Towards large-scale adaption and tailored implementation of evidence-based primary cancer prevention programmes in Europe and beyond (PIECES)

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1	23/04/2024	First draft	Alba Jiménez (IDIBELL), Marina Ramiro (IDIBELL), Jordi Piera (IDIBELL), Caridad Pontes (IDIBELL), Christiaan Vis (Vumc)
2	24/05/2024	Second draft	Alba Jiménez (IDIBELL), Marina Ramiro (IDIBELL), Jordi Piera (IDIBELL), Caridad Pontes (IDIBELL), Christiaan Vis (Vumc)
3	29/05/2024	Final version	Alba Jiménez (IDIBELL), Marina Ramiro (IDIBELL), Jordi Piera (IDIBELL), Caridad Pontes (IDIBELL), Christiaan Vis (Vumc)

1 Executive Summary

This document describes the initial version of the training materials that will be used to introduce and support implementers in using PCP-IT. The PCP-IT training program will include:

- Tutorial materials embedded in the tool to support users along their experience
- A self-guided gamified track for expert users
- Peer-assisted learning through a community of implementation practitioners.

The training materials concern various distinct aspects, including:

- Materials to introduce implementers to the toolkit and get them started.
- Materials in format of a train-the-trainer so that implementers can introduce other implementers to the toolkit.
- A guidance protocol for organizing support during the evaluation study.
- A moderation protocol for organising the Community of Implementation Practitioners.

In doing so, this document constitutes Deliverable D3.4 Integrated Implementation Framework platform training materials. As the toolkit development is work in progress at the time of writing, and because the evaluation study is expected to provide valuable suggestions for improvements to both the platform and its supporting documentation, including training materials, this document should be considered as a living document for the duration of the project. It will be updated regularly, and a final version will be delivered to the commission services at the end of the project.

2 Contents

2.1 Table of contents

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3 Background and aim

PCP-IT is a digitally accessible toolkit that offers a step-by-step process for selecting and adapting PCP programs, and for designing and applying tailored implementation strategies to help support the implementation of their adapted PCP programs into practice. The toolkit combines a theory driven approach to implementation work with practical evidence-informed information about PCP programs, factors that can inhibit the implementation and strategies for addressing these factors. All this information is packaged in an online toolkit in a way that provides a structured approach to tailoring with easily accessible resources along with guidance on when and how they might be used.

Considering the innovative nature of PCP-IT, the complexity of the settings in which it will be used in the PIECES project, and to ensure toolkit usage is maximized, implementers will be guided in applying the toolkit. This and the specification of guidance, is important so we can draw valid conclusions on the impact and usefulness of the toolkit in supporting implementers in tailoring and implementing PCP programs successfully.

The toolkit is designed as a community supported self-help toolkit. Furthermore, considering matters of sustainability of the toolkit after the PIECES study, a minimal guidance modality is chosen. That is, the working mechanisms of tailored implementation are conceptualized and operationalised in the online toolkit and should not stem from the guidance provided that exists outside or apart from the toolkit. Therefore, the guidance is designed to focus on supporting implementers in understanding and applying the toolkit, i.e. providing the skills and support to the implementers to use the toolkit.

The guidance will not contain active or passive advice on matters of the tailoring process. Inquiries from implementers about selecting and adapting PCP programs, identifying barriers, matching them to strategies, and the execution of the implementation strategy, will not be addressed by the guidance, as these are tailoring decisions that must be made by the implementation team.

Thus, the guidance will cover the following generic scope:

- To acquire the technical skills necessary to navigate and use the toolkit and solve technical questions relating to the use of the toolkit.
- To understand the workflow of the toolkit.
- To set-up an implementation team and infrastructure.

4 Training methodology

4.1 Rationale for training principles behind the toolkit

The foundational training principles for the PCP-IT will be addressed through three main components: self-guided training, gamification and collaboration with peers. These will be linked to a delivery model considering availability: the training hub, the library of resources and the community (Figure 1).

A training hub will integrate informative resources such as videos, presentations and reference guidance, as well as contextual information supporting the implementers along the use of the tool-kit. Then, a library of resources will be progressively unlocked to implementers with gamification techniques along an interactive expert track, and finally, a peer-supported model will be also in place through a community of practice where personal exchange will be supported by forum tools (Figure 1).

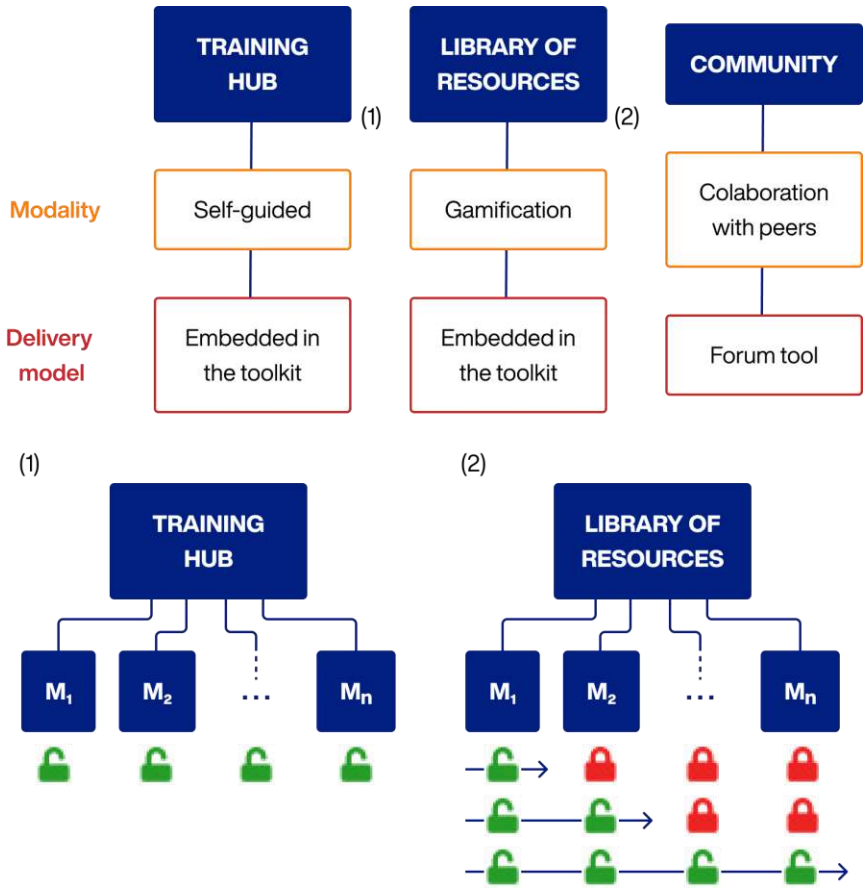

Figure 1: Foundational training principles.
(1) Training materials are available from the very start, (2) while the library of resources are unlocked progressively as users advance through the different modules of the toolkit.

