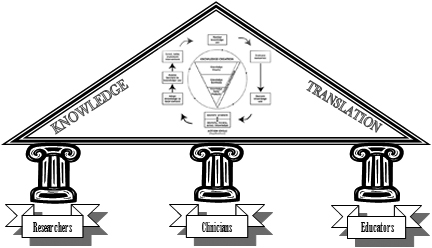
**Edith Strauss Rehabilitation Research Project**

**Funding Competition in Knowledge Translation**

**PROPOSAL GUIDELINES**

**Edith Strauss Rehabilitation Research Project**

**Funding Competition in Knowledge Translation**

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NEW REQUIREMENT

There are now two steps to submitting an application. **STEP 1**: The project leader or principal investigator must complete and submit an **ONLINE REGISTRATION FORM** **at least 5 business days prior to submitting the application** ([www.mcgill.ca/spot/kt](http://www.mcgill.ca/spot/kt)). **STEP 2**: Once the online registration form is submitted, you will receive an email with a link to an empty shard folder. You will be able to add, drop and/or edit your application in this folder until the submission deadline. After the submission deadline, access to the folder will be closed.

Application Checklist

* Online registration form submitted prior to submitting the application
* The research question concerns knowledge translation in rehabilitation; either knowledge synthesis (e.g. scoping review, meta-analysis) or implementation (e.g. end-of-grant knowledge translation research project, integrated knowledge translation project)
* The principal investigator holds a McGill University appointment with the School of Physical and Occupational Therapy
* The principal investigator has formal research training (PhD or equivalent)
* The project leader is a patient, clinician, manager, professional/graduate student from any domain (post-doctoral, doctoral or masters student)
* The research proposal is based on a knowledge translation model.
* Fully completed application form ([www.mcgill.ca/spot/kt](http://www.mcgill.ca/spot/kt)), which includes signature of each member of the research team and a budget justification.
* Research proposal, no longer than 3000 words ***including tables and excluding structured abstract, appendices and references***.
* Letters of support from employer/site (for clinicians applying for stipend or participating as a project leader; for projects requiring cooperation of specific individuals and/or clinical sites)
* Biosketches for the project leader, principal investigator, and co-principal investigator (if any). No biosketches or CVs are required for the other team members. Use the biosketch template provided on [www.mcgill.ca/spot/kt](http://www.mcgill.ca/spot/kt)

**Questions/assistance with protocol development: Anita Menon/Diana Zidarov**

**straussresearch.spot@mcgill.ca**

Time Line

**December Competition**

|  |  |
| --- | --- |
| December | Application submission deadline (5:00 pm EST) |
| mid January | Reviewers meeting |
| mid January | Notice of decision released by email |
| February | Official Funding Letter and Scientific Officer’s Report |
| March | Payment period commences |
| September (refer to funding letter) | Mid-term study report and thank you letter due; |
| April (refer to funding letter) | Final study report due |
| May (as per email notification) | Interactive Day- oral presentation by project leader |
| subsequent May  (as per email notification) | Interactive Day- KT café or poster presentation by project leader |

**June Competition**

|  |  |
| --- | --- |
| June | Application submission deadline (5:00 pm EST) |
| mid June | Reviewers meeting |
| mid June | Notice of decision released by email |
| July | Official Funding Letter and Scientific Officer’s Report |
| August | Payment period commences |
| February (refer to funding letter) | Mid-term study report and thank you letter due; |
| September (refer to funding letter) | Final study report due |
| May (as per email notification) | Interactive Day- oral presentation by project leader |
| subsequent May  (as per email notification) | Interactive Day- KT café or poster presentation by project leader |

Goals of Funding Competition

The overall aim of this funding competition is two-fold: 1) to enhance partnerships between academic researchers, educators, clinicians, and clients, and 2) to increase the flow and uptake of knowledge between researchers, educators, clinicians and other stakeholders for improving health care services and patient outcomes.

