medicine and other specialists in clinical practice
- Physician awareness of a “care gap” between evidence and practice, and informational needs to reduce the gap.
- Generally well understood and mutually accepted roles to be played by the various professions involved in the management of the disease / condition
- Availability of and access to health system resources / programs necessary for managing the disease/condition in the target patient group(s)

Describe the patient issues outlined in the project

- Prevalence/frequency of the clinical condition
- Clinical significance (threat to life, acuity/chronicity of condition, morbidity/disability, etc.) of the clinical condition, for individuals or defined population groupings

Period of agreement:

Description of how the EI Network will be utilized.

SAMPLES OF MATERIALS THAT WILL BE SENT TO EI NETWORK *(please describe and attach materials)*

SIGNATURES

(name)

(name)

(date)

(date)

POCKET Steering Committee Sponsor

(name) (organization)

(date)