All along the way, the three components complement and are enhanced through train-the-trainer activities, so that training can reach all the team.

4.2 Self-guided training

The PIECES project's training methodology emphasizes self-guided learning, utilizing the PCP-IT toolkit to empower implementers to progress at their own pace. This approach aligns with contemporary educational paradigms that recognize the diverse learning needs and schedules of adult learners. Self-guided training offers several advantages:

- **Flexibility and accessibility:** Self-guided learning allows learners to access materials at any time, which is crucial for accommodating diverse schedules and time zones. Research indicates that self-paced learning environments can lead to better retention and understanding because learners can review materials as needed, enhancing mastery of the subject matter. This flexibility is crucial for the PIECES project's international and multidisciplinary teams.
- **Personalized learning pathways:** Users can tailor their learning journey, spending more time on areas they find challenging while quickly moving through familiar content. This personalized approach enhances engagement and retention of knowledge.
- **Empowerment and autonomy:** By providing a self-directed learning environment, the PIECES toolkit fosters a sense of autonomy and responsibility among users. This empowerment can lead to higher satisfaction and better implementation outcomes as users feel more in control of their learning process.

4.3 Gamification

Gamification is integrated into the PIECES training methodology to enhance motivation and engagement. This approach utilizes game design elements, to create a more active and dynamic learning experience. By incorporating gamification, the training process gains motivation and becomes more enjoyable, encouraging users to actively participate and complete the training modules. The progressive unlocking of resources through gamified elements ensure sustained user interest and commitment.

4.4 Community Collaboration

Recognizing the value of peer support and knowledge sharing, the PIECES toolkit incorporates a community component facilitated through a forum tool. This modality promotes collaboration with peers, enabling users to engage in discussions, share experiences, and seek advice from fellow implementers. The forum tool supports the transition from a purely self-guided approach to a community-driven model, fostering a collaborative learning environment that enhances the overall training experience.

Each of the delivery models related to the 3 components are explained in the next sections and annexes.

5 Training resources and delivery models

5.1 Training Hub

The Training Hub for self-guided training is a central component of the PIECES toolkit, featuring a variety of self-guided training materials. These include text, audio, and video resources from different modules of the PCP-IT toolkit, accessible from the start.

This hub is embedded within the toolkit, ensuring that all necessary materials are readily available as users navigate through the modules. The design of the Training Hub supports the self-paced nature of the training, allowing users to revisit and review materials as needed to reinforce their understanding.

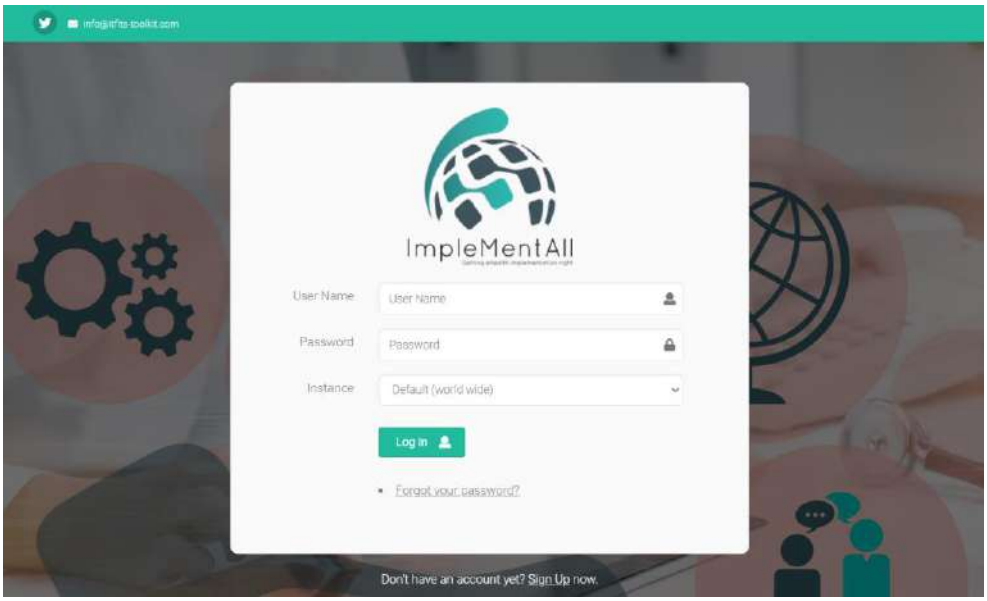

Figure 2: ItFits toolkit interface.

On the welcome page of the toolkit, users will have access to an introductory video that offers an overview of the toolkit's functions, objectives, and and the reasons for its development.

