

## MSFHR Supplemental Knowledge Broker (KB) Funding

### 1. Preface

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The Michael Smith Foundation for Health Research (MSFHR) empowers British Columbia's (BC) best and brightest health researchers to pursue world-class innovation and stretch the bounds of what health research can achieve. The Foundation helps BC's health research community discover solutions to our greatest health challenges; connect knowledge and action; and engage partners to address provincial priorities. Learn more at [www.msfhr.org](http://www.msfhr.org).

### 2. Purpose

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As part of its knowledge translation<sup>1</sup> (KT) work and in order to further the science of KT, MSFHR will provide supplemental funding to a maximum of four (4) health-related Wall Solutions Initiative-funded projects whose teams are interested in linking KT practice and KT science by hiring a knowledge translation broker to **evaluate the implementation** of their "solutions."

It is expected that the KT broker will be embedded within successfully funded teams to develop, implement and evaluate the KT strategies and activities used in the Wall Solutions Initiative-funded project.

**Note:** MSFHR will require that the evaluation of the implementation of "solutions" be submitted to a peer-reviewed journal for publication thus furthering the science of KT (i.e., the science of KT is defined by MSFHR as the evaluation of the theories, mechanisms, concepts and/or methods by which evidence is used in healthcare practice or policy).

### 3. Award Amount and Duration

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MSFHR will provide supplemental funding to a maximum of \$75,000 per year for up to three years for a knowledge translation broker.

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<sup>1</sup> Canadian Institutes of Health Research (CIHR): 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."

## 5. Supplemental KB Funding Eligibility Criteria

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**Important Note:** This funding opportunity is limited to only new health-related research team applications that have been invited by MSFHR to submit full applications to the 2015 Wall Solutions Initiative.

The following eligibility criteria must be met:

- New application to the 2015 Wall Solutions Initiative
- “solutions” must relate to clinical practice<sup>2</sup> OR public health<sup>3</sup>;
- “solutions” must be implemented and evaluated within the time period of the Wall Solutions Initiative-funded award;
- the proposed KT component of the project plan must include the *evaluation* of the implementation of the “solution”; and
- the MSFHR funds must be used in BC or in ways that demonstratively benefit BC.

## 6. Process for Requesting MSFHR Supplemental KB Funding

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Applicants who are invited to submit full applications to the 2015 Wall Solutions Initiative competition and have health-related “solutions” projects may apply for this supplemental funding by MSFHR. Interested applicants must include a one-page summary along with a separate KT budget and justification (attached as appendices) to their full Wall Solutions Initiative application that addresses the following:

- 1) KT Summary (one page)
  - a high level outline of the KT component of the plan including goals/objectives and major KT milestones;
  - description of how the KT broker will be embedded within the Wall Solutions Initiative-funded team to achieve its KT goals;
  - description of how the KT broker position will strengthen KT related to the project; and
  - description of how the KT component of the project will add to the science of KT beyond the project itself.
- 2) Budget & Justification
  - include a proposed KT budget along with justification for the duration of the Wall Solutions Initiative-funded project.

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<sup>2</sup> Defined as “working with clients for the prevention, cure or alleviation of disease.”

<sup>3</sup> Defined as “the art and science dealing with the protection and improvement of community health by organized community effort and including preventive medicine and sanitary and social science.” <http://www.merriam-webster.com/dictionary/public+health?show=0&t=1310051306>

## 7. Eligible Expenses

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Eligible expenses may include:

- salary and benefits or consultant fees for a KT broker to provide KT support to the team; and
- relevant expenses related to evaluation of the KT component of the project (e.g., may include data collection and analysis, outcomes, data entry and cleaning, reports, travel).

## 8. Recruitment

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If an individual has already been identified for the position of knowledge broker, please provide his/her CV, otherwise discuss the process and timeline for recruitment.

## 9. Review Process

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MSFHR's Merit Review Panel will review **only** those health-related applications that have been successfully funded through the 2015 Wall Solutions Initiative competition. Funding decisions will be announced by MSFHR mid-November 2015.

## 10. Review Criteria

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Each of the following sections and criteria will be rated.

### **Merit & Feasibility**

- Realistic and obtainable KT goals/objectives and milestones
- Clarity and thoroughness of KT broker role
- Appropriateness of budget and timeline

### **Implementation/Evaluation**

- KT broker is clearly embedded within the Wall Solutions Initiative-funded team to achieve its KT goals
- Clear and identifiable evaluation methodology
- Implementation and evaluation of the KT components of the Wall Solutions Initiative-funded project are achievable within award period (max three (3) years)

### **Impact**

- Clearly explains how the KT broker will strengthen KT related to the project

- Clearly explains how the KT component of the project will add to the science of KT beyond the project itself

## 11. Award Start Date

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The term of the MSFHR Supplemental Knowledge Broker award will begin on the 1<sup>st</sup> day of the month upon written notification by the Wall Solutions Initiative-funded team to MSFHR that a KT broker has been hired – confirmation of the award term will be provided at that time and will commence on the 1<sup>st</sup> day of the month the broker has been hired.