Funding information

The annual funding envelope for projects is approximately **$120,000** (depending on available funds). Funding will be awarded to peer reviewed and merit based rehabilitation research projects in research and knowledge translation/exchange.

Projects will be funded as follows:

* **Post-doctoral/Doctoral Student led project – a maximum of $12,000**
* **Masters Student led project – a maximum of $10,000**
* **Clinician led projects – a maximum of $12,000**

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

There are two funding opportunities per year (December/June), but applications of a suitable standard may be presented in the interim period for consideration.

Projects are expected to be **completed within a year**. However, project leaders are eligible to apply for Edith Strauss funding for another project in a subsequent year. Only one project per **project leader** will be allocated for each funding year. Funding for each project is non-renewable, but a **maximum extension of 6 months** will be granted for project activities to be completed.

Eligibility criteria for proposals

Proposals are eligible if they meet the following requirements:

1. The research question must focus on knowledge translation in rehabilitation. 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.
2. Eligible projects include knowledge synthesis (e.g. scoping review, systematic review) or knowledge implementation (e.g. end-of-grant knowledge translation research project, integrated knowledge translation project).
3. Projects that create ‘second generation knowledge’ (i.e. aggregation of existing knowledge from primary studies such as scoping reviews, systematic reviews, etc. with an appropriate budget) and/or the application of knowledge into clinical practice (i.e. steps of the Action Cycle of the KTA model) will be considered eligible for funding. **Studies that contribute towards creating 'first generation knowledge' (i.e. knowledge inquiry step of the Knowledge Creation Funnel of the KTA model) are not eligible** (e.g. testing rehabilitation interventions, assessing psychometric properties of measurement tools, assessing disease prevalence/incidence, etc.).
4. Projects that create ‘second generation knowledge’ must include:
   1. The **search strategy** and **total number of titles/abstracts** to be screened for eligibility. This will help reviewers assess if the proposed budget is appropriate.
   2. The **engagement of knowledge users and stakeholders** at multiple levels (e.g. clinicians, patients) that is relevant to the research proposal (e.g. reviewing research question and methodology, providing feedback about results and dissemination strategies).
5. The designated ***principal applicant*** (principal investigator) on the grant must hold a McGill University appointment at the School of Physical and Occupational Therapy and have a PhD or equivalent. The principal applicant has responsibility for the intellectual direction of the proposed research and for financial and progress reporting to the Director of McGill School of Physical and Occupational Therapy. A participating applicant may be designated as the ***co-principal applicant*** (co-principal investigator) for their significant contribution to the intellectual direction of the proposed research. The co-principal investigator can be affiliated with another university or clinical institution.
6. The ***project leader*** is expected to be guided through the process of conducting research by the ***principal applicant*** and ***co-principal applicant***, when applicable*.* Grant applications will be accepted from ***project leaders*** who are patients, clinicians, managers, or graduate (post-doctoral, doctoral, masters)/professional students from any domain, as well as from any university or clinical institution. Project leaders can also be considered as co-principal investigators, when appropriate. A post-doctoral, doctoral or master’s student is ineligible to receive a stipend from the Edith Strauss research project if they are receiving any post-doctoral, doctoral or master’s award (e.g. Strauss, CIHR or FRSQ fellowship)
7. The research team is expected to engage key stakeholders/partners in the research process (i.e. from conception through to evaluation and dissemination of results), such as those involved in health care delivery or planning and administration, policy making, not-for-profit organizations, community organizations, patient support groups etc. (e.g. clinicians, managers, patients, decision-makers, etc.).
8. Applicants will be expected to base their proposal on a knowledge translation model (e.g. <http://www.ncddr.org/kt/products/ktintro/ktintro.pdf>; see Appendix 1 for proposed model).
9. 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.
10. Include a clear, explicit, and manageable knowledge dissemination plan, which specifies the intended audience(s), the means of involvement and communication, and the intended post-grant follow-up.
11. As applicable, projects should evaluate the impact of their implemented intervention by measuring change in clinicians’ practice behaviours, patient-related outcomes, and/or organizational characteristics at the end of their study (i.e. outcome evaluation- Step 6 of the Knowledge to Action cycle). A clear description of this evaluation must be included in the research proposal. The Edith Strauss Committee has prepared an Outcome Evaluation Framework with suggested measures to assess the impact of knowledge translation interventions, which may be applicable for your study (see Appendix 2 for Framework).
12. 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.
13. Proposed methods for conducting a project must be appropriate, rigorous and feasible; potential problems must be identified and contingencies offered.
14. The research team must provide letter(s) of support from employer/site (for clinicians applying for stipend or participating as a project leader; for projects requiring cooperation of specific individuals and/or clinical sites).