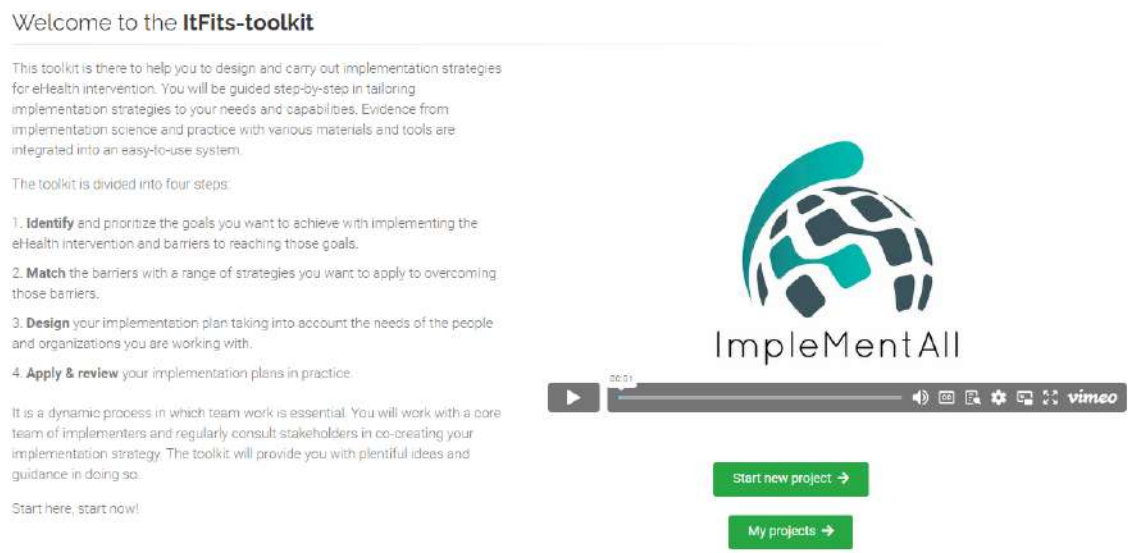

Figure 3: Welcome page of the ItFits Toolkit including the introductory video.

Furthermore, as users navigate through the ItFits Toolkit, they will find audio resources that provide detailed explanations of key concepts. These audio resources are designed to enhance the user experience by offering an alternative method for learning and understanding important information.

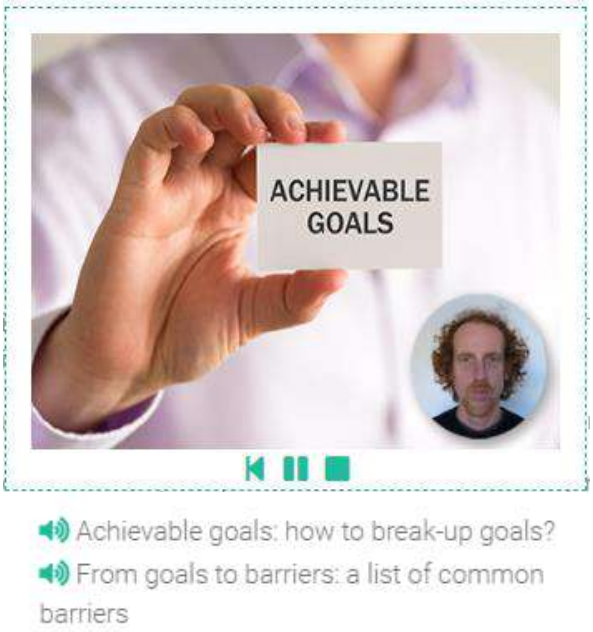

Figure 4: Screenshot of the explanatory audio resources in the ItFits Toolkit.

The contents of the training materials (text format) for every module of the PCP-IT can be found in the Annex1.

5.1.1 INTRODUCTION TRAINING

What. The central focus of the introductory session is on the workflow of the toolkit; ie. on how to work with the toolkit along the 6 modules (Figure 5).

1. First an overview will be provided of the structure of the toolkit explaining the aims and expected outcomes of the six modules as well as how an implementation project is initiated and managed in the platform.
2. Secondly, the workflow of applying the tri-partite process of generating initial ideas, consulting stakeholders, and reviewing and finalizing the ideas will be discussed.
3. Specific attention will be given to how modules 2, 5 and 6 can be used (i.e. adapting a PCP-program, applying the adapted TIDieR checklist) and using the tools offered by the toolkit for designing the impact assessment plan and reporting outcomes (Figure 5).
4. The expectations of the repositories (PCP-programs, barriers, strategies) and how to work with the material in them will be explained, as well as how implementers can engage in the community of implementation practitioners (forum).
5. The six basic working principles (be pragmatic, be focused, be different, be open, be organized, be flexible) will be explained as to how to apply using the toolkit as well as the role of the implementation team (lead and core team) and those involved in the implementation (stakeholders) in working with the toolkit.
6. The module tools will be introduced covering the consensus techniques, the surveying tool, the option for storing notes and other multi-media files used in the process, as well as how the resources on barriers and strategies can be used in the toolkit.

The slides will be developed in the last quarter of 2024, right before the study begins.

How. The introductory session will take place online using a standard lecture and discussion setup (Teams). The meeting will last maximal 4 hours and will incorporate a Q&A session. Unless participants do not consent, calls will be recorded as a source for the evaluation study.

Who. Implementers will be invited to attend the session. The session will be given by a team of two persons with reasonable insight in the PCP-IT philosophy and technical background of the platform.

When. The introductory session will take place within one week after the study started. See the study protocol for more information about the practicalities on the study start.

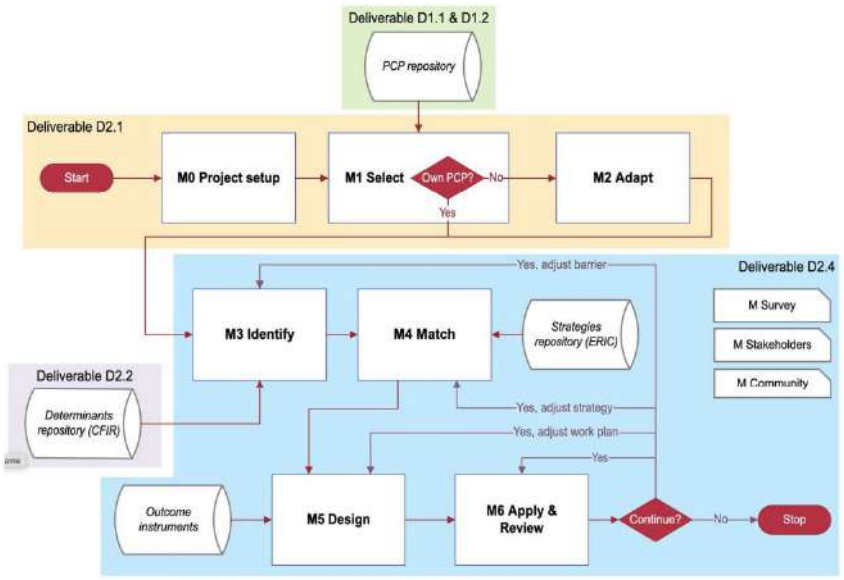

Figure 5: Overview of the PCP-IT logic and flow.

