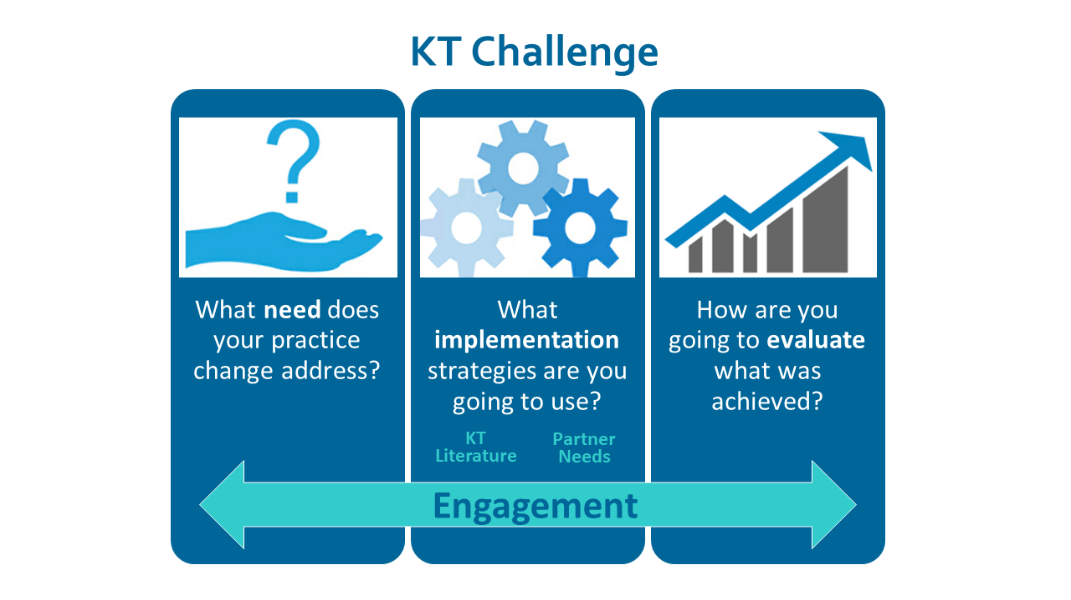
**Letter of Intent Submission Form – Team Information**

**Due October 18, 2024, by 4:00 pm. Submit to:** [**education.award@vch.ca**](mailto:education.award@vch.ca)

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 these five organizations.

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| **Project Title:** | | |
| **Team Lead Information**  Note: Team Lead must be an active employee from any of the 5 listed organizations. | | |
| 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** | | |
| 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\*: | |
| **\*By signing above**, you agree to communicate with the organizing committee any changes to your team or your participation, to participate in all scheduled workshops and preparatory activities, complete the online KT Challenge evaluation surveys and to encourage your team members to complete the surveys and programmed activities. | | |
| **Manager Information**  By signing, I acknowledge that I have read the project timeline and discussed this practice change with the Team Lead and agree to support the team in this project. 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. | | |



To begin the KT Challenge application process, please complete and submit this LOI by October 18, 2024 at 4:00 pm.

To help you prepare the full application, you will meet with your organization’s KT Challenge Lead to discuss your project between November 4 - 29, 2024. Virtual workshops are scheduled for the following dates:

Workshop #1 – December 5, 2024 Time: 9:00 am – 10:30 am

Workshop #2 – January 23, 2025 Time: 9:00 am – 10:30 am

Workshop #3 – February 27, 2025 Time: 9:00 am – 10:30 am

Note: Participants will be required to view and complete some activities before attending these workshops.

**LOI Submission Form**

Describe the practice change you would like to implement and briefly present the evidence that shows that this change will bring value to your area of practice. **(250-word maximum)**

Please make sure to:

**1)** Select a short and informative title for your project.

**2)** Clearly and succinctly describe the practice change you wish to implement.

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| Past examples include:  — “We are going to conduct a medication management assessment on all patients at intake in one hospital.”  — “We are going to implement the use of a validated screening tool for depression for all cardiac patients in one hospital.” |

**3)** Briefly explain the need or impetus for this practice change citing evidence from the location where this practice change will take place.

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| Past example:  — “Though harm reduction practices have been supported and implemented in acute psychiatry, concerns over utilization continue to be observed and expressed. Chart audits show that less than 20% of patients receive information on harm reduction and 49% of staff report not feeling confident in engaging patients in harm reduction conversations.” |

**4)** 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).

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| For example:  — “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 and this practice change will support the implementation of this guideline. Evidence shows that skin-to-skin contact during invasive procedures results in less stress for infants and parents, and more favourable outcomes.” |

**Submit this LOI by October 18, 2024 at 4:00 pm to** [**education.award@vch.ca**](mailto:education.award@vch.ca)

Note: This Letter of Intent Submission Form will be reviewed by the KT Challenge Advisory Committee, and you may receive feedback.