



AMS Healthcare

Leadership in Compassion
and Artificial Intelligence

Fellowship

**AMS Healthcare
Leadership in Compassion and Artificial Intelligence Fellowship
2025 Letter of Intent – Submission Guide**

Submission Requirements

- A complete application includes:
 1. completed LOI Submission.
 2. a completed Signature Page.
 3. an abbreviated curriculum vitae of no more than three (3) pages.
 4. letter of support from the Sponsoring (Host) Institution.
- The submission deadline is **5:00 pm (eastern time) on Wednesday, January 15, 2025**. You will receive an acknowledgement of your email application within 36 hours.
- The complete application must be sent by email as a single electronic file in PDF format to OSSU@OSSU.ca. The PDF should be saved as: **Last Name First Initial – AMS Fellowship 2025**.

Important notes:

- Applications that do not follow word limits or formatting instructions will be either truncated or triaged from the competition.
- Incomplete applications will be triaged from the competition.

Completing the LOI Submission

1. The LOI Submission must be prepared using a non-condensed font (Calibri, 11pt) single-spaced, with no more than six lines per vertical inch. Print must be in black ink and be of letter quality. Paper size must be no larger than standard letter paper size (8 ½" x 11"). Provide at least one-half inch margins (½") - top, bottom, left, and right - for all pages. No applicant-supplied information can appear in the margins.
2. Ensure that the pages of your LOI Submission are consecutively numbered and that your name appears on the right-hand side of the header. Applications that do not meet these presentation standards may be triaged or be at a disadvantage in comparison with those that are complete and respect the presentation standards.
3. Prepare your LOI Submission using the subheadings (in order) provided below.
 - a. **Project/Proposal Title** - Provide a descriptive title for the project/proposal.
 - b. **Plain Language Summary** - Provide a brief plain language summary of the project/proposal. (75 words maximum)
 - c. **Background of the Applicant** - Describe how your previous knowledge and experience is ideally suited to developing expertise and leadership in the impact of digital



technologies/artificial intelligence on the delivery of compassionate healthcare. Where possible, include specific references to professional/academic achievements, appointments and/or leadership roles, education, training and/or activities in your abbreviated *curriculum vitae* that support your description. Finally, describe your development goals and readiness related to the leadership opportunity. (500 words maximum)

- d. **Description of the Proposed Activities** - Describe the activities/projects you propose to undertake during the term of this award that will improve our understanding of the impact(s) of digital technologies/artificial intelligence (and well being and mental health of healthcare providers, patients and caregivers during COVID, if relevant) on the delivery of compassionate healthcare and how the ensuing benefits and challenges can be leveraged and mitigated respectively. Include a clear description of the deliverables, feasibility and anticipate outcomes from each activity. (250 words maximum)
- e. **Alignment of the Project/proposal with the AMS Mission and Compassion** - Provide a paragraph outlining how the proposed work and anticipated outcomes are aligned with goals and objectives of AMS and compassionate care. (200 words maximum)
- f. **Host Organization/academic Institution Support** - Describe the accommodations, supports and/or contributions being made by the host organization/academic institution that will help to ensure your success during this fellowship. This may include the commitment to provide release time to the applicant to complete the fellowship and the provision of space, facilities, funding, special resources/expertise as needed. Ensure that the host organization/academic institution's letter of support documents the details described in this section of the application. (200 words maximum)
- g. **Expectations of the Supervisor and Mentor** - Provide details of the Supervisor's background as it relates to supervising Fellows and the impact of digital technologies/artificial intelligence on compassionate healthcare.

Provide details of the Mentor's background as it relates to mentoring Fellows and the impact of digital technologies/artificial intelligence on compassionate healthcare.

Outline the plan for supervision and mentoring of the applicant to ensure that the applicant receives maximal benefit from the fellowship. (250 words maximum)
- h. **Expectations of the Patient/Caregiver Mentor** - Provide details of the Patient/Caregiver Mentor's background.

Outline the plan for mentoring of the applicant to ensure that the applicant receives maximal benefit from the fellowship. (150 words maximum)
- i. **Preliminary Budget** - AMS Healthcare has allocated up to \$75,000 for each fellowship for one year. This amount can be split between salary/benefits costs and project/activity costs. Build a Budget Table that describes how the AMS funding will be spent across the



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following expense categories: "Salary and Benefits"; "Honoraria"; "Materials, Supplies and/or Services"; "Equipment"; "Communications"; "Travel"; "Other (specify below)". Use another column in the table to indicate how Host Organization/Partner cash or in-kind contributions will be spent across the aforementioned expense categories.

Provide a justification of the amounts listed in this Budget Table. Ensure that the letters of support reflect the value of the Host Organization/Partner cash or in-kind funding/resources declared in the Budget Table. (250 words maximum)

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Sample Budget Table for Fellows Submission		
Budget item	AMS Fellowship costs	Host/Partner contributions
Salary and Benefits - Fellow		
Salary and Benefits - Research Staff		
Honoraria		
Materials, Supplies and/or Services		
Equipment		
Communications		
Travel		
Other (specify below)		
<i>Specify cost</i>		
<i>Specify cost</i>		
TOTAL	0	0



Completing the Signature Page

Complete the Signature Page Template for the Applicant, Host Institution, Supervisor and Mentor. Three additional sections are available to add other participants to this proposal if needed. All participants identified in the table must sign the Signature Page. Multiple Signature Pages may be included in your submission.

1. **Project Title** - Provide a descriptive title for the project/proposal.
2. **Applicant Details**
 - **Applicant details** – complete all fields provided.
 - **Career Stage** – the AMS Healthcare Fellowship in Compassion and Artificial Intelligence intends to engage fellows from a broad spectrum of backgrounds who can contribute to our understand of the impact of digital technologies and artificial intelligence on compassionate healthcare. Please indicate (add an “X” in the box) this most appropriate description of your background.
 - **Early or mid career research/scholar.** CIHR defines a new/early career researcher as someone who has assumed his/her first independent academic position (e.g., faculty appointment) **within the last 5 years**. For AMS, a mid-career researcher is an individual within **6-10 years** from the date of their first research-related appointment, minus eligible delays in research. Researchers maybe working directly in the healthcare field or in a field related to/focussed on healthcare (i.e. health ethics, health law, computer scientist with an interest in health applications)
 - **A regulated healthcare professional** with graduate school training or an academic working in an Ontario health care organization/provincial government, academic setting or a provincial/national health profession organization in Canada.
 - **Time** – indicate the percentage of your time that will be dedicated to this fellowship.
 - **Signature** – add your signature and date.
3. **Host institution** – complete all fields for representative of the host/sponsor institution who has the authority to bind the institution (eg: VP Research or Dean). Obtain their signature.
4. **Supervisor** – complete all fields and signature of the (lead) Supervisor of your Fellowship.
5. **Mentor** – complete all fields and signature of the (lead) Mentor of your Fellowship.
6. **Patient/Caregiver Mentor** - complete all fields and signature of the Patient/Caregiver¹ Mentor of your Fellowship. If you have not identified a Patient/Caregiver Mentor, please provide a justification in the space provided.

¹ A “Caregiver” is a family member or guardian who has lived experience with the care needs of a patient.



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- 7. Others** – complete all fields and signature of any other individuals (maximum 3) involved in the Fellowship (eg: other supervisors and or mentors, partners, etc). Indicate what “**Role**” (Mentor, Partner, etc) this additional signatory will perform to support your Fellowship.