

CAP Fellowship Application Guide

2017

This guide will provide you with the **basic information** you need to get started with your CAP Fellowship application. We encourage you to visit our website www.capfellowship.com for a more detailed description of the CAP Innovation Fellowship Program and application process.

WELCOME

On behalf of Collaborative Academic Practice – Academic Affairs Research & Innovation, I am so glad you are considering submitting an application for the ***Collaborative Academic Practice Innovation Fellowship Program***. It is an excellent opportunity to address an issue in your practice environment while also learning and developing professionally.

I know the application process can be daunting so this guide has been put together for you to make it a bit easier.

If you have any additional questions after reviewing this guide please do one of the following:



- Visit our website www.capfellowship.com where you will find more detailed information.



- Come to one of our proposal writing workshops, dates and locations are listed on page 12. I will walk you through each of the sections of the proposal and can answer your specific questions.



- Email me at Kerry-Ann.Smith@uhn.ca. I would love to hear from you!

Kerry-Ann Smith, RN, BSc., MN, CNCC-C

Innovation Project Manager

& CAP Fellowship Program Co-Lead



APPLICATION CHECKLIST

The CAP Fellowship application portal can be found online at www.capfellowship.com. Just create an account and get started.

Each of the following application components must be completed and uploaded to the portal by **Thursday May 25th at 1200h (noon)**. Late or incomplete applications will not be accepted so be sure to get everything in on time!

- ✓ **Application Form** – an online fillable form with your demographics and the Fellowships for which you are applying.
- ✓ **Project Proposal** – an eight page document following the specified project proposal headers (described later in this document). Complete your proposal and upload it through the portal. **For joint proposals, both individuals will upload the same proposal.**
- ✓ **250 Word Synopsis** – a brief summary of your project that could be understood by a wide general audience.
- ✓ **Manager Reference and Approval Form** – this form (available at www.capfellowship.com) must be signed, scanned, and uploaded to the portal.
- ✓ **Mentor Letter of Support** – this form (also available at www.capfellowship.com) must be signed, scanned, and uploaded to the portal.
- ✓ **Declaration and Consent** – click the box to acknowledge that you understand the conditions of participation.

WHAT MAKES A GREAT PROJECT IDEA?

Every great CAP Fellowship proposal starts with a great project idea! The following are a few of the criteria that we feel make a project idea great:

- **Focused on improving quality** – your project must be a **quality improvement** initiative. Research projects are not eligible. See page 12 for more information on the difference between the two.
- **Feasible** – can your proposed project realistically be completed in a six month period?
- **Aligned with current priorities** – every project must be aligned to current organizational and / or unit specific priorities. Visit www.capfellowship.com under “criteria and requirements” for more details.
- **Within your control** – projects requiring large financial investments or additional human resources are not likely to be successful.
- **Something you are passionate about!** – is it something that will maintain your interest and energy over the six month period?



If you are struggling to come up with a project idea you may want to try one or more of the following: talk to your manager or other members of the leadership team to learn more about current unit priorities, take time to reflect on your practice and try to identify the issues you face every day - are there areas where you are working around problems rather than solving them? What are you hearing from patients and family caregivers?

PROJECT PROPOSAL

The following section will provide you will more detail on what needs to be included in your project proposal. Before you get started writing your proposal, here are a few points on formatting and style:

- **Proposals must be blinded** – do not include your name or any other information that would identify you as the applicant.
- **Proposals must stand alone** – reviewers must be able to understand your proposal without referencing appendices or other documents.
- **Proposals must use specified headers** – these are provided in the next section.
- **Formatting :**
 - 12-point Times New Roman or Arial font
 - Double spaced
 - 8 pages max for individual proposals and 9 pages max for joint project proposals (excluding references)
 - 1 inch margins on all sides
 - Follow APA formatting
 - Number all pages
 - Do not include a title page

The following is an explanation of what should go under each of the specified headers and can be used as a template for your project proposal

Title

Please do not include a cover page.

Introduction and Significance

A brief description of your **quality improvement project** idea and why it is important.

Current Knowledge

A brief summary of current knowledge available about your topic including (please address all three):

- 1) **Research Knowledge** - Please include a minimum of three references from peer reviewed publications, best practice guidelines etc.
- 2) **Clinical Knowledge** - Describe your clinical experience and your observations of others dealing with this issue.
- 3) **Knowledge of the patient's experience, preferences, values, and goals of care** - Describe what you currently know about the patient perspective on this issue.

Strategic Priority Area

Explanation of how the project idea is linked to at least one of the following strategic priority areas:

- **Patient Experience:** driving change and quality improvement across a continuum of patient & family caregiver engagement to improve the patient experience. Refer to the Patient Care Roadmap for more information.