5.2 Library of Resources

To complement the self-guided Training Hub, the Library of Resources employs a gamified approach to further engage users.

This library, embedded within the toolkit and accessible via a button in the upper right corner (see Figure 6), unlocks progressively as users advance through the modules.

The gamified elements are designed to motivate and sustain user engagement, making the learning process more interactive and enjoyable. As users complete tasks and milestones, they gain access to new resources, reinforcing their progress and encouraging continuous learning.

Figure 6: Location of the Library of resources within the PCP-IT.

The content of the library of resources for every module of the PCP-IT can be found in the Annex 2.

5.3 Community collaboration

5.3.1 FORUM OF PRACTICE

Recognizing the value of peer support and knowledge sharing, the PIECES toolkit incorporates a community component facilitated through a forum tool. This modality promotes collaboration with peers, enabling users to engage in discussions, share experiences, and seek advice from fellow implementers. The forum tool supports the transition from a purely self-guided approach to a community-driven model, fostering a collaborative learning environment that enhances the overall training experience.

5.3.2 TRAIN-THE-TRAINER

What. In extension to the introduction session materials, implementers can request to receive an additional training so that they can train others. This is of relevance in a nested structure of involved organizations in a particular implementation project. The train-the-trainer will provide a more details on the toolkit, including its (designed) logic model, the conceptual and theoretical background of each module, and procedural and organizational aspects of delivering the toolkit, and do's and don'ts of providing guidance to ensure it's working mechanisms will be optimized.

How. The train-the-trainer will take place online using a standard lecture and discussion setup (Teams). When required and opportune, a face-to-face format can be chosen as well. The meeting will last about 4 hours and will incorporate a Q&A session. Unless participants do not consent, calls will be recorded as a source for the evaluation study.

Who. Implementers having a coordinating or leading role in a nested organizational structure will be invited to attend the session. The session will be given by a team of two persons with detailed insight in the PCP-IT philosophy and technical background of the platform.

When. The introductory session will take place on request and where deemed necessary per study protocol.

6 Guidance during the evaluation study

6.1 Monthly group calls

What. To monitor progress and discuss emerging technical issues users experience when using the toolkit. The monthly telco's can also be used to reiterate materials discussed in the introductory session explaining the general structure of the toolkit and the way implementors can engage with it.

How. The support calls will be hosted using online conference calling technologies (Teams). Unless implementers do not consent, calls will be recorded as a source for the evaluation study.

Who. All implementers using the toolkit will attend the group calls; ie. one representative of each implementation team that received the introduction training will join the monthly conference calls. The calls will be hosted by the same team involved in the introductory session. Members of the evaluation research team can join the calls as silent observers.

When. Every month starting in the last week of the first study month after receiving the introduction training until the last month of the study period. A recurring fixed date will be negotiated with attendees. See timeline below for more information.

6.2 Ad-hoc technical assistance

What. Implementers have access to on demand ad-hoc technical assistance through email or telephone. The technical assistance is aimed to reiterate the user principles of the toolkit as introduced in the introductory session and answer any technical question related to using the toolkit.

How. Implementers can make use of the info@itfits-toolkit.com email address or phone one of the guidance team members. Phone numbers will be made available in the introductory session. Unless participants do not consent, calls will be recorded as a source for the evaluation study.

Who. On-demand technical assistance is available for the Implementation Lead and will be provided by the same team involved in the introductory session, monthly conference calls, and closing session.

When. Ad-hoc technical assistance is available on-demand for as long as the guidance takes place, ie. during the study period.

6.3 Closing session

What. After the evaluation period, the guidance will stop. Once introduced to the toolkit, implementers will have access to the toolkit during complete study period. After the study period, guidance will cease, participation in the monthly group support calls will stop, and

there will be no more access to ad-hoc technical assistance except for blocking errors in the platform with a technical nature. A final bi-lateral closing session with the implementers will be planned to address any outstanding questions.

How. The closing session will be hosted using online conference calling technologies (Teams). Unless participants do not consent, calls will be recorded as a source for the evaluation study.

Who. The Implementers using the toolkit during the study period will be invited for a closing session. The call will be hosted by the same team involved in the introductory session and monthly conference call. Members of the evaluation team can join the calls as silent observers.

When. The closing session will take place at the end of study period but before closure of the data collection. See study protocol for more information on the timing of data collection.

6.4 General guidance do's and don'ts

For Modules 1-6 there will be no guidance specified other than the screen layout, and technical use of the online worksheets and module tools. The guidance as explained below provides a basis to enable users to work with the modules.

Note: Unless implementers do not consent, all sessions (ie. face-to-face, group and individual calls) will be recorded as a source for the evaluation study and to measure adherence to the guidance guidelines.

6.4.1 WORKFLOW AND ORGANISING WORK

Do's: (-) structure of the toolkit, module 1-6; (-) aims and expected outputs of each main module; (-) how a project is imitated and managed in the platform; (-) workflow of applying the tri-partite process of generating initial ideas, understanding key stakeholders' views, and reviewing and finalising the ideas. (-) support on how to set-up the core team.

Don'ts: (-) interfere with the personalized approach of working with the toolkit (ie. timing, use of materials).

6.4.2 WORKING PRINCIPLES

Do's: (-) explain the 6 basic working principles; (-) role of the implementation team (lead and core team); (-) role of the stakeholders in working with the toolkit.

Don'ts: (-) restrict the way users interact with the provided materials.

6.4.3 REPOSITORIES (PCP, DETERMINANTS, STRATEGIES)

Do's: explain searching and applying filters as well as on how to select a PCP program, barrier or strategy, and find additional and adding new information (barriers, strategies).