Budget: Eligible Costs

The full application must provide a detailed justification of all costs (e.g. salary rate, benefits, proposed hours).

The following costs are 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).
* Costs associated with the creation and distribution of communication tools
* Salaries of research personnel
* Student or clinician stipend (NOTE: Student/clinician should NOT be double paid by another source such as a salary, post-doctoral, doctoral or master’s award, for completing these project activities)
* Regional, national and international networking and exchange activities/meetings are eligible if they are related to the methods of the research project (e.g. data collection and procedures, data analysis). Expenses related to in-person meetings with substantive and meaningful interaction between researchers and stakeholders, must be justified (i.e. other means of communication such as teleconference, Skype, are not possible).
* Dissemination activities (i.e. conferences, open-access publication costs) and its related costs are eligible but should not exceed more than **20%** of the total budget. For conferences specifically, only registration fees, travel and accommodations are eligible and limited to the project leader and principal investigator. Meal expenses are not eligible.
* **The budget should exclude costs related to preparing and printing the poster (printing should be covered by CRIR when available or through Edith Strauss).**
* When paying McGill-affiliated individuals (e.g. students, research assistants/associates, casual research assistants), you will need to consider the University recommended minimum hourly rate + mandatory benefits according to their employment title. Mandatory benefits may vary between 20-28%. Please refer to Research Salary guidelines: <http://www.mcgill.ca/research/researchers/proposal/budget>
* If you are planning to pay a third-party vendor or consultant who is not affiliated with McGill, please contact [aec1-finance.med@mcgill.ca](https://exchange.mcgill.ca/owa/redir.aspx?SURL=59AkWlCM1gTRdhs6UBJIxvvJah4hs207FQbj-ca6pi5nQit7xbDTCG0AYQBpAGwAdABvADoAYQBlAGMAMQAtAGYAaQBuAGEAbgBjAGUALgBtAGUAZABAAG0AYwBnAGkAbABsAC4AYwBhAA..&URL=mailto%3aaec1-finance.med%40mcgill.ca) so a payment process can be set up **prior to** billing.

Application Deadline

Refer to the Timeline on page 3 for the application deadline.

NEW REQUIREMENT

There are now two steps to submitting an application. **STEP 1**: The project leader or principal investigator must complete and submit an **ONLINE REGISTRATION FORM** **at least 5 business days prior to submitting the application** (online registration form can be found at [www.mcgill.ca/spot/kt](http://www.mcgill.ca/spot/kt)). **STEP 2**: Once the online registration form is submitted, you will receive an email with a link to an empty shard folder. You will be able to add, drop and/or edit your application in this folder until the submission deadline. After the submission deadline, access to the folder will be closed. The shared folder should contain 1 PDF document with the entire application (application form, proposal, biosketches, letters, etc.). **Hard copies of the application are NOT required.**

**The application consists of**:

1. An application form containing:
   1. Title of the project
   2. Names and affiliations of the investigators
   3. Co-ordinates of the team, including e-mail address
   4. Signature of each member of the team
   5. **Structured abstract**, no longer than **250** words
   6. Proposal; **3000 words maximum *(***double-spaced; font size 12) **including tables and excluding structured abstract, appendices and references. Content that exceeds this word limit will not considered by the reviewers.** 
      1. Study title
      2. Background
      3. KT theoretical model(s)
      4. Study objectives
      5. Methods
      6. Ethical considerations
      7. Dissemination plan
      8. Logistics/Timeline
      9. References
      10. Appendices (may only include questionnaires, outcome measures; any additional material will be disregarded).

