**Letter of Intent Due October 22, 2020, 4 pm. Submit to education.award@vch.ca**

The Knowledge Translation (KT) Challenge is designed to support teams of PHC and VCH clinicians who are responsible for moving evidence into practice. The KT Challenge is run in partnership with Providence Health Care Professional Practice, Providence Health Care Research Institute, Vancouver Coastal Health Research Institute and VCH Professional Practice and is supported by funding from PHC, PHCRI and VCHRI.

|  |  |  |
| --- | --- | --- |
| **Project Title:** | | |
| **Team Lead Information** | | |
| Name: Click here to enter text. | Position/Title: Click here to enter text. | |
| Email: Click here to enter text. | Phone (work): Click here to enter text. | |
| Site/Unit: Click here to enter text. | Signature\*: | |
| **Team Members’ Information (If your team has additional members, add their names on the next page).** | | |
| Name #1: Click here to enter text. | Position/Title: Click here to enter text. | |
| Email: Click here to enter text. | Phone (work): Click here to enter text. | |
| Site/Unit: Click here to enter text. | Signature\*: | |
| Name #2: Click here to enter text. | Position/Title: Click here to enter text. | |
| Email: Click here to enter text. | Phone (work): Click here to enter text. | |
| Site/Unit: Click here to enter text. | Signature\*: | |
| Name #3: Click here to enter text. | Position/Title: Click here to enter text. | |
| Email: Click here to enter text. | Phone (work): Click here to enter text. | |
| Site/Unit: Click here to enter text. | Signature\*: | |
| **Manager Support** | | |
| By signing, I acknowledge that I have discussed this practice change with the team leader and agree to support them in this project, if they are accepted to participate in the KT Challenge program. If this project is funded, I will work with the team members to accommodate requests for scheduled time to work on this project. | | |
| Manager Name: Click here to enter text. | | Position/Title: Click here to enter text. |
| Email: Click here to enter text. | | Signature: |
| **Agreement between Team Members and KT Challenge Organizing Committee**  If you are accepted for participation in the KT Challenge, the organizing committee agrees to work with you to select a mentor for your project and provide KT skills workshops. If your project is funded, we will support you to conduct your KT project. | | |

**Letter of Intent** -- **250-word maximum**

Briefly describe the practice change you wish to implement (e.g., “we are going to implement a palliative approach with all patients in one unit”; OR, “we are going to conduct a medication management assessment on all patients at intake in one hospital”; OR, “we are going to implement the use of a validated screening tool for depression for all cardiac patients in one hospital.”)

Briefly explain the need or impetus for this practice change.

Provide a brief overview of the evidence base for the practice change (i.e., the published research or evidence that shows your practice change will effectively address the need you have identified). For example, you might say, “The Canadian Pediatric Association developed a guideline for skin-to-skin contact during invasive procedures in 2017. This guideline has not been implemented in our NICU. Evidence shows that skin-to-skin contact during invasive procedures results in less stress for infants and parents and more favourable outcomes. The practice change we are proposing will support the implementation of this guideline.”

**Note:** The Letter of Intent will be reviewed by the KT Challenge Advisory Committee and you will receive a response by mid-November.