## 12. Reporting Requirements

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The KT component of the project will be monitored annually by MSFHR through the submission of a written report. MSFHR will provide the reporting template.

## 13. Additional Information

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The qualified candidate for the KT broker position will be selected by the project team.

In order to better prepare teams to effectively use the skills and capacities of a KB please **see Appendix 1 prior to developing your MSFHR KT Supplemental Knowledge Broker application.**

## 14. Enquiries

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For questions regarding supplemental MSFHR KT broker funding please contact Valerie To, Manager, Research Programs (Targeted Initiatives) at [vto@msfhr.org](mailto:vto@msfhr.org).

For questions regarding knowledge translation and the role of knowledge brokers please contact Gayle Scarrow, Manager, Knowledge Translation at [gscarrow@msfhr.org](mailto:gscarrow@msfhr.org).

For questions regarding the 2015 Wall Solutions Initiative competition please contact Bernadette Mah, Program Manager, Wall Solutions Initiative at [solutions@pwias.ubc.ca](mailto:solutions@pwias.ubc.ca)

## Appendix 1

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Knowledge brokers (KB) are those individuals that engage with diverse stakeholders (researchers and research users) at various points in the research cycle for the purpose of increasing the use of health research evidence in practice, policy and further research. Depending on where in the research cycle a KB is involved different KT skills are needed. The particular KT skills needed are also dependent on whether the stakeholder the KB is working with is a researcher or a research (or 'knowledge') user.

KBs can be involved in any or all stages of the research cycle including the development of the research question and/or proposal, data collection, synthesis of research evidence with the larger body of knowledge on the topic, contextualization of research findings based on the local context of the targeted research users, and/or the implementation and evaluation of the evidence. KBs can also be involved in the evaluation of the specific KT models, strategies and activities used in a project – i.e., the science of KT.

While KBs should have strong organizational and project management skills similar to research or program managers and coordinators, their value to a research team is in their expert understanding of knowledge translation (KT) and their ability to use KT models, strategies and activities for the purpose of increasing the use of health research evidence in practice, policy and further research.

MSFHR is currently working with partners in BC and Alberta to define KT core competencies including those for knowledge brokers. This work is ongoing however the following skills, knowledge and attitudes will provide you with a useful understanding of the competencies of a KB and how you might best utilize the KB role in your project team.

Please note this list is not meant to be exhaustive or complete.

### Skills

- Facilitation
- Ability to find, understand, appraise, adapt, implement evidence/knowledge taking into account local user knowledge and context to address health/healthcare/health system issues
- Ability to foster collaboration, build consensus
- Ability to apply the evidence on KT (best practices) in planning and carrying out KT activities
- Ability to write, implement and evaluate a KT/implementation plan
- Ability to identify barriers and facilitators to KT (to target the evidence to the local context)
- Ability to foster trust, build networks, connect people, establish goals

- Clinical reasoning (to integrate the 4 types of evidence (or ‘knowledge’) given contextual factors, goals, state of the evidence, etc.

**Types of evidence and knowledge**

1. *Evidence from a single study.*
  2. *The ‘best evidence’....* Single study results should be synthesized with the body of knowledge on the particular topic to understand, ‘what is the best evidence?’ When it comes to using ‘best evidence’, it should be done in collaboration with research or knowledge users.
  3. *Users have their own local and expert knowledge (tacit and explicit)* that has to be considered.
  4. Researchers and users working together results in the development of new knowledge that takes into account the research evidence **and** the user knowledge. *This new knowledge* is what ends up being used or implemented.
- Ability to tailor key messages to target audiences
  - Knowledge dissemination (end products could include videos, websites, decision aids, art pieces, policy briefs, workshops/meetings with stakeholders)
  - Ability to provide leadership for KT activities
  - Ability to lead and execute tasks spanning stakeholder and researcher/team communications and interactions
  - Community engagement
  - Social marketing
  - Communications (oral and written)
  - Organizational skills
  - Ability to exercise tact and discretion dealing with stakeholders including researchers
  - Understanding of the basics of the research process
  - Ability to mobilize the processes of change theory/models and readiness to change

**Knowledge**

- Knowledge of, ‘what is KT?’: the models, strategies, activities that it includes
- Knowledge of change theory/models, awareness of readiness to change
- Knowledge of the local context of the ‘users’ of the evidence/knowledge

**Attitude**

- Value evidence informed decision-making
- Value stakeholder input and involvement