See Appendix 3 for additional details regarding structure for proposals

* 1. Main roles and responsibilities of team members
  2. Budget with detailed justification of all costs

1. Biosketches for the project leader, principal investigator, and co-principal investigator (if any). No biosketches or CVs are required for the other team members. **Use the biosketch template provided on the KT website:** [**www.mcgill.ca/spot/kt**](http://www.mcgill.ca/spot/kt)
2. Letter of support from employer/site (for clinicians applying for stipend or participating as a project leader; for projects requiring cooperation of specific individuals and/or clinical sites)

Requirements for funding recipients

1. The principal applicant and project leader will be responsible for providing **a total of four study reports**. The first report is a **1-page written mid-term report** on the progress made to date. The second report is an **oral presentation** of the project and its developments at the Interactive Day. Each project will be presented followed by general discussion. This event will be held during the afternoon for funded teams, members of the Edith Strauss Rehabilitation Research Project, and other interested parties. Project leaders and principal applicants must attend this event; team members are expected to attend. The third report is a **2-page final written report** on the work accomplished and an accounting of expenditure. The fourth report will be a **KT café** (5 minute oral presentation during a round table with 3 minute question period; 1-page written summary handout is strongly suggested) or **poster** of the final study results to be presented at the subsequent Interactive Day. Project members are encouraged to prepare a manuscript for publication at the end of their project. **All** written reports, oral presentations and publications (even those after funding period) must acknowledge the support of the Richard and Edith Strauss Canada Foundation, and be sent by email to [straussresearch.spot@mcgill.ca](mailto:straussresearch.spot@mcgill.ca) for our files.
2. The principal applicant and project leader are requested to draft a thank you letter to the Richard and Edith Strauss Canada Foundation. The letter should explain how this financial support has helped with your research endeavours. Please email an electronic copy of your letter to [straussresearch.spot@mcgill.ca](mailto:straussresearch.spot@mcgill.ca). The deadline for this thank you letter is the same as the mid-term report and will be indicated in the funding letter.
3. The principal applicant and project leader are required to acknowledge the Richard and Edith Strauss Canada Foundation in any communication or publication related to the project.

Review Process

Only applications received by the deadline date (by 5:00pm EST) within the application system (shared folders) will be entered into the competition.

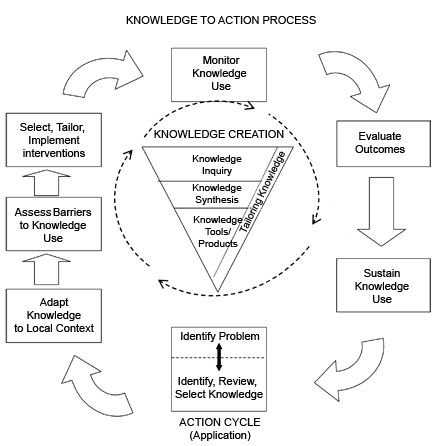
Each proposal will be assigned to three reviewers and will be assessed using an Evaluation Form (see Appendix 4).

During the grant review meeting, each proposal will be discussed by the three reviewers and a final funding decision will be made collectively by the Committee.

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

1. Applicants will be sent a Notice of Decision by email, indicating whether or not their proposal was approved for funding.
2. Applicants will receive an official funding letter and Scientific Officer’s Report, which includes each reviewer’s scores and comments.

APPENDIX 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.