Don'ts: which PCP-program, barrier, or strategy to select and in what situation.

6.4.4 STAKEHOLDER CONSULTATION

Do's: explaining the relevance of identifying various stakeholders (organisations and representatives), that these can change over time, and that they have certain and varying interests in the implementation. In addition, it is important to explain that stakeholders have various ways to influence the project.

Don'ts: which stakeholders or stakeholder groups might be relevant and how to engage with them.

6.4.5 MODULE TOOLS

Do's: explaining (-) consensus techniques; (-) using surveying tool, and (-) storing notes and other multi-media files option; (-) how the resources on barriers and strategies can be used; ie. referring to guidance provided in the toolkit including multimedia; (-) using the 'pdf' function for downloading and printing the materials including the worksheets.

Don'ts: (-) discuss any site-specific content which will/can be generated using the module tools.

6.4.6 HOME PAGE AND MAIN MENU

Do's: explaining (-) role of overview of projects in second half of the screen; (-) starting a project; (-) manage projects button; (-) where the menu items point to; (-) user management and lost password.

Don'ts: (-) not going into detail of the modules.

6.4.7 MANAGE MY PROJECT

Do's: (-) explain the structure and functionalities of the screen, ie. how the buttons work, purpose of the buttons, what information is displayed.

6.4.8 SETUP – MY IMPLEMENTATION PROJECT

Do's: (-) explain what information is necessary to fill in

Don'ts: (-) giving site specific content advice, ie. Guidance on what to fill in.

6.5 Moderation of Community of Implementation Practitioners

The Community of Implementation Practitioners will be moderated by one or more individuals selected from the project's consortium.

Community Rules

1. **Respectful Communication:** All community members are expected to communicate respectfully. Offensive, discriminatory, or inflammatory language will not be tolerated. Moderators will remove posts or comments that violate this rule and may issue warnings to offending members.

2. **Relevance and Focus**: Discussions should remain relevant to the topics of primary cancer prevention, implementation strategies, and related subjects. Off-topic posts will be redirected or removed by the moderators to maintain the focus of the community.
3. **Knowledge Sharing:** We foster an environment of mutual learning. Share resources, experiences, and knowledge valuable to implementation practices.
4. **Constructive Feedback**: Feedback and critiques should be constructive and aimed at fostering learning and improvement. Harsh criticism or personal attacks will not be allowed. Moderators will facilitate discussions to ensure they remain constructive and beneficial.
5. **No Spam or Self-Promotion**: Unsolicited advertisements, spam, and excessive self-promotion are prohibited. Members should share resources and insights that benefit the community without promoting personal or commercial interests.
6. **Privacy and Confidentiality**: Members must respect the privacy and confidentiality of others. Personal information should not be shared without consent. Moderators will ensure that posts do not disclose sensitive information and will take action if such violations occur.
7. **Report to Moderators:** If you notice any violation of these norms or any inappropriate behavior, please report it to the community moderators.
8. **Compliance with Guidelines**: All members must comply with the community guidelines. Repeated violations may result in temporary or permanent suspension from the community. Moderators will enforce these guidelines consistently and fairly.

Role of the Moderator

The role of the moderator is central to the effective functioning of the Community of Implementation Practitioners. Moderators are responsible for maintaining order, fostering a supportive environment, and ensuring compliance with community guidelines. The specific duties of moderators include:

- **Monitoring Discussions**: Moderators will regularly monitor discussions to ensure adherence to community guidelines. This involves reviewing posts, comments, and messages to identify and address any issues promptly.
- **Facilitating Engagement**: Moderators will encourage active participation and engagement by prompting discussions, highlighting valuable contributions, and ensuring that all members feel welcome and heard.

- **Enforcing Rules**: Moderators are tasked with enforcing the rules of the community. This includes issuing warnings, removing inappropriate content, and taking disciplinary action against members who repeatedly violate guidelines.
- **Providing Support**: Moderators will offer support to community members, answering questions, providing guidance on the use of the ItFits Toolkit, and assisting with any issues that arise within the community.
- **Mediating Conflicts:** In the event of conflicts or disputes between members, moderators will act as neutral mediators to resolve issues amicably. This includes facilitating discussions to understand different perspectives and finding common ground.

7 Annex 1. Training Hub

7.0 MODULE 0: Project setup

The next steps provide guidance on how to set the scope of your implementation project and your implementation team.

It has three steps:

1. Define project aims and select your implementation team members
2. Identify the health or behavioural problem
3. Identify and analyse stakeholders

First some basic information will be asked about your project.

7.0.1 MODULE 0.1: DEMOGRAPHICS AND IMPLEMENTATION TEAM

Focus: setup the scope of the project and implementation team

Who: implementation lead (to be)

How: informal discussion

Outcome: basic demographics of the implementation project and the implementation team

In this section, we would like you to set up your implementation project. The first step is to provide some basic information for identifying your project. You can do this by entering responses directly into the boxes below.

Select a project name that will makes sense. You will keep returning to this project as you progress working through the toolkit. The organisation leading the project is the organisation coordinating and doing the implementation. Generally, it is the organisation that the implementation lead represents while using the toolkit.

The next step is to allocate an implementation team to the project: the [core team]. The core team is the group of people coordinating and doing the implementation work. These will be the people that are responsible for selecting, adapting, and implementing the PCP program.

Generally, a core team consists of 3-5 people with diverse backgrounds. These could be clinical, managerial, technical, or have specific set of expertise and experience relevant to the project. It is important to keep an eye to balances within your team, both in terms of expertise and experience as well as in power and influence. And of course, other characteristics that can enrich collaboration with your team such as age, gender, educational level, etc. They can but don't need to be from the same organization; you can also include external people in your team. Importantly, all team members must be available and committed to the project.

The implementation core team is represented by one person, the **implementation lead**. Likely it will be you. This person should be organized yet flexible enough to deal with changes and complexity. The implementation lead should have strong communication skills and should be sensitive to peoples' interests and motivations. Most importantly, the implementation lead should be able to connect people and at the same time, be reflective, ambitious, and lead ways forward.