<http://capfellowship.com/sites/all/docs/Patient-Experience-Roadmap.pdf>

Patient Safety: As part of UHN’s Caring Safely Transformation, the following six Hospital Acquired Conditions (HACs) have been identified for initial focus:

- Adverse Drug Events
- C. Difficile Infection
- Central Line Infections
- Falls
- Pressure Injuries
- Surgical Site Infections

<http://capfellowship.com/sites/all/docs/Fellowship-in-HACs.pdf>

- [Accreditation Canada’s Required Organizational Practices](#) (ROPs). Accreditation at UHN involves meeting 30 ROPs, which are essential evidenced-based practices that organizations must have in place to improve patient safety and minimize risk. Refer to the [Required Organizational Practices Handbook 2017](#) and document below for more information.
http://documents.uhn.ca/sites/uhn/Accreditation/2016/ROP%27s/ROPHandbook_2017_EN.pdf
- **Program-based Strategic Priorities** – talk to your manager and other unit leadership to find out what these are.

Contribution to Collaborative Academic Practice

Description of how the project idea promotes each of the following:

- 1) **Informed by the patient perspective** - How you have determined patient need for your project idea (talking to patients and family caregivers, patient satisfaction/experience surveys, incident reports etc.)? Will you be seeking patient and caregiver input into your project? If so how? Will patients and family caregivers be involved in your project? If so how?
- 2) **Enhances employee health, wellness, and/or engagement**
- 3) **Fosters interprofessional collaboration** - how you will engage other professions in your project work? how you will leverage the unique talents of your interprofessional team members?

Joint Proposals Only – Co-Leadership

A description of the collaborative approach the co-applicants will undertake to co-lead the project and a clear articulation of the unique contribution of each profession/individual to the project.

Opportunity Statement

A description of the **current gap in practice** or **opportunity for improvement** that led you to develop your project proposal; describe the **nature** and **severity** of the issue and why it is happening.

A strong opportunity statement will address the each of following questions from the **5W2H** method:

- **What** is the problem, issue or opportunity?
- **Why** is it happening?
- **Where** is it happening (describe your clinical area)?
- **Who** is impacted? (what proportion of staff/patients in your area are affected? Describe the patient population and the composition of your team)
- **When** was the issue first observed?
- **How** does it affect patients/families/caregivers/staff?

- **How** often does it occur?
- Please also identify **potential sources of data** to support your opportunity statement (Are there data in patient charts? Are there data available through [decision support](#) ? Talk to your mentor/manager about other potential data sources).

Aim Statement

What are you trying to accomplish with your project? Ensure your aim statement is SMART (specific, measurable, achievable, relevant and time-specific).

Example Aim Statement: To reduce the incidence of patient falls on the General Internal Medicine unit by 20% by March 31st 2018.

Change Concepts / Proposed Intervention(s)

How will you achieve your aim statement? Describe your ideas for addressing the current gap in practice or opportunity for improvement described above. Try to come up with more than one potential approach to addressing the issue.

Evaluation Plan

a) **Measures:** Outline the measures that will be used to establish whether you have achieved your aim statement. Please identify at least one of each of the following types of measures related to your project aim statement:

- **Outcome measure(s):** A measure that answers the question “**have we achieved what we set out to achieve?**” When identifying your outcome measure(s), ask yourself, “what is the problem I am trying to fix?” **Example:** if you are trying to prevent falls, incidence of falls would be your outcome measure.

- **Process Measure(s):** A measure that answers the question “are we doing what we said we would do, the way we said we would do it?” When identifying your process measure(s), ask yourself “what NEW behaviors am I trying to promote to fix the problem?” **Example:** if part of your falls prevention strategy is to increase completion of a falls risk assessment, the proportion of the time it is completed would be a process measure.

b) **Data Source(s):** Please include your ideas as to how you might collect each of the measures (ex: chart audits, existing data reports, observation, surveys etc.). Talk to your manager/mentor or visit the UHN [decision support](#) intranet site to find out what types of data are already being collected.

Example Evaluation plan:

Aim Statement: To reduce the incidence of patient falls on the General Internal Medicine unit by 20% by March 31st 2018.		
		Data Source(s):
Outcome Measure(s)	<ul style="list-style-type: none"> • Falls incidence 	<ul style="list-style-type: none"> • Incident reports
Process measure(s)	<ul style="list-style-type: none"> • Proportion of patients with a completed falls risk assessment within 24 hours of admission • Proportion of times that appropriate fall prevention strategies are implemented within 24 hours of admission as per the UHN “Prevention of Falls & Fall-related Injury policy” 	<ul style="list-style-type: none"> • Chart audit • Weekly unit observation rounds

*Note – the evaluation section is the section of the proposal that applicants tend to have the most difficulty with. If you are having trouble with this section please email CAPFellowship@uhn.ca and we can assist you.

