

Planning Award for Patient-Oriented Research and Knowledge Translation

2020-2021 Award Cycle

Purpose

The Planning Award will support teams in partnering with patients and other stakeholders to plan research studies or knowledge translation (KT) projects (knowledge dissemination or implementation) in the Fraser region (see definitions below). *Note:* operating expenses of research or KT projects are not eligible, only planning and engagement activities are eligible.

The award is funded and managed by the [BC SUPPORT Unit Fraser Centre](#), a part of the [CIHR Strategy for Patient-Oriented Research](#) (SPOR). The Centre is a partnership between Fraser Health and Simon Fraser University.

Definitions

Fraser region: area in the BC Lower Mainland encompassed by the [Fraser Health Authority](#).

Note: Applicants from universities that have their main campuses in the Fraser region but that work out of campuses elsewhere in the lower mainland, such as Simon Fraser University Vancouver (downtown) campus, are still eligible.

Knowledge Translation (KT): 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.

Patients: individuals with personal experience of a health issue or the health system, or their informal caregivers, including family and friends. *Note:* while “patient” is used here as an overarching term for simplicity and consistency, some people prefer terms such as “people with lived experience”, “client”, “consumer” or “citizen”, which are all in-keeping with the scope of SPOR.

Patient-oriented research: research that is done in partnership with patients, answers research questions that matter to patients, and aims to improve health care. To fit this definition (see link below), projects must include patients as team members or as members of a patient advisory panel tasked with significant input on the project; their role should be tangible and substantial. (See [Patient Engagement](#)).

Patient engagement involves working with patients along an engagement spectrum ranging from consultation, to involvement, to collaboration and empowerment. Patient engagement is represented by the International Association for Public Participation (IAP2) in the following ways:

Inform*	Consult	Involve	Collaborate	Empower
To provide information	To obtain feedback	To work with to develop alternatives	To partner in each aspect of decision-making	To decide
Disseminate research results in plain language to patients and public	Get feedback on the look, feel etc. of a brochure from patient representatives	Deliberative dialogue event with patients & public to identify their concerns	Patient partners on research team are involved in all aspects of the research	Patient partner organization decides what research question to pursue

*For the purpose of this award, patients must be engaged at the minimum level of “Consult”. The level of “Inform” is not sufficient.

Objective

The objective of the Planning Award is to support patient-oriented planning activities and partnership development that will contribute to the advancement of research, evidence uptake and implementation consistent with the mandate of SPOR.

Proposals must demonstrate the following SPOR Patient Engagement Principles ([Patient Engagement Framework](#)):

- **Inclusiveness:** Patient engagement in research integrates a diversity of patient perspectives and research is reflective of their contribution – i.e., patients are bringing their lived experience into the planning and conduct of research.
- **Support:** Adequate support and flexibility are provided to patient partners to ensure that they can contribute fully to discussions and decisions. This includes creating safe environments that promote honest interactions, cultural competence, training, and education. Support also implies financial compensation for their involvement.
- **Mutual Respect:** Patients, researchers, practitioners, and decision-makers acknowledge and value each other's expertise and experiential knowledge.
- **Co-Build:** Patients, researchers, practitioners, and decision-makers work together from the beginning to identify problems and gaps, set priorities for research and work together to produce and implement solutions.

Note: patients must be engaged at the minimum level of **Consult**, as per the above IAP2 table.

Applicant Teams

A researcher, health practitioner, or health care decision-maker can be the administrative lead for the award (Principal Applicant). Co-Principal Applicants are allowed, including patient partners.

Teams must include **at least one of each** of the first three stakeholder types in the following list, with the fourth stakeholder (health care decision-maker) to be included as appropriate (or the application must make clear how such individuals will be recruited during the course of the award):

- **Patient partner** - The inclusion of patients as partners on research or knowledge translation (KT) planning teams helps ensure that research or KT is meaningful and relevant to patients and focuses on patient-identified priorities. *Note:* a staff member from a community organization cannot replace the requirement for a patient partner.
- **Academic researcher** - The inclusion of academic researchers helps ensure that the resulting research or KT plan is robust and incorporates rigorous methodologies, while taking scientific literature into account
- **Health care practitioner** (health authority staff or physicians) - The inclusion of health care practitioners helps ensure that research or knowledge dissemination will have the buy-in of key stakeholders necessary to improve health care systems and practices. These individuals may or may not be experienced in research
- **Health care decision-maker** (health authority or government staff) - The inclusion of health care decision-makers helps ensure that research or KT will have the buy-in of key stakeholders necessary to improve health care systems and practices. *Note:* a decision-maker may also be a health care practitioner but is often in a more senior role that includes administrative oversight of a program or department, such as a director.