7.0.2 MODULE 0.2: IDENTIFY HEALTH PROBLEM

Focus: identifying the health problem related to primary cancer prevention

Who: implementation team

How: informal discussion

Outcome: description of the health problem you want to address

Before anything, it is important to articulate clearly what the health problem is you want to address. This will often include understanding the prevalence of the health problem, its distribution among population subgroups, and possible causes.

In this step, you work with the core team to define the health problem you want to address. Basically, this comes down to three tasks: (1) critically reflect and describe the problem you want to address, (2) identify the target group, and (3) describe the setting in which the problem occurs and can be addressed.

In describing the health or behavioural problem it is important to quantify as much as possible: how many people are affected? Also put this into perspective to the prevalence on local, regional, national, or even international level. And, importantly, in what way are they affected; what is the possible impact of the problem, now, or in later life to gain a sense of urgency.

You can use existing reviews of literature or epidemiological studies and conduct a rapid scoping review. In doing so, pay attention to the representativeness of the reviews or studies you have found. And it is always a good idea to include local data, for example from administrative records from your hospitals, social welfare organisations, schools etc.

Local data reveals that approximately 40% of adults in the city are smokers, well above the national average. This issue extends beyond immediate health concerns, significantly increasing the risk of cancer. Furthermore, this alarming rate of tobacco use poses an additional threat: it greatly enhances the likelihood of children from these households' becoming smokers in later life. This intergenerational transmission of smoking habits compounds the health risks and social consequences faced by our community.

Several intertwined factors contribute to this problem, including limited access to affordable healthcare and cessation resources, lower levels of education, economic hardship, and targeted marketing by tobacco companies in low-income neighbourhoods. Understanding

these complex dynamics is essential as we seek suitable PCP-interventions to address this health challenge effectively.

Also describe the group and setting you want to target. This is the group and context where the problem occurs and in which intervention is required. You can describe the target group in basic demographics (age, gender, socio-economic status, etc.), as well as clinically or behaviourally relevant factors such as medical history or symptoms, smoking, drinking, or sedentary behaviour. Also think about the setting in which the problem occurs. You can think of primary or specialised care, but also schools, sports clubs, or other social or community settings.

Besides the numbers and impact, it is important to have clarity about the causes of the problem. These can differ per target group, which makes it important to clearly describe the people affected.

Remember to be ambitious and realistic in describing the problem. You can probably only do so much, and the problem you want to address should strike a healthy balance between utopia and the likelihood of contributing to solving the problem in a reasonable time frame.

You might want to verify and check the problem you have described with selected stakeholders. You can do this informally and through for example e-mail.

By the end of this step, you will have a clear description of the health problem, including the:

- Target group and setting in which the problem occurs;

- Short- and longer-term impact on individuals, groups, and for example the social or health care system on societal level;

- Causes that lie behind the problem.

7.1 MODULE 1: PCP – SELECT

This module helps you identifying Primary Cancer Prevention (PCP) programs that could address the health or behavioural problem you targeted when setting up the project (M0).

It has three steps:

1. Identify a relevant PCP-program and assess fit of the program with the target context.

2. Understand stakeholder views.

3. Review and select the PCP-program that will be implemented.

By the end of this module, you will have:

- Identified an evidence-based PCP-program that can address the target problem.

- Assessed the likelihood of successful implementation in the targeted context.

- Worked with key stakeholders to understand their views on the relevance and likelihood of implementing this program.

- Decided and selected a PCP-program that will be adapted and implemented.

Timeline: We would expect that you would complete this module in a period of 4 to 6 weeks.

7.1.1 MODULE 1.1: IDENTIFY PCP AND ASSESS FIT

Focus: Identification of PCP-program

Who: Core team

How: Use the PCP-repository and brainstorming

Outcome: Candidate PCP-program that addresses a health or behavioural problem

You might be well aware of the program you want to implement to address the problem you have identified in M0. You might even be working to implement it in your setting, at the same time you might also be open to explore other or new PCP programs. Either way, it is important to be clear about the problem is, its impact, and its causes.

Starting from the problem you defined, we suggest brainstorming with your core team to identify a PCP-program that might address the problem. You can use the repository with PCP programs to make an initial selection or state your own program.

In selecting a program, it is important to check whether the program is known for addressing the problem you identified effectively. We suggest considering both practice-derived experiences as well as reported scientific proof of effectiveness of the program.

Secondly, it is important to assess and understand the extent to which the program needs to be adapted. You can map the differences in population, program delivery, and resources between the original PCP-program context and your target context. The main question here is: in what ways does your target setting differ from the context in which the PCP has originally been applied?

By the end of this step, you will have made a well-informed selection of a candidate PCP program for addressing the problem.

You can expect to be working on this step several weeks.

7.1.2 MODULE 1.2: UNDERSTAND STAKEHOLDER VIEWS

Focus: Discuss candidate PCP-program with stakeholders

Who: Core team with stakeholders

How: Interviews, Surveys

Outcome: Consensus on the problem and candidate PCP-program.

It is important to listen to what stakeholders think about your ideas as they can offer you useful feedback or even alternatives for the candidate PCP-program you identified and, notably, on the likely fit of the program in your target setting.

We suggest that you use (group) interviews, or surveys or a combination thereof to hear what your stakeholders think about the candidate PCP-program you suggest adapting and implementing to address the problem.

When working with your stakeholders there are two topics you can use to help discussing the candidate PCP-program:

- The potential effectiveness of the candidate PCP-program in addressing the specific problem.

- The potential acceptability of the program in the setting and context in which you intend to implement it.

You can use the list of stakeholders you identified earlier to select sparring partners for this step. You can also revisit the list of stakeholders as you wish and consult others for this step.

You can edit the information about the candidate PCP and context mapping in the worksheet below.

By the end of this step, you will have a rich set of perspectives of your stakeholders towards the potential fit of the PCP program you selected. You can expect to be working on this step several weeks.

7.1.3 MODULE 1.3: REVIEW AND SELECT PCP PROGRAM

The core team and the stakeholders have now worked to generate a view of the candidate PCP-program that could be implemented to address the problem. In this step, the core team needs to review the work done so far and decide on proceeding to the next module: adaptation of the PCP program to improve fit and developing a tailored implementation strategy.