Project Activities and Timeline

Describe the project activities to be completed during the Fellowship and show how they will be spread out across the Fellowship Program time period. This will help you to ensure your project is feasible to complete within the six-month Fellowship period. You may want to use a table similar to the one below to map out your activities (note-this must fit within the 8 page limit):

Activities	Weeks 1-4	Weeks 5-8	Weeks 9-12	Weeks 13-16	Weeks 17-20	Weeks 21-24	Weeks 25-27
Needs Assessment / Current State Assessment							
Literature Review							
Plan Changes and Develop Evaluation Plan							
Implement and evaluate changes							
Implement sustainability plan							
Share results							

Sustainability

A description of possibilities for how your project and/or related changes will be sustained following the completion of the Fellowship (i.e. who will carry on this work when you no longer have protected time? How will your work be incorporated/embedded into current processes in your practice area? How will you make sure new staff know about it? etc.).

Working with a Mentor

Explanation as to why you selected your mentor and what makes them well suited to support you in your quality improvement project work. What do you hope to gain from the mentoring relationship?

References

Include your references on a new page. For information on referencing sources in APA format please

visit: <https://owl.english.purdue.edu/owl/resource/560/08/>

PROPOSAL WRITING SESSIONS

Proposal writing sessions will be held at all sites leading up to the submission deadline (**May 25th, 2017 at 1200h noon**). The sessions are an excellent opportunity to get answers to any questions you might have about the program and / or application process.

Date	Time	Location
Mon April 10th	9-10:30 am	TGH York-UHN NU-108
Mon April 10th	12-1:30 pm	PM M-805
Tue April 11th	12-1:30 pm	TRI UC 3-102-17
Tue April 11th	2:30-4:00 pm	TWH FP6-103
Wed April 12th	12-1:30 pm	TRI BC N207
Thurs April 13th	1-2:30 pm	TRI LC-B10
Tue April 18th	12-1:30 pm	TGH EN1 404
Fri April 21st	12:30-2 pm	TRI RC-120
Wed April 26th	2-3:30 pm	TGH York-UHN NU-108
Thurs April 27th	12-1:30 pm	TWH FP6-103
Fri April 28th	12-1:30 pm	PM 6-104
Mon May 1st	12-1:30 pm	TWH FP6-103
Tue May 2nd	12-1:30 pm	TGH EN1-441
Wed May 3rd	1:15 pm-2:45 pm	TRI UC 3-102-17
Thu May 4th	12-1:30 pm	PM M-805
Mon May 8th	12-1:30 pm	PM M-805
Tues May 9th	2:30-4:00 pm	TWH FP6-103
Thurs May 11th	12-1:30pm	TGH EN1-404

QUALITY IMPROVEMENT VS. RESEARCH

All CAP Fellowship project proposals must be for quality improvement initiatives – unfortunately research projects **will not be considered**. See the table below for a comparison:

Criteria	Research	Quality improvement/Program evaluation
Purpose	<ul style="list-style-type: none"> • Generate new knowledge • Test innovative practice, therapy or technology • Understand a phenomenon 	<ul style="list-style-type: none"> • Improve internal processes, practices, costs, or productivity for specific interventions or programs that are standard of care/practice
Relevance	<ul style="list-style-type: none"> • Broadly generalizable, or of interest to researchers or health professionals elsewhere • May not have direct benefits to research participants, but knowledge may have future benefits for the research population or those who wish to apply the research findings 	<ul style="list-style-type: none"> • Local managers, clinicians, staff • Intervention or program recipients • Not usually relevant outside the setting
Funding	<ul style="list-style-type: none"> • Usually requires a source of funding • Some research is unfunded 	<ul style="list-style-type: none"> • Typically included in operating budget
Risk	<ul style="list-style-type: none"> • Potential for physical, emotional, or privacy risks due to change in usual standard of care, or from being exposed to questions about sensitive issues • Data must be de-identified and anonymized 	<ul style="list-style-type: none"> • No risks • Data must be de-identified and anonymized
Participants	<ul style="list-style-type: none"> • May include individuals outside your setting • Sample size depends on design (ie. quantitative or qualitative), stage of research (ie. pilot testing or exploratory study versus testing), and research question 	<ul style="list-style-type: none"> • Usually restricted to internal participants • Sometimes external stakeholders or experts may be consulted • Sample size depends on number of intervention/program recipients but are typically small convenience samples
Methods	<ul style="list-style-type: none"> • Mixed methods may apply • Protocol typically remains unchanged through the course of the study to limit confounding • May take considerable time 	<ul style="list-style-type: none"> • Mixed methods may apply • Protocol may be flexible and confounding variables are acknowledged but not controlled • Typically rapid process limited by the availability of local resources
Sharing of findings	<ul style="list-style-type: none"> • Broad dissemination • Publications, presentations, etc. 	<ul style="list-style-type: none"> • Communicated within the organization
Application of findings	<ul style="list-style-type: none"> • Contribute to body of knowledge that collectively informs practice and/or policy • May also be relevant locally 	<ul style="list-style-type: none"> • Change local practice • Improve local program design
Is REB review and approval required?	Yes	No* (Note: completing the ARECCI tool is strongly recommended; ethical considerations ethics consult, or an REB waiver might be required).