Teams with all of these applicant types already in place as team members at the time of application submission will be more competitive as this speaks to the feasibility of assembling the required team.

Applicants must work or live (if a patient) in the Fraser region and the proposed project must occur in BC. Applicants from universities that have their main campuses in the Fraser region but that work out of campuses elsewhere in the lower mainland, such as Simon Fraser University Vancouver (downtown) campus, are still eligible.

Funding

Two awards of \$10,000 each will be awarded (total \$20,000) for a period of 9 months. Applicants cannot have already received funding for the proposed activity.

Eligible costs:

- Costs of meetings, such as room and equipment rentals, food and non-alcoholic drinks
- Reimbursement for patients: out-of-pocket travel expenses, childcare, etc.
- Honorariums for patients or release-time for clinicians
- Costs of paying personnel to coordinate events or undertake literature reviews
- Costs of services, such as meeting facilitation
- Office supplies to support the above activities

Ineligible costs:

- Equipment purchases above \$300 (e.g., laptops)
- Operating costs of research projects, such as data collection, study recruitment, etc.
- Cost of quality improvement, quality assurance or program evaluation projects (for support in differentiating these activities from research, please contact us)

In addition, applicable CIHR and applicant institution's policies regarding use of funds will be in effect.

Key Dates

Competition launch	January 29, 2020
Deadline for application submission	March 31, 2020
Review committee meeting	Mid-April, 2020
Notification of competition results	April 30, 2020
Deadline for completion of projects	January 31, 2021

Note: This award cycle is shorter than our previous planning awards, being 9 months rather than 12 months. Deferral of the award is not permitted. Requests for extensions of the funding will not be granted.

Key Deliverables

- List of identified research priorities or questions (if funds are for research planning rather than KT planning)
- Research or KT plan
- Outline or full grant proposal for future research or KT project, including list of future applicants
- Plan for future grant application submission, including copy of all submissions arising out of this funding
- Detailed budget report

In addition:

- Award recipients will be invited to present their work at a future event, such as the Fraser Health Research Week or other event hosted by the BC SUPPORT Unit Fraser Centre
- A final report will be required of all successful applicants; a report form will be provided
- Successful applicants must participate in evaluation of this award program, which includes ongoing follow-up if the team receives future grant funding for the project arising out of the planning activity proposed here

Support for Applicants

Staff at the Fraser Centre includes a Regional Centre Lead, SFU Research Navigator, Fraser Region Research Navigator, a Patient Engagement Specialist and a Knowledge Translation Specialist. They can support applicants via the following services:

- Feedback on award proposals
- Patient engagement, including planning, recruitment and training
- KT planning and design
- Facilitating connections between academic researchers and Fraser Health clinicians and decision-makers

See Contacts section at end for staff email addresses.

Note: It is the strong recommendation of reviewers of past Planning award competitions that applicants contact Fraser Centre staff for support with applications before they submit to better align applications with review criteria.

Application

Send completed applications via email to Brittney La Pietra: blapietr@sfu.ca

Include the following documents:

- Application Form (including budget)
- Reference List
- Team Member Descriptions (CVs if academic)
- Letters of Collaboration (if applicable)

Review Criteria

Approach

- a. Fit with definition of patient-oriented research
- b. Clarity and alignment of the goals of the proposed project with the objective of this funding opportunity
- c. Appropriateness of the patient-oriented research / KT approach, as per CIHR SPOR Patient Engagement Principles (see page 1, Objectives)
- d. Demonstrated knowledge of area of interest, including key studies, theories, or practices
- e. Evidence for need of research or KT in the area of interest
- f. Strength of evidence to be disseminated (if KT planning)

Building capacity for patient-oriented research

- a. Degree of meaningful inclusion of patients and other relevant stakeholders and their appropriateness in relation to the goals of the proposal

- b. Willingness to adapt research project based on input from all team members and engaged stakeholders
- c. Level of involvement in decision-making of each team member

Feasibility

- a. Appropriateness of the team to carry out the proposed activities and achieve stated objectives (or appropriateness of team and stakeholder recruitment plan)
- b. Appropriateness of the budget based on proposed activities, including justification for budget items requested
- c. Feasibility of engagement activities

Impact

- a. Realistic expectations of impact of planning activities and outputs
- b. Potential to contribute to the improvement of health care systems and practices

Review Committee and Scoring

The competition will be adjudicated by a review committee that includes patient representatives, academic researchers, health care practitioners and decision-makers, and such additional reviewers as needed with relevant expertise in patient-oriented research and KT.

The four review categories (Approach, Building capacity for POR, Feasibility, and Impact) will have equal weight in scoring (25% of overall score).

The [CIHR scoring system](#) will be used.

Contacts

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