

## Practice-Based Project Statement

As part of your application, please provide a brief statement outlining the project area you are most interested in pursuing during the DSc in Rehabilitation Science and how this work will translate to your professional practice or organizational context.

In this program, “practice” is defined broadly. It may include education and training, leadership and management, program or service development, quality and safety work, or other forms of professional/organizational practice within rehabilitation.

Your proposed project must be locally grounded (i.e., directly connected to your own clinical, educational, leadership, or program setting, stakeholders, and data) *and* have the potential to generate scholarship or products that can be shared (e.g., presentations, publications, toolkits, curricula, or implementation guides).

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## What is a Practice-Based Project?

A practice-based project is a real-world challenge in rehabilitation that you could address through education, leadership/management, or applied research/scholarship. It may be situated in a clinical environment, but the central focus should be on how we teach, lead/manage, or systematically study and improve rehabilitation practice - not on routine clinical care alone. Projects should be suitable for doctoral-level scholarly or creative work and designed to be disseminated.

A strong project focus will be:

- **Rooted in your local professional setting** – It exists in your current clinical, educational, leadership, or program/organizational setting and draws on your own stakeholders, processes, and/or data.
- **Actionable** – You can reasonably influence it through educational design, leadership/management strategies, systematic inquiry, quality improvement, innovation, or policy/practice recommendations.
- **Outcomes-focused** – It affects meaningful outcomes such as patient or caregiver experience, learner outcomes, staff well-being, team functioning, program performance, or system-level metrics.
- **Context-specific** – It occurs in a particular setting with identifiable stakeholders (e.g., patients, providers, learners, leaders, payers, community partners).
- **Scholarly and dissemination-ready** – It is designed so that what you create or learn (e.g., models, curricula, tools, frameworks, evaluation findings) can be rigorously examined and shared beyond your own setting through presentations, publications, toolkits, or other products.

You are not expected to have a fully developed project or research proposal at the time of application. We are looking for your ability to clearly describe an important problem in your professional practice and your early thinking about how it could become a rigorous, disseminated project that advances education/training, clinical research, or leadership in rehabilitation science.

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### **Pre-Writing Reflection Questions**

You may find it helpful to reflect on questions such as:

- What persistent challenge in your clinical, educational, leadership, or program work keeps resurfacing despite previous efforts to address it?
- Who is most affected by this problem (patients, learners, providers, leaders), and what evidence do you have of its impact (data, outcomes, lived experience, observations, feedback)?
- What local factors, workflows, beliefs, or constraints seem to keep this problem in place?
- How does this problem connect to broader issues in rehabilitation (e.g., access to services, quality of care, efficiency, equity, workforce well-being, learning or professional growth)?
- What assumptions about “how things have to be” might need to be questioned to address this issue?
- If you were successful, what would you be able to share with others? (e.g., a model, toolkit, curriculum, workflow, or set of lessons learned)
- Why is this problem important enough to focus on during a doctoral program?

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### **Statement Requirements**

- **Word Limit:** Up to 750 words
- **Purpose:** To demonstrate graduate-level writing, critical thinking, and your ability to identify and describe a meaningful practice problem that could be developed into a DSc project with potential for dissemination.

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### **Suggested Structure**

You do not need to use headings, but please address the following components in your statement:

1. **Context & Significance**
  - Briefly describe your professional or organizational setting (e.g., clinical, educational, leadership, programmatic) and your role.

- Explain the problem or challenge you are interested in and why it deserves attention.
- 2. Description of the Problem & Contributing Factors**
- Describe what is currently happening and how you know it is a problem (e.g., data, outcomes, lived experience, observations).
  - Identify key factors, systems, or assumptions that you believe contribute to the problem.
- 3. Project Direction & Potential Approaches**
- Describe how you might begin to address this problem during the DSc program (for example: quality improvement project; implementation of an evidence-based clinical, educational, or leadership practice; supervision/mentorship initiative; care pathway or program redesign; digital/technology-enabled solution; or other practice/organizational change).
  - You may share one or more possible directions; these ideas can evolve during the program.
- 4. Translation to Practice, Expected Impact & Dissemination**
- Explain how work in this project area could realistically translate back into your clinical, educational, leadership, or program setting.
  - Describe the types of benefits you would hope to see (for patients, communities, providers, learners, teams, or systems).
  - Briefly comment on how what you learn might be shared with others (e.g., as a conference presentation, publication, curricular product, implementation toolkit, or other disseminated output).
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## **Scholarly Project Expectations**

All DSc projects are scholarly or creative projects appropriate for doctoral-level work. They should be:

- Locally grounded (i.e., directly connected to your own clinical, educational, leadership, or program setting, stakeholders, and data)
- Rigorous in design and execution
- Dissemination-ready, with the potential to be shared beyond your setting (e.g., presentations, publications, toolkits, curricula, implementation guides, or other products)
- Aimed at advancing education and training, clinical research, or leadership and management in rehabilitation science, even when they are situated in a clinical environment

Projects may be rooted in clinical settings, but the central focus should be on developing or studying education, leadership/management, or applied research/scholarship within that context—not on providing routine clinical care alone.

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### **Program Areas of Emphasis**

Your project area should connect to at least one of the DSc program's core emphasis areas. You may select more than one if appropriate:

#### **1. Education & Learning in Rehabilitation Science**

Projects in this area focus on how rehabilitation professionals learn, are trained, and maintain expertise. The setting may be academic, clinical, or community-based, but the core of the work is educational.

- Possible foci include: curriculum or course design; residency/fellowship or workforce development programs; clinical teaching and supervision models; mentorship structures; competency frameworks; assessment strategies; simulation; or faculty development.
- Projects should be designed so that what you create or study (e.g., curricula, assessment tools, teaching models, faculty development resources) can be rigorously evaluated and disseminated to inform rehabilitation education more broadly.

#### **2. Leadership, Management & Systems in Rehabilitation Science**

Projects in this area focus on how rehabilitation programs, teams, and systems are led and managed to support high-quality, equitable, and sustainable care, training, and research.

- Possible foci include: development or evaluation of new service lines or programs; leadership development initiatives; change management efforts; care pathway or workflow redesign; team culture, communication, or well-being; strategic planning and implementation; or governance and decision-making structures.
- The emphasis is on generating scholarly insight into leadership and management practices (e.g., models, frameworks, implementation guides, evaluation findings) that can be shared and applied in other rehabilitation contexts.

#### **3. Applied Research, Quality Improvement & Practice Innovation in Rehabilitation Science**

Projects in this area focus on systematic inquiry and data use to improve clinical, educational, or organizational practice in rehabilitation.

- Possible foci include: practice-based research; implementation or evaluation of evidence-based interventions (clinical or educational); outcomes measurement; quality improvement initiatives; digital health and

technology-enabled care or learning; or innovative models of service delivery or training.

- The work should move beyond a local QI project to produce generalizable or transferable knowledge, such as implementation case studies, practice or education models, evaluation reports, or peer-reviewed scholarship that informs rehabilitation science.

Across all emphasis areas, projects should be designed from the outset with both local impact and dissemination in mind, contributing meaningfully to the advancement of rehabilitation science through education, leadership, or applied scholarship.