APPENDIX 2

**Outcome Evaluation Framework to Assess Knowledge/Beliefs/Barriers and Impact of KT interventions at the Individual & Organizational levels**

|  |  |
| --- | --- |
| **DOMAINS** | **OUTCOME MEASURES/FRAMEWORKS** |
| **STRUCTURE EVALUATION (process of care)** | |
| Clinician/patient knowledge\* | Quantitative   * Knowledge questionnaire (based on the learning objectives of the KT intervention) to measure change in knowledge regarding a specific content area |
| Clinician/patient  Attitudes, Barriers, utilization\* | Survey questionnaires   * ***Practice Style Trait Questionnaire1***: to identify the practice style trait of clinicians and their overall attitude towards evidence-based practice * ***Pain Attitudes and Beliefs Scale2,3*** * ***Health Care Providers’ Pain and Impairment Relationship Scale (HC-PAIRS)*** ***4*** * ***E-Base questionnaire incl. EPIC Scale5***: to measure clinicians’ belief in their ability to implement EBP, known as EBP self-efficacy. * ***Barriers to Research Utilization scale***   (BARRIERS; Funk et al., 1991; Carson & Plonczynski, 2008 review)   * ***Evidence-Based Practice Questionnaire*** (Upton & Upton, 2006) * ***Evidence-Based Practice Attitude Scale (EBPAS)*** (Aaron 2004, 2007, 2010, 2012; Patterson 2014) * ***Evidence-Based Practice Attitude and Utilization SurvEy (EBASE)*** (Leach 2008) * ***Theoretical Domain Framework (TDF)*** (Huijg 2014) * ***Communication Skill*** (Baig 2009) * ***SIROP - Engagement***   Qualitative   * ***Theoretical Domains Framework (TDF)6*** : to identify clinicians’ beliefs using interviews or focus groups (Michie 2005; Cane 2012; TDF Series 2012) |
| Organizational | Survey questionnaires   * ***Context Assessment Index (CAI)*** (McCormack 2009) * ***Organizational readiness to change assessment (ORCA)*** (Helfrich, 2009) * ***Stage of Implementation Completion (SIC)*** (Chamberlain 2011)   Framework   * ***Consolidated Framework for Implementation Research (CFIR)*** (Damschroder, 2009) * *RE-AIM* (reach, efficacy, adoption, implementation and maintenance) (<http://RE-AIM.org>) |
| Clinician practice behaviours\* | Quantitative   * Electronic Health Records (EHRs) * Chart audit of clinician practices   Qualitative   * ***PERFECT Tool7***: standardized semi-structured questions regarding change and reasons for change in clinicians’ practice behaviours * Clinical vignettes (behavioural simulation: proxy measure) |
| **PROCESS EVALUATION** | |
| Program Logic model or Proceed-Precede model | |
| **OUTCOME EVALUATION** | |
| Patient health outcomes\* | Quantitative   * PROMIS : <http://www.nihpromis.org/?AspxAutoDetectCookieSupport=1> * AHRQ : <http://www.qualityindicators.ahrq.gov/> * Field J. ***Care Response8****:* Free, pragmatic system to help practices gather and report clinical outcome and patient satisfaction information <https://www.care-response.com/CareResponse/home.aspx> * Any outcome measure relevant to the content area (e.g. Oswestry, NDI, VAS scores…) * Patient Satisfaction Questionnaire (from RAND Health)   Qualitative   * Semi-structured interviews |

Framework adapted from Edith Strauss Rehabilitation Research Project (in Knowledge Translation). School of Physical and Occupational Therapy, McGill University

**\*Ideally these outcome measures should be used at baseline and at post-intervention, but can also be administered during the intervention**

1. Green, LA, Gorenflo, DW, Wyszewianski, L. Validating an instrument for selecting interventions to change physician practice patterns: A Michigan Consortium for Family Practice Research study. *Journal of Family Practice.* 2002 Nov; 51(11): 938-942.

