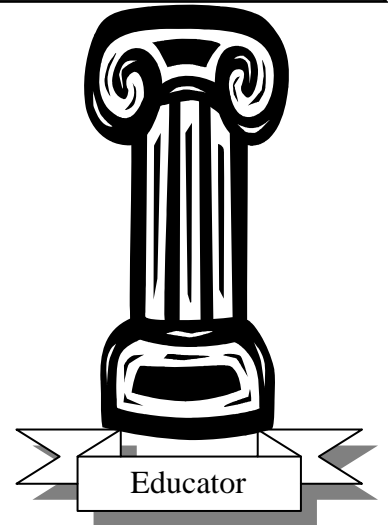
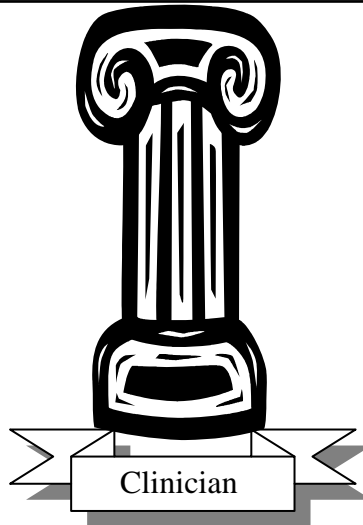
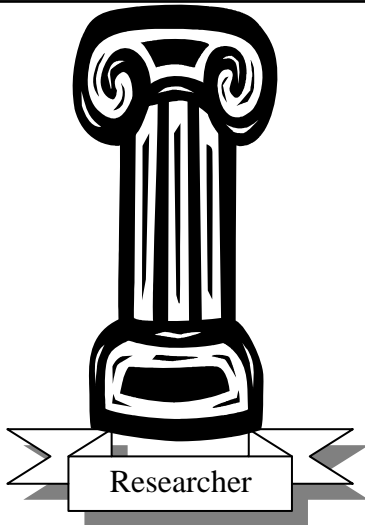
