

KNOWLEDGE TRANSLATION CHALLENGE

Application Form Instructions

Applications are due April 14, 2025 by 4PM. Submit to education.award@vch.ca

The Application Form for the KT Challenge is a separate document. It is composed of 8 sections outlined with brief explanations below. Please keep these instructions nearby when you are completing your application, and carefully read the guidelines for each section.

The Knowledge Translation (KT) Challenge is designed to support teams of Providence Health Care, Vancouver Coastal Health, BC Cancer, Northern Health, and Fraser Health clinicians (nursing, allied health, and medical staff) who want to move evidence into practice. The KT Challenge is offered and supported by the aforementioned Health Care organizations.

Notes:

- Patient Family Partners (PFPs) are key interest holders for all KT projects. Proposals will be reviewed by the KT Challenge Advisory Committee, which includes PFPs who are trained reviewers. All KT Challenge teams are required to include PFPs in your project work and/or on your project team. Please ask your PFP(s) to sign in the designated spot on the application form, acknowledging their ongoing contribution and/or partnership in your project. PFP(s) will receive two invitations to evaluate their participation over the two years of each funded KT Challenge project.
- Research vs QI clarification (will ethics be required for your project?)
 - a. For VCH: use the [QA/QI tool](#) and, if your project is funded, follow up with the Ethics office if needed. More information can be found online [here](#), including pilot of a self-guided ethics screening tool.
 - b. For PHC: use the [ARECCI](#) tool to screen your proposed project. You will need to follow-up with the Providence Research Ethics team if the score indicates to do so, or is inconclusive. More information will be included in your funding decision letter.
 - c. For BC Cancer: use the [PHSA Sorting Tool](#) to determine if your proposed project requires you to submit an ethics application and attach the results to your proposal. More information and next steps will be included in your funding decision letter.
 - d. For Fraser: If you have any questions if ethics is required for your project in, please refer to the [REB exemption letter request](#) document or contact the REB@fraserhealth.ca for clarification.
 - e. For Northern Health, consult with your KT Lead to determine ethical requirements based on the nature and scope of the implementation project; additional ethics resources are available [here](#).

Page Limit. Please limit the entire application to five pages, 12-point font, double-spaced. Page count begins with Lay Summary (Section 1) and ends with Patient Family Partner Contribution (Section 8). Any other supplementary content (such as references) should be included as appendices, in addition to the five pages.

Section 1 – Lay Summary. Begin your proposal with a lay summary of your project. Use plain language that all reviewers of the proposal can understand, with minimal use of acronyms or specialized terminology. Note that not all reviewers are clinicians or experts in your area of clinical practice. For example, you could write:

“Because patients with cardiac disease are known to be at high risk for depression, and since untreated depression leads to negative health outcomes, we propose to implement the use of a validated depression screening tool in the inpatient cardiac program at St Paul’s Hospital. We will identify champions among the key clinicians with an interest in this practice change (nurses and physicians), offer training sessions, and use Plan Do Study Act cycles to test and modify intervention strategies. We will evaluate our intervention by chart audits to check whether screening was completed, and use follow-up phone calls with patients regarding conversations about depression screening they may have had with their primary care provider following their hospitalization.”

Section 2 – Need and Evidence Base. In this section, you will need to describe the practice change the team plans to implement, explain the need for the practice change, and provide a brief overview of the evidence base that demonstrates that the practice change will address the need identified. You may use or expand content from your LOI into this section, or modify this content based on learnings from the workshops, readings from the LearningHub site, or feedback from your KT Lead, mentor, interest holders, or review committee.

Section 3 – Implementation Strategies. In this section, you will need to describe the implementation strategies you will use. Use the information you collected on interest holder needs, barriers, facilitators, what you know about effective implementation strategies, and what will work with your interest holders. As you learned in one of the workshops, the selection of implementation strategies is based on:

- The needs and contexts of the key people involved or affected by your practice change
- The barriers and facilitators to adopting the practice change, and
- The research evidence on effective implementation strategies

Incorporate Information from your completed “Engagement” Worksheet and your completed “Barriers and Facilitators” Worksheet. Integrate the information from the worksheets into your proposed implementation strategies and also attach the completed worksheets to your application as appendices. **Note:** The worksheets are explained in the workshops. Between the workshops, you were expected to complete these worksheets and submit them to the LearningHub. You might have already begun preliminary meetings with interest holder groups. If you received feedback on your submitted worksheets or planned practice change, this feedback should be incorporated into your final proposal with updated worksheets attached as Appendices (not included in the five-page limit).

Provide Evidence and Cite Literature on implementation strategies and propose the most effective implementation strategies to achieve your practice change. Include references to published literature (when available) and/or contextual factors that influenced the section of the implementation strategies you propose to use. Your reference list is not included in the five-page limit.

Section 4 – Evaluation Plan. In this section, you will describe how you will evaluate the impact of your practice change, based on information and worksheets provided in the Workshop 3: Evaluation. Be sure to include:

1. The questions your evaluation will answer, making sure to include a question assessing the uptake of the practice change.
2. A logic model that shows the implementation activities and the intended outcomes that are expected to result from your practice change (attach your logic model as an appendix). You may adapt one of the logic model examples provided by the instructor during the workshops or create your own.
3. A data collection plan including how you will assess uptake of the practice change.

The evaluation plan should be limited to 2 pages and should be in narrative form referencing your logic model and the data collection template presented in the workshop (include these in Appendices).

Section 5 – Work plan and Dissemination Plan. In this section, provide your work plan with a proposed timeline, a dissemination plan for sharing findings of your project, and some ideas on how you will sustain the practice change after your project is complete.

Be sure to include:

1. Project timelines
2. Where and when you plan to present your results

Section 6 – Budget. Outline the total proposed budget in the tables provided. Funds may be used to pay for example:

- a. Buy-out time for regular staff to work on the KT Challenge project
- b. Salaries for research or project assistants and administrative, transcribing or translating services
- c. Computing services or software site licenses, for small equipment, usually less than \$100
- d. Supplies and services, such as office supplies and printing
- e. Honorariums for Patient and Family Partners

In the personnel table provided on the application form, list all personnel involved in the project, whether being paid from project funds or not. If not to be paid from project funds, put N/A in the last two columns. Note that each health organization has their own staff reimbursement policies, including what can be reimbursed and what cannot. If in doubt, consult with your KT Challenge program lead.

Section 7 – Mentor Contribution. We require that teams meet with their mentor to develop the funding proposal (KT Challenge Application Form), develop an appropriate timeline and ensure their application is ready for submission. Ask your mentor to fill in this part of the application.

Section 8 – Patient Family Partner Contribution. Ask your Patient Family Partner(s) to fill in this part of the application, noting ways they have contributed and will continue to assist by advising your project team.

NOTE: Three of the application sections correspond to the three pillars of implementation planning

Pillar 1 – Demonstrate the need for the practice change;
Pillar 2 – Select the implementation strategies to support the practice change;
Pillar 3 – Develop the evaluation plan to determine whether your practice change is successful in achieving your improvement. Note: Pillar 3 is key, as your measurement of practice change is an essential element of the KT Challenge.

The following contacts and other members of the KT Challenge Advisory Committee will be available to the Team Leads (and the teams) and Mentors, for any questions during the application submission process:

- PHC: Riley Louie, researchtraining@providencehealth.bc.ca
- VCH: Krista Glowacki, education.award@vch.ca
- BC Cancer: Perla Araiza, research.kt@bccancer.bc.ca
- NH: Marcelo Bravo, marcelo.bravo@northernhealth.ca
- FH: Ashley Kwon, ashley.kwon@fraserhealth.ca