Deciding on the suitability

When thinking about your proposed PCP-program there are two aspects you can use to help think about it's suitability in your setting:

- The potential effectiveness of the PCP-program in addressing the targeted health problem in the specific setting you aim to implement it in.

- The potential fit of the PCP-program and subsequently, the required adaptations to improve the fit and their feasibility

For assessing the effectiveness, it is important to consider the best available evidence. This can be both scientifically validated proof as well as practice-generated accounts of impact. Note

that especially practice-based evidence can be biased towards for example certain target groups and personal opinions of those involved. It is therefore very important to consider the context in which this evidence was generated and the extent to which it is comparable to the targeted context. This also gives you information about the extent to which the program will fit in your target setting. Do not guide your decision too much because you feel it will be easy to do and create the least number of negative effects. Anticipated effectiveness and fit of the PCP-program are central.

Following discussions with stakeholders, you feel that the selected PCP-program which aims to address tobacco advertisements in and around schools has strong potential for effectiveness. The stakeholders, including school leaders and staff, share concerns about this issue and its impact on underage smoking.

However, the stakeholders' perspective highlights a need for significant program adaptations to ensure the program would fit optimally. The stakeholders emphasized that the issue was the overwhelming exposure to tobacco-related advertisements in the broader area, rather than in schools, which was the initial focus of the core team. To enhance the fit and feasibility of the PCP-program, you acknowledge the necessity of adapting the program content to specifically target the issue of tobacco advertisements in the vicinity of schools.

This may involve collaborating with local businesses, advocating for stricter regulations with local municipalities, or adding educational components to empower students against these ads. Considering the potential effectiveness and necessary adaptations, you and the core team decide to proceed with adapting the PCP-program and developing a tailored implementation strategy.

It is possible that you conclude that this PCP-program does not match well with the target problem in your setting. It could also be that your understanding of the target problem has changed. In those cases, you will be redirected to the start of the module to review or adapt the target problem and subsequently select a different PCP-program and again, reach out to your stakeholders to verify the choice when necessary.

If you decide to go forward with the candidate PCP-program, you will enter the next module in which the required adaptations will be identified and made to improve the fit of the PCP program in the implementation setting. In turn, this will be followed by developing a (set of) implementation strategies that are tailored to the local setting and needs.

We advise you to document your decision and provide a justification that satisfies and includes your own views as well as those of your stakeholders.

By the end of this step, you will have decided on the candidate PCP-program. It should not take much time to do so.

7.2 Module 2: Adapt

In this module, you will identify and develop the adaptations to the PCP program you selected in the previous steps. This module helps you manage adaptations in a systematic and proactive manner to ensure that they contribute to a better program fit with the setting and context in which it will be implemented.

This module has two key steps:

1. Identifying relevant adaptations to assess their potential impact on the fit of the PCP program.

2. Develop adaptations and produce materials.

In between and after each step, you will consult your stakeholders to ensure you are well informed before proceeding. This includes feedback on the areas you want to adapt as well as the adaptations you subsequently made.

By the end of this module, you will have:

- Identified adaptations to improve the fit of the selected PCP-program to your local setting and context including an assessment of the extent to which these adaptations might impact the expected effectiveness of the program.

- Checked with key stakeholders to understand their views on the priorities and feasibility of the identified adaptations.

- Selected the adaptations you want to work on.

- Realised the adaptations and produced the materials.

- Consulted your stakeholders again to check whether the changes you made to the program are acceptable.

- Finalised your program.

This will result in an adapted PCP-program with all relevant materials that are ready to implement.

Timeline: We would expect that you would complete this module in a period of 6 to 8 weeks.

7.2.1 MODULE 2.1: IDENTIFY ADAPTATIONS

How: Brainstorming

Outcome: A list of potential adaptations

Adaptations to the PCP-program are made to make them fit within the context in which they will be implemented. Work with your core team to systematically and proactively identify adaptations that need to be made to improve the fit of the PCP-program. We advise

brainstorming to generate an initial list of potential adaptations. Additionally, you can consider reviewing relevant literature or projects that have used the PCP-program that you have selected, talk with the original intervention developers, and use their learning to identify potential adaptations.

To structure your thinking, you can distinguish between adaptations that relate to the content of the program that cause the effectiveness in the target group (i.e.. core functions), or changes that affect the way by which the program is delivered to the target group (i.e. functions of form).

You can also indicate whether the change for example replaces a certain aspect of the program, or that it is additive or makes a certain aspect optional. This will help you to get a feeling with the potential impact of the changes on the effectiveness of the program.

Changes can also relate to the standard implementation package that often is included in the program. Examples of such implementation packages include training program deliverers, or awareness campaigns amongst members of the target group, et cetera.

By the end of this step, you will have an initial list of potential changes you want to make to the PCP-program. You can expect to work a few days on generating this list with your core team.

7.2.2 MODULE 2.2: UNDERSTAND STAKEHOLDER VIEWS

Who: Stakeholders

How: (Group) interviews

Outcome: Perspectives of stakeholders on the appropriateness and priority of identified adaptations to the program

It is crucial to listen to what stakeholders think about your ideas for adapting the PCP program to improve its fit within the target setting. Stakeholders can provide different perspectives on for example the practical aspects of delivering the PCP-program, compatibility with existing infrastructures, as well as aspects of acceptability and fit with the target group. They also may provide useful feedback or even alternative adaptations.

You can use the list of stakeholders you identified earlier to select sparring partners for this step. You can also revisit the list of stakeholders as you wish and consult others. We recommend that you have (group) interviews to help you hear what your stakeholders think about the adaptations you proposed.

When talking with your stakeholders there are three topics you can focus on to help discussing the potential adaptations:

1. The rationale and importance of the adaptation: understand why a specific adaptation is necessary and how it might affect the program's overall goals.

2. The potential intended and unintended effects of the adaptation: discuss the expected outcomes of the adaptation, both positive and negative, and consider potential unintended consequences.

3. The potential impact of the adaptations on the effectiveness of the PCP-program: evaluate how the proposed adaptations may influence the PCP program's overall effectiveness in achieving its intended outcomes.