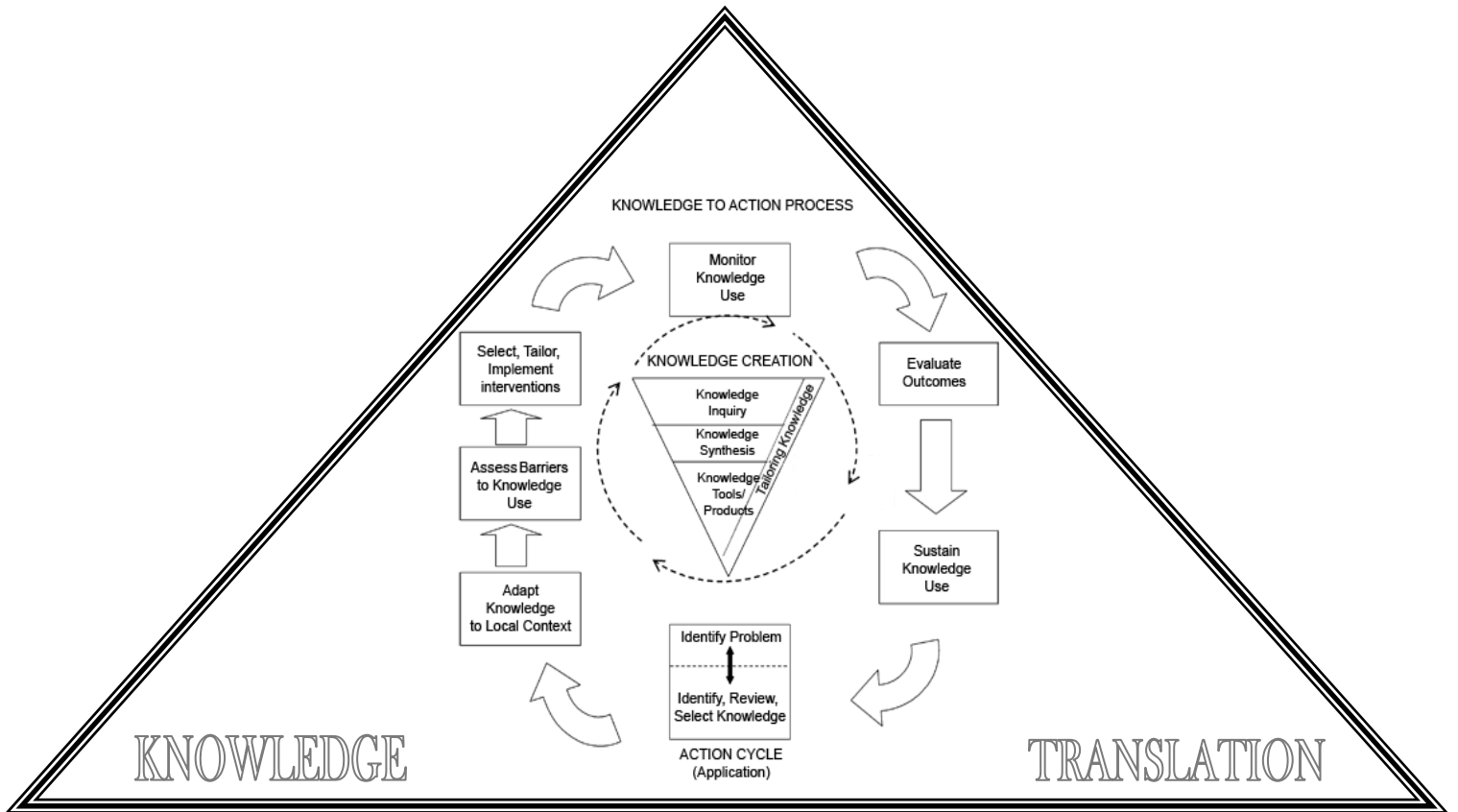
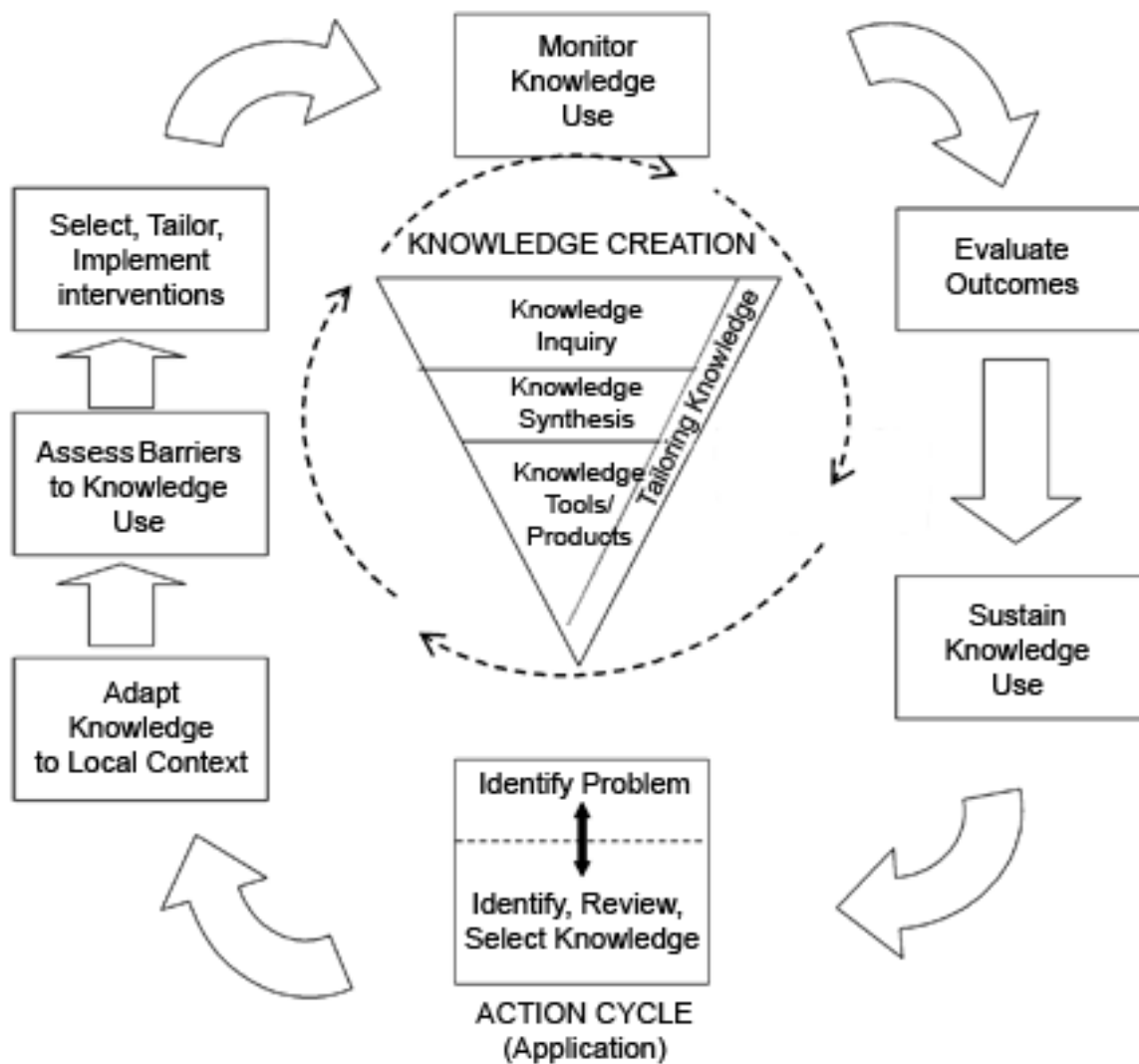


