

# KNOWLEDGE TRANSLATION CHALLENGE

## KT Challenge 2026 Application Form Instructions

Applications are due April 10, 2026 by 4 pm. Submit your application file through the [VCHRI website](#)

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 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 have been trained as reviewers. All KT Challenge teams are required to include PFPs in your project work and/or on your project team. Please ask your PFPs to sign in the designated spot on the application form, acknowledging their ongoing contribution and/or partnership in your project. PFPs may receive 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 Health: 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](mailto: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:** There is a five-page limit for Section 1 to Section 5 of the Application. Use 12-point font, double-spacing, and standard page margins. Section 6 (Budget), Section 7 (Mentor Contribution), Section 8 (Patient and Family Partner Contribution), references, appendices, and an application cover page must be included, and are in addition to the five-page limit.

Note that reviewers, including trained Patient Partners, will only review the five pages consisting of Section 1 to Section 5, as well as Section 6 (Budget), Section 7 (Mentor Contribution), and Section 8 (Patient and Family Partner Contribution) to assess the strength of your proposal. Ensure all necessary information is in these sections and do not expect reviewers to refer to your appendices for their assessment.

## Application Sections:

### Sections 1 – 5 have a five-page limit

**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:

*Patients with heart disease are at increased risk of depression, which can negatively affect recovery if not addressed. To improve care, we plan to introduce a validated depression screening tool within the inpatient cardiac program at St. Paul's Hospital. Our approach includes engaging clinical champions among nurses and physicians, providing targeted training, and using Plan-Do-Study-Act cycles to refine intervention strategies. We will evaluate progress through chart audits to confirm screening completion and follow up with patients after discharge to learn whether they discussed depression screening with their care provider at St. Paul's Hospital.*

**Section 2 – Need and Evidence Base.** In this section, 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 on 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, 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 the training 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 and summarize key information from your completed Engagement, Barriers and Facilitators, and Implementation Worksheets in this section. Attach your completed and revised worksheets in the appendices, but do not simply ask reviewers to refer to your worksheets (they are not expected to review appendices). Reviewers should be able to read this section of your application and understand your overall approach and strategy for implementation. (The worksheets serve as a detailed roadmap for you to complete your project, if funded.)

Provide evidence to justify your implementation strategies to achieve your practice change. Include references to published literature (when available) and/or contextual factors that influenced the selection of the implementation strategies you have proposed.

**Section 4 – Evaluation Plan.** In this section, describe how you will evaluate the impact of your practice change. Be sure to describe:

1. The intended outcomes that are expected to result from your practice change
2. The questions your evaluation will answer, making sure to include a question assessing the uptake of the practice change.

3. A data collection plan to carry out your evaluation.

Similar to the previous section, incorporate and summarize key information from your Logic Model and Evaluation Worksheets. Attach your completed and revised worksheets as appendices, but do not simply ask reviewers to refer to them. The reviewer should be able to read this standalone section and understand how you will evaluate the outcome of your proposed project.

**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.

### **The following sections are required as part of the application in addition to the 5-page limit**

**Section 6 – Budget.** Outline the total proposed budget in the tables provided. Eligible expenses may include:

- a. Buy-out time for 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 expenses and staff reimbursement policies, including what can be reimbursed and what cannot. Please develop your budget in accordance to your organization's expenses and reimbursement policy. If in doubt consult with your KT Challenge organization lead.

**Section 7 – Mentor Contribution.** We require that teams meet with their mentor to develop the funding proposal, 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: It is expected that you have found and engaged a patient family partner by time of application submission. However, if you have not yet found one, provide details on how you plan to engage a patient family partner in the future should your project be funded.

**Appendices –** This section includes additional team members, references, and worksheets.

**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 are available to the Team Leads, Team members, and Mentors for any questions during the application submission process:

PHC: Riley Louie, [researchtraining@providencehealth.bc.ca](mailto:researchtraining@providencehealth.bc.ca)

VCH: Krista Glowacki, [education.award@vch.ca](mailto:education.award@vch.ca)

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