2. Mutsaers JH1, Pool-Goudzwaard AL2, Ostelo RW3, Peters R4, Koes BW5, Verhagen AP6. The psychometric properties of the PABS-PT in neck pain patients: A validation study. Man Ther. 2014 Jan 18. pii: S1356-689X(13)00216-6.

3. Mutsaers JH1, Peters R, Pool-Goudzwaard AL, Koes BW, Verhagen AP. Psychometric properties of the Pain Attitudes and Beliefs Scale for Physiotherapists: a systematic review. Man Ther. 2012 Jun;17(3):213-8. doi: 10.1016/j.math.2011.12.010. Epub 2012 Jan 23.

4. Ostelo RW, Stomp-van den Berg SG, Vlaeyen JW,Wolters PM, de Vet HC. Health care provider’s attitudes and beliefs towards chronic low back pain: the development of a questionnaire. Man Ther 2003;8:214e22.

5. Salbach, N. M. and Jaglal, S. B. (2011), Creation and validation of the evidence-based practice confidence scale for health care professionals. Journal of Evaluation in Clinical Practice, 17: 794–800. doi: 10.1111/j.1365-2753.2010.01478.x

*Evidence based practice attitude scale (EBPS)*

•Aarons GA, Cafri G, Lugo L, Sawitzky A. Expanding the domains of attitudes towards evidence-based practice: the evidence based practice attitude scale-50. Adm Policy Ment Health. 2012 Sep;39(5):331-40. doi: 10.1007/s10488-010-0302-3.

•Patterson Silver Wolf Adelv Unegv Waya DA, Dulmus CN, Maguin E, Fava N. Refining the Evidence-Based Practice Attitude Scale: An Alternative Confirmatory Factor Analysis. Soc Work Res. 2014 Mar;38(1):47-58.

*Evidence-Based Practice Attitude and Utilization SurvEy (EBASE)*

•Leach MJ, Gillham D. Evaluation of the Evidence-Based practice Attitude and utilization SurvEy for complementary and alternative medicine practitioners. J Eval Clin Pract. 2008; 14(5):792-8.

*Theoretical Domain Framework (TDF)*

Theoretical Domains Framework for behaviour change research:<http://www.implementationscience.com/series/TDF>

* Michie S, Johnston M, Abraham C, Lawton R, Parker D, Walker A: 'Psychological Theory' Group. Making psychological theory useful for implementing evidence based practice: a consensus approach. Quality & Safety in Health Care 2005, 14:26 - 33.
* Cane J, O'Connor D, Michie S. Validation of the theoretical domains framework for use in behaviour change and implementation research. Implementation Science. 2012;7(1):37. PubMed PMID: doi:10.1186/1748-5908-7-37.
* Huijg JM, Gebhardt WA, Dusseldorp E, Verheijden MW, van der Zouwe N, Middelkoop BJ, Crone MR. Measuring determinants of implementation behavior: psychometric properties of a questionnaire based on the theoretical domains framework. Implement Sci. 2014 Mar 19;9:33. doi: 10.1186/1748-5908-9-33.
* Huijg JM, Gebhardt WA, Crone MR, Dusseldorp E, Presseau J. Discriminant content validity of a theoretical domains framework questionnaire for use in implementation research. Implement Sci. 2014 Jan 15;9:11. doi: 10.1186/1748-5908-9-11.

*Communication Skill*

* Baig LA, Violato C, CrutcherRA. Assessing clinical communication skills in physicians: are the skills context specific or generalizable. BMC Medical Education 2009, 9:22

7. Menon A, Cafaro T, Loncaric D, Moore J, Vivona A, Wynands E, Korner-Bitensky N. Creation and validation of the PERFECT: a critical incident tool for evaluating change in the practices of health professionals. Journal of Evaluation in Clinical Practice. 2010 Dec; 16(6) 1170-1175.Refer to StrokEngine Assessment for more details on PERFECT: [www.strokengine.ca](http://www.strokengine.ca)

**Reviews:**

Chaudoir, S. Dugan AG. Barr CHI. Dissemination Measurement Compendium: A Systematic review provider, patient, and implementation. Review of structural, organizational innovation level measures. Connecticut Institute for Clinical and Translational Science. Implementation Science 2013, 8:22 <http://www.implementationscience.com/content/8/1/22>

Bishop A, Thomas E, Foster NE. Health care practitioners’ attitudes and beliefs about low back pain: a systematic search and critical review of available measurement tools. Pain 2007;132(1e2):91e101.