Edith Strauss Rehabilitation Research Project (in Knowledge Translation)



KNOWLEDGE TO ACTION PROCESS



Graham, I. D., J. Logan, et al. (2006). "Lost in knowledge translation: time for a map?" J Contin Educ Health Prof **26**(1): 13-24.

Edith Strauss Rehabilitation Research Project (in Knowledge Translation)

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Application Checklist

- The research question concerns knowledge translation in rehabilitation; either a knowledge translation research project or an integrated knowledge translation project.
- The research proposal is based on a knowledge translation model.
- The project leader is a physical or occupational therapy clinician, clinician manager or a master's or doctoral student in Rehabilitation Sciences at McGill.
- The project leader will be available to present a report and discuss the project on 18th January 2010
- The final report must be submitted by 24th June 2010
- The principal investigator holds a McGill University appointment with formal research training (PhD or equivalent)
- Agreement to be an open access contributor (refer to page 7)
- A cover page including: the title of the project, the names and affiliations of the investigators, the contact details of the main applicant
- Research proposal, no longer than 2,000 words
- Budget justification
- CV's of each member of the team (maximum two pages for each person)
- Employer's letter of support (for clinicians applying for stipend)
- Application receipt by 17:00, 14th May 2009 (5 copies)

Applications to: Diana Dawes, Room 31, Davis House, 3654 Promenade Sir William Osler. W, Montreal, Quebec. H3G 1Y5

Questions to: Diana Dawes 514-398-4400 ext 09310
diana.dawes@mcgill.ca

Time Line

31 st March 2009	Guidelines for applications and application forms written and disseminated
14 th May	Application submission deadline
21 st May	Compiled applications sent to reviewers
25 th May	Reviewers declare conflicts of interest and indicate level of expertise
27 th May	Applications sent to at least two reviewers
10 th June	Reviewers meeting
by 17 th June	Edith Strauss Rehabilitation Research Project Executive Steering Committee meeting
24 th June	Notice of decision released
18 th Jan 2010	Interactive project presentations
24 th June 2010	Final report submission

Purpose and Goals of the Project

Goals

The overall aim of this rehabilitation research and knowledge translation program of research is to enhance partnerships between academic researchers, educators, clinicians, and clients, to increase the flow and uptake of information between researchers, educators, clinicians and other stakeholders to improve health care.

Specifically each research project should address a knowledge translation question that links and informs at least two of the following three areas: clinical practice, education and research.

Expectations

Knowledge translation is a dynamic and iterative process that includes synthesis, dissemination, exchange and ethically sound application of knowledge to improve the health of Canadians, provide more effective health services and products and strengthen the health care system (<http://www.cihr-irsc.gc.ca/e/29418.html>).

Applicants will be expected to be familiar with, and base their proposal on, a knowledge translation model (<http://www.ncddr.org/kt/products/ktintro/ktintro.pdf> or http://mentalhealthresearch.ca/Publications/Documents/Knowledge%20Translation%20Review_FINAL.pdf). Applicants must provide a convincing case that the proposed project will increase the flow and uptake of information between researchers, clinicians, educators, patient groups and/or other stakeholders concerned with rehabilitation, health promotion, or healthy living with a disability.

The project leader and principal applicant will be responsible for providing a biannual report on the work accomplished and an accounting of expenditure. The first report will be given as a presentation at a meeting to be held in January 2010. This will be an interactive day held at The School of Physical and Occupational Therapy, McGill University for funded teams, members of the Edith Strauss Rehabilitation Research Project, other interested parties. Project leaders and principal applicants must attend for the whole day, team members are expected to attend. Each project will be presented followed by general discussion.

All final reports and/or papers produced will acknowledge the support of the Edith Strauss Rehabilitation Research Projects, part of the Richard and Edith Strauss Canada Foundation.

Funding

The annual funding envelope for projects will be \$100,000. Funding will be awarded to peer reviewed and merit based rehabilitation research projects in research and knowledge translation/exchange. It is anticipated that nine projects will be funded in the first year as follows:

- ◇ Doctoral Student led projects – 2 funded at \$15,000 each
- ◇ Masters Student led projects – 5 funded at \$10,000 each
- ◇ Clinician led projects – 2 funded at \$10,000 each

Any changes to the funding guideline noted above are subject to prior board approval of the Edith and Richard Strauss Foundation.

The payment period for the projects will be from 1st July 2009 to 30th June 2010.

Projects are expected to be completed within a year. However projects leaders are eligible to apply for funding for another project in a subsequent year. Only one project per project leader and principal applicant will be allocated per funding year.

Eligibility

Grant applications will be accepted from project leaders who are clinicians, clinician managers, master's or doctoral students in rehabilitation sciences.

Where appropriate, the research team is expected to include:

- A clinician or clinical manager;
- A masters or doctoral student in Rehabilitation Sciences
- A clinical supervisor/educator
- An academic educator

The designated principal applicant on the grant must hold a McGill University appointment and have a PhD or equivalent. They should have participated in research using the methodology proposed for this project.

The principal applicant has responsibility for the intellectual direction of the proposed research and for financial and progress reporting to the Director of the School.

Proposals are eligible if they meet the following requirements:

1. Research focused on knowledge translation within the rehabilitation setting. Either a knowledge translation research project or an integrated knowledge translation project.
2. Key stakeholders are identified and appropriately engaged in the research from conception through to evaluation and dissemination of results. Partners may include those involved in health care delivery or planning and administration, policy making, not-for-profit organizations, community organizations, patient support groups etc.
3. Include a clear, explicit, and manageable knowledge translation plan, which specifies the intended audience(s), the means of involvement and communication, and the intended post-grant follow-up.
4. The scope of proposals should not be so narrow that the results could be meaningful for only a very limited target audience; nor should the scope be so broad that it is impossible to derive meaningful results applicable to real-life situations.
5. Proposed methods for conducting a project must be appropriate, rigorous and feasible; potential problems must be identified and contingencies offered.
6. Agree to be an open access contributor as established by the Berlin Declaration on Open Access to Knowledge in the Sciences and Humanities (<http://oa.mpg.de/openaccess-berlin/berlindeclaration.html>). Open access contributions must satisfy two conditions:
 - The author(s) and right holder(s) of such contributions grant(s) to all users a free, irrevocable, worldwide, right of access to, and a license to copy, use, distribute, transmit and display the work publicly and to make and distribute derivative works, in any digital medium for any responsible purpose, subject to proper attribution of authorship (community standards, will continue to provide the mechanism for

enforcement of proper attribution and responsible use of the published work, as they do now), as well as the right to make small numbers of printed copies for their personal use

- A complete version of the work and all supplemental materials, including a copy of the permission as stated above, in an appropriate standard electronic format is deposited (and thus published) in at least one online repository using suitable technical standards (such as the Open Archive definitions) that is supported and maintained by an academic institution, scholarly society, government agency, or other well-established organization that seeks to enable open access, unrestricted distribution, inter operability, and long-term archiving.