**Organizational**

Context Assessment Index (CAI). McCormack B, McCarthy G, Wright J, Slater P, Coffey A. Development and testing of the Context Assessment Index (CAI). Worldviews Evid Based Nurs 2009;6(1):27-35. doi: 10.1111/j.1741-6787.2008.00130.x. Epub 2009 Jan 16.

Organizational readiness to change assessment (ORCA): Helfrich CD, Li YF, Sharp ND, Sales AE. Organizational readiness to change assessment (ORCA): development of an instrument based on the Promoting Action on Research in Health Services (PARIHS) framework. Implement Sci 2009 Jul 14;4:38. doi: 10.1186/1748-5908-4-38.8.

Stage of Implementation Completion (SIC): Chamberlain P, Brown H, Saldana L. Observational measure of implementation progress in community based settings: The Stages of implementation completion (SIC). Implementations Sci 2011, 6:116. <http://www.implementationscience.com/content/pdf/1748-5908-6-116.pdf>

Damschroder L, Aron D, Keith R, Kirsh S, Alexander J, Lowery J. Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. Implementation Sci 2009;4:50. PubMed PMID: doi:10.1186/1748-5908-4-50.

**Patient outcomes**

* PROMIS : <http://www.nihpromis.org/?AspxAutoDetectCookieSupport=1>
* AHRQ : <http://www.qualityindicators.ahrq.gov/>
* Field J. Care Response: <https://www.care-response.com/CareResponse/home.aspx>

APPENDIX 3

**SUGGESTED STRUCTURE FOR PROPOSALS**

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

1. Background
2. Review questions
3. Methods
   1. Search strategy including search terms and resources to be searched
   2. Study selection criteria and procedures
   3. Study quality assessment checklists and procedures
   4. Data extraction strategy
   5. Synthesis of the extracted evidence
4. Ethical considerations
5. Logistics
   1. Distribution of responsibilities
   2. Project timetable
   3. 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
   1. Study description
      1. Study design
      2. Study site
      3. Study population
      4. Proposed intervention (if an intervention study)
      5. Main exposures and/or confounders and/or outcomes to be measured
   2. Selection of study population
      1. Inclusion criteria
      2. Exclusion criteria
      3. Sampling
      4. Randomisation (if a randomised trial)
   3. Study procedures
      1. Procedures at enrolment
      2. Follow-up (if a cohort study or trial)
      3. Measurement of exposures and confounders
      4. Measurement of outcomes
   4. Sample size
   5. Data management
   6. Proposed analysis
6. Ethical considerations
   1. Confidentiality
   2. Informed consent
   3. Ethical approval
7. Logistics
   1. Distribution of responsibilities
   2. Timetable
   3. Budget
8. 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