Application

Deadline for application: 14th May 2009 at 5:00 pm

Five copies of applications must be delivered to Room 31, Davis House,
3654 Promenade Sir William Osler. W, Montreal, Quebec. H3G 1Y5

The application consists of:

1. A cover page with:
 - a. the title of the project
 - b. the names and affiliations of the investigators
 - c. the co-ordinates of the main applicant
2. Two page CV's of each member of the team
3. Employers letter of support (for clinicians applying for stipend)
4. The proposal (outline below, outline examples in appendix)
5. Detailed justification of all costs

The proposal should be no longer than 2,000 words including tables, and appendices.

Times New Roman, size 12 font and double spacing should be used.

Components of Proposal (systematic review, qualitative or quantitative research proposals are acceptable)

1. Study title

2. Abstract
3. Background
4. Aims and objectives
5. Methods
6. Ethical considerations
7. Logistics
8. References
9. Appendices

Allowable Costs

The full application must provide a detailed justification of all costs.

The following expenditures will be considered eligible for funding:

Purchase and maintenance of research equipment and other research tools (all equipment remains the property of McGill University, School of Physical and Occupational Therapy).

Salaries of research personnel.

Student or clinician stipend.

Regional, national and international networking and exchange activities during the planning and dissemination of the research (e.g. networking, conferences, workshops, meetings, communication and dissemination methods). Eligible activities must involve substantive and meaningful interaction between researchers and stakeholders

Costs associated with the creation and distribution of communication tools

Review Process

All eligible applications received by the appropriate deadline date (14th May 2009) will be entered into the competition.

After the list of applications has been compiled the application summaries will be sent to the peer review committee by 21st May 2009 to declare any conflicts of interest and indicate their level of expertise. The applications will be assigned to at least two committee members by 27th May 2009. Reviewers receive full copies of the applications

assigned to them and the abstracts of all applications. Each reviewer will be assigned a maximum of 4 applications.

Reviewers meeting to be held 10th June 2009.

Reviewing Applications

Rating is described on page 14.

In advance of the meeting, reviewers will be required to:

1. write a brief summary of the qualities of the applicants and the research objectives
2. give an initial rating for each application
3. assign a grouping, indicate whether each application is in their top or bottom group (compared against applications they have considered in the past) based on their overall quality; i.e., those that have a good probability of being funded versus those that do not.
4. email their reviews, initial rating, and grouping for each application, to Diana Dawes by 5th June 2009

During the meeting

Any committee member who has a conflict of interest with an application will not take part in the discussion of that application; committee members in conflict will leave the room before the application is discussed.

In order to allow reviewers to devote more time to the consideration of applications that have the highest probability of being funded, "streamlining" will be applied to restrict discussion of non-competitive applications.

Assessment of each application will begin with both reviewers announcing their initial ratings, to one decimal place. An application is streamlined if it meets the following two conditions:

- the initial rating of both internal reviewers is 2.9 or below;
- there is no objection from the other committee members that the application not be discussed.

If an application is not discussed, the applicant will receive a copy of the reviewers' reports but there will be no Scientific Officer notes. Committee members will not vote on

the rating; it will be calculated as the mean of the initial ratings of the two internal reviewers.

If an application is not streamlined, the discussion will proceed as follows:

- The primary reviewer presents his/her assessment, describing strengths and weaknesses of the proposal;
- The secondary reviewer follows, concentrating on points of agreement or disagreement with the first, and elaborating points not addressed by the first reviewer;
- The reader may comment on issues that have been raised, or raise additional issues, as appropriate;
- The Chair leads the discussion of the proposal by all committee members;
- The Scientific Officer reads back the Scientific Officer notes, capturing the key elements of the discussion to be considered when rating the application;
- The Chair seeks a "consensus rating" from the two reviewers. The reviewers may revise their initial ratings as they see fit. If a consensus cannot be reached, the mean value of the ratings of the two reviewers is used;
- All committee members, including the two reviewers then cast individual confidential votes within ± 0.5 of the consensus rating. The reviewers are not bound to the consensus rating. The rating assigned to the proposal is the average of these confidential votes. A vote is taken even if the consensus rating is < 3.5 (i.e., not in the fundable range), but the budget discussion following the vote will be brief.

The appropriateness of the budget and the term of support will be discussed, and recommendations made.

The committee recommendations will be assimilated as soon as possible after the peer review committee meetings. A list of successful applicants will be posted on the school of physical and occupational therapy webpage as soon as it is available.

The Edith Strauss Rehabilitation Research Project Executive Steering Committee will meet within a week to consider the peer review committee recommendations and approve the grants to be funded.

Applicants will be informed of the results of the competition as follows:

1. Applicants will receive a copy of all reviews and the Scientific Officer notes as soon as they are available after the peer review committee meetings, and will be informed of the rating and ranking of the application in the committee.
2. Once the Edith Strauss Rehabilitation Research Project Executive Steering Committee has approved the grants to be funded, all applicants will be sent a Notice of Decision, indicating whether or not their proposal was approved, and if approved, with what budget, which may or may not coincide with that recommended by the peer review committee. The Notice of Decision will be released within one week following the Edith Strauss Rehabilitation Research Project Committee meeting.

Reviewer Report

The reviewer report should include the following:

1. A brief assessment of the team:
 - comment on the composition of the team, the inclusion of key stakeholders;
 - Are interested members of the defined community provided opportunities to participate in the team?
 - comment on the relevant research experience, significant contributions to the field of knowledge translation;
 - comment on the relevant clinical experience, work within the rehabilitation field
2. A brief synopsis of the proposal:
 - the purpose of the proposal;
 - the hypothesis to be tested, or the questions to be answered;
 - the objectives to be achieved;
 - the approach proposed;

- the progress made to date.
3. An assessment of the proposal. Discuss the strengths and weaknesses of the project in relation to:
- Origin of the research question: Did the impetus for the research come from the defined community/clinical/educational setting?
 - The appropriateness of the research plan, including its feasibility and the use of the best available methodology;
 - Does the research process apply the knowledge of clinicians/community/educational participants in the phases of planning, implementation and evaluation?
 - The significance of the work proposed and its originality, or novelty of the concepts, ideas or hypotheses being pursued in the application.
 - The suitability of the research environment, including the availability of facilities, personnel, and time, required to complete the work proposed.
 - For clinical/community/educational participants, does the process allow for learning about research methods?
 - For researchers, does the process allow for learning about the clinical/community/educational issue?
 - For educators, does the process allow for learning about clinical/community/educational issues and/or research methods?
 - Are clinical/community/educational participants involved in analytic issues: interpretation, synthesis and the verification of conclusions?
 - Do clinical/community/educational participants benefit from the research outcomes?
 - Is there attention to or an explicit agreement between researchers and clinicians/community/educational participants with respect to ownership of the research data?
 - Is there attention to or an explicit agreement between researchers and clinicians/community/educational participants with respect to the dissemination of the research results?

4. Comments on the budget requested and a formal recommendation. If budget cuts are recommended, clear and detailed reasons should be provided.

The review should be clear and concise, using objective and non-inflammatory language, and include justification. Constructive advice to the applicant will allow him/her to improve the quality and efficiency of the proposed research.

The Rating

Criteria to assess the scientific merit of an application are as described above in the Reviewer Report.

To ensure consistency, all reviewers will adhere to a common scale. The following scale and descriptors will be used:

Descriptor*	Range	Outcome
Outstanding	4.5 - 4.9	May Be Funded - Will be Discussed by the Committee
Excellent	4.0 - 4.4	
Very good	3.5 - 3.9	
Acceptable, but low priority	3.0 - 3.4	Not Fundable - May or May Not be Discussed by the Committee
Needs revision	2.5 - 2.9	
Needs major revision	2.0 - 2.4	
Seriously flawed	1.0 - 1.9	
Rejected	0.0 - 0.9	

* Applications rated below 3.0 are so flawed in some respect that they do not represent a good investment of funds, and would require significant rewriting to be considered acceptable. Such applications will be streamlined, and not be discussed by the committee.