1. Aims and objectives
2. Methods

Qualitative approach/tradition

Sampling

Data collection

Data management

Proposed analysis

1. Results and Conclusions
2. Ethical considerations

Confidentiality

Informed consent

Ethical approval

1. Logistics
2. References

APPENDIX 4

**Evaluation Form: Edith Strauss Rehabilitation Research Projects**

|  |  |  |  |
| --- | --- | --- | --- |
| **Eligibility criteria** |  | | |
|  | Yes | No | Unsure |
| The research question concerns knowledge translation in rehabilitation; either an end-of-grant knowledge translation research project or an integrated knowledge translation project |  |  |  |
| The principal investigator holds a McGill University appointment with the School of Physical and Occupational Therapy |  |  |  |
| The principal investigator has formal research training (PhD or equivalent) |  |  |  |
| Project leader is not double paid (i.e. salary/award and Strauss stipend) for project activities |  |  |  |
| Letters of support are included, if applicable |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CRITERIA** | **SCALE** | | | | | | | **WEIGHT** | **SCORE** |
| **N/A** | **Absent**  **(0)** | **Very poor (1)** | **Poor**  **(2)** | **Good**  **(3)** | **Very good**  **(4)** | **Excellent**  **(5)** |
| Research objectives are clear |  |  |  |  |  |  |  | x 1 |  |
| Rationale is clear and justified with succinct literature review |  |  |  |  |  |  |  | x 2 |  |
| Methodology: study design, population, recruitment, procedures, analysis |  |  |  |  |  |  |  | x 4 |  |
| Key stakeholders are identified and appropriately engaged in the research |  |  |  |  |  |  |  | x 2 |  |
| A clear, explicit, and manageable KT intervention is included, if applicable |  |  |  |  |  |  |  | x 2 |  |
| Clear and appropriate use of KT-related outcomes |  |  |  |  |  |  |  | x 2 |  |
| Proposal is based on a knowledge translation model |  |  |  |  |  |  |  | x 1 |  |
| Expected contribution |  |  |  |  |  |  |  | x 1 |  |
| Feasibility of project: timeline and logisitics |  |  |  |  |  |  |  | x 2 |  |
| Dissemination plan |  |  |  |  |  |  |  | x 2 |  |
| Realistic and appropriate budget |  |  |  |  |  |  |  | x 1 |  |
| **TOTAL** | | | | | | | |  |  |

GLOSSARY

**Applied Dissemination**2**:** A term which refers to the process of disseminating information about an existing program, process, concept or knowledge and skills, and applying that information in a different context.

**Capacity and capacity building**3: in knowledge exchange, capacity is the set of skills, structures, and processes, as well as the organizational culture, that allows, encourages, and rewards knowledge exchange. The capacity of decision-making and research organizations is built to achieve knowledge exchange in order to make decisions on the basis of research and other evidence.

**Diffusion**4 : the process by which an innovation is communicated through certain channels over time among members of a social system.

**Dissemination**3 :goes well beyond simply making research available through the traditional vehicles of journal publication and academic conference presentations. It involves a process of extracting the main messages or key implications derived from research results and communicating them to targeted groups of decision makers and other stakeholders in a way that encourages them to factor the research implications into their work. Face-to-face communication is encouraged whenever possible.  
**End of grant knowledge translation**5: consists of diffusion, dissemination and application of research findings.

**Evidence based practice**6: 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 translation**7: A collaborative way of doing research, researchers and research users work together to shape the research process- starting with collaboration on setting the research questions, deciding the methodology, being involved in data collection and tools development, interpreting the findings and helping disseminate the research results. This approach, also known by such terms as collaborative research, action-oriented research, and co-production of knowledge, should produce research findings that are more likely be relevant to and used by the end users.

**Knowledge**5: primarily scientific research.

**Knowledge exchange**5: 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 transfer**7: the process of getting knowledge used by stakeholders.

**Knowledge translation**7: 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 research**8: Studying the determinants of knowledge use and effective methods of promoting the uptake of knowledge (contributing to the theory of KT).

**Participatory research**8: 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 utilization**5: process by which specific research-based knowledge is implemented in practice.

**Synthesis**7: synthesis in the context of knowledge translation, means the contextualization and integration of research findings of individual research studies within the larger body of knowledge on the topic. A synthesis must be reproducible and transparent in its methods, using quantitative and/or qualitative methods. It could take the form of a systematic review, follow the methods developed by the Cochrane Collaboration, result from a consensus conference or expert panel or synthesize qualitative or quantitative results. Realist syntheses, narrative syntheses, meta-analyses, meta-syntheses and practice guidelines are all forms of synthesis.

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