APPENDIX

Components of a Review Proposal (<http://www.york.ac.uk/>)

1. Background
2. Review questions
3. Methods
 - a. Search strategy including search terms and resources to be searched
 - b. Study selection criteria and procedures
 - c. Study quality assessment checklists and procedures
 - d. Data extraction strategy
 - e. Synthesis of the extracted evidence
4. Ethical considerations
5. Logistics
 - a. Distribution of responsibilities
 - b. Project timetable
 - c. Budget
6. References
7. Appendices

Guide Outline of a Research Project Proposal

1. Study title, principle collaborators and institutions
2. Abstract
3. Background
4. Aims and objectives
5. Methods
 - a. Study description
 - i. Study design
 - ii. study site
 - iii. study population
 - iv. Proposed intervention (if an intervention study)
 - v. Main exposures and/or confounders and/or outcomes to be measured
 - b. Selection of study population
 - i. Inclusion criteria
 - ii. Exclusion criteria
 - iii. Sampling
 - iv. Randomisation (if a randomised trial)
 - c. Study procedures
 - i. Procedures at enrolment
 - ii. Follow-up (if a cohort study or trial)
 - iii. Measurement of exposures and confounders
 - iv. Measurement of outcomes
 - d. Sample size

- e. Data management
- f. Proposed analysis
- 2. Ethical considerations
 - a. Confidentiality
 - b. Informed consent
 - c. Ethical approval
- 3. Logistics
 - a. Distribution of responsibilities
 - b. Timetable
 - c. Budget
- 4. References

Guide of items for inclusion in a qualitative research protocol

- 1. Study title, principle collaborators and institutions
- 2. Abstract
- 3. Background
 - What is already known
 - How will this work contribute to knowledge
- 4. Aims and objectives
- 5. Methods
 - Qualitative approach/tradition
 - Sampling
 - Data collection
 - Data management
 - Proposed analysis
- 6. Results and Conclusions
- 7. Ethical considerations
 - Confidentiality
 - Informed consent
 - Ethical approval
- 8. Logistics
- 9. References

GLOSSARY

End of grant knowledge translation¹: consists of diffusion, dissemination and application of research findings.

Evidence based practice²: practitioners make practice decisions based on the integration of the research evidence with clinical expertise and the patient's unique values and circumstances.

Integrated knowledge translation³: A collaborative way of doing research. The action-oriented co- production of knowledge engaging researchers and stakeholders (knowledge users) of the research results. Involves integrating stakeholders into the entire research process study.

Knowledge¹: primarily scientific research.

Knowledge exchange¹: collaborative problem-solving between researchers and decision makers that happens through linkage and exchange. It involves interaction between decision makers and researchers and results in mutual learning through the process of planning, producing, disseminating, and supplying existing or new research in decision-making.

Knowledge transfer³: the process of getting knowledge used by stakeholders.

Knowledge translation³: is a dynamic and iterative process that includes synthesis, dissemination, exchange and ethically sound application of knowledge to improve the health of Canadians, provide more effective health services and products and strengthen the health care system.

This process takes place within a complex system of interactions between researchers and knowledge users which may vary in intensity, complexity and level of engagement depending on the nature of the research and the findings as well as the needs of the particular knowledge user.

Knowledge translation research⁴: Studying the determinants of knowledge use and effective methods of promoting the uptake of knowledge.

Participatory research⁴: The systematic enquiry, with the collaboration of those affected by the issue being studied, for the purpose of education and taking action or effecting social change.

Research utilization¹: process by which specific research-based knowledge is implemented in practice.

¹ Graham, I. D., J. Logan, et al. (2006). "Lost in knowledge translation: time for a map?" J Contin Educ Health Prof **26**(1): 13-24.

² Straus, S. E. (2005). Evidence-based medicine : how to practice and teach EBM.
Edinburgh ; New York, Elsevier/Churchill Livingstone.

³ <http://www.cihr-irsc.gc.ca/e/29418.html>

⁴ <http://pram.mcgill.ca/>