By the end of this step, you will have a rich set of perspectives of your stakeholders towards the potential fit of the PCP program you selected in the previous steps.

You can expect to be working on this step several weeks.

7.2.3 MODULE 2.3: REVIEW AND SELECT ADAPTATIONS

Focus: Decide on the adaptations

Who: Core team

How: Structured discussion

Outcome: List of adaptations

Based on the feedback you received from your stakeholders, it is now time to decide on the adaptations you want to make to the PCP-program to optimize its fit with the target setting.

Once these decisions are made, you can proceed to make the changes, create necessary materials, and conduct pilot tests to assess their impact.

With the core team, we recommend discussing the feedback and information related to each adaptation. It is crucial to provide justifications for the decisions you made and document your notes also in the system. To guide your decision-making process, consider the following criteria:

- Acceptability: Is the proposed adaptation acceptable to both stakeholders and the target setting?

- Feasibility: Is the adaptation feasible to realize with the available resources and time?

- Impact on effectiveness: To what extent does the adaptation influence the overall effectiveness of the PCP-program and how does this, for example trade-off with factors like costs, reach, or other expected benefits resulting from the change?

Valuing the feedback from stakeholders equally is essential, even if their perspectives and interests conflict. In addition to stakeholder input, consider consulting relevant scientific literature that may offer insights into the proposed changes. Keep in mind that the most convenient option may not always be the most effective.

You can choose to change more than one aspect of the PCP-program in one go. However, we suggest not doing everything at the same time. Be pragmatic and realistic about what you can achieve within your current capacity.

By the end of this step, you will have decided about the adaptations you want to make to the PCP program. You can expect to be working on this step less than a week.

7.2.4 MODULE 2.4: DEVELOP MATERIALS

Focus: Realise the adaptations and produce the required materials

Who: Core team

How: Brainstorming or group discussions

Outcome: Adapted PCP program

Once you have decided on the adaptations you want to make, it is time to realize the changes and develop the materials. We advise you to be structural and systematic in making the changes.

To support you in making the adaptations, you can consider using existing methods which are known to be effective in adapting the PCP-program. For example, by applying a community based participatory approach and involving community members in changing cultural elements ofthe PCP-program. Using brainstorming, semi-structured interviews or focus groups, you can reach consensus with community members about the content of certain texts or presentation of elements in the PCP-program in a way that is meaningful to them. Another example is using a forward-backward translation procedure with cognitive interviewing when you need to translate texts into local language.

You now need to describe each element of your adapted PCP program. This involves developing the materials and details about what, who, and how the program will be delivered.

This will form the backbone of your adapted PCP program. We suggest that you use brainstorming or group discussion to help you work out each element of the adaptations and the PCP program. We also suggest that you look at the suggested materials accompanying your program or reach out to the developers of the program to help your thinking.

By the end of this step, you will have a detailed description of the adapted PCP program. This will probably take quite some time. Consider dividing-up the work in the core team or ask others helping you.

7.2.5 MODULE 2.5: UNDERSTAND STAKEHOLDER VIEWS

Focus: Check whether the adapted PCP-program is acceptable, feasible and appropriate.

Who: Stakeholders

How: Informal talks or brief pilot testing

Outcome: Stakeholder feedback to inform finalisation of the PCP-program

When all materials and changes are developed for your adapted PCP-program, it is good ask your stakeholders again what they think of the changes.

This consultation can be quite informal or more extensive such as a pragmatic pilot. In both cases you would be asking them to review the program and provide any suggestions for further improvement concerning:

- Acceptability and usability of the PCP-program and materials.

- Feasibility and workability to deliver the program.

- Appropriateness in targeting the health problem; will it be effective?

By the end of this step, you will have an idea about the acceptability and appropriateness of the adapted PCP-program. Depending on the approach you choose, this can take some time.

7.2.6 MODULE 2.6: FINALIZE ADAPTED PCP

Focus: Review and finalize PCP-program

Who: Core team

How: Informal conversation, Email discussion

Outcome: Detailed PCP-program

In this step the core team reviews the work done so far and decides on the final version of the adapted PCP-program.

Again, when thinking about your plan there are three principles you can use to help think about the on the suitability of using specific strategies:

1. The potential acceptability of the PCP-program by the target group.

2. The feasibility of delivering the PCP-program, including any existing standard implementation activities that are included in the PCP-program.

3. The expected appropriateness of the program in addressing the health problem.

We recommend having a group discussion to assist in making decisions and finalizing your PCP-program.

After this step you will have a PCP-program package that is adapted to the target setting. It should be ready for developing tailored implementations strategies in the next modules. You can expect to work on this final step for a few days.

7.3 Module 3: Identify

This module provides guidance on how to identify implementation goals and the range of barriers to being able to achieve those goals. It also provides guidance on how to prioritise these goals and barriers.

It has three steps:

1. Generating initial ideas
2. Understanding key stakeholders' views
3. Reviewing and prioritising

By the end of this module:

- You will have generated a list of implementation goals.
- You will have generated a list of barriers to your implementation goals.
- You will have worked with key stakeholders to understand their views on your implementation goals and barriers.
- You will have prioritised which implementation goals and which barriers you will focus on.

Timeline:

- We would expect that you would spend 2 days to a couple of weeks to complete this first module.

7.3.1 M3.1: IDENTIFY - GENERATING INITIAL IDEAS

Focus: Generate goals and barriers

Who: Core Team

How: Brainstorming

Outcome: Identify 1-3 goals with 1-3 barriers to achieving each goal

It is important to be clear about what you want to achieve. You may already be aware of the key implementation goals you would like to focus on. You may also be aware of the main barriers you feel you face as you try to implement your eHealth intervention.

In this step, work with the core team to start to explore these issues in more detail. These will be the main people that are responsible for implementation of your eHealth intervention.

We suggest that you use brainstorming to help you identify your implementation goals and the barriers to achieving them. We also suggest that you look at the [list of barriers] to help your thinking. Once you have listed your goals in the worksheet below, click on the corresponding 'edit' button to add your chosen barriers.

Achievable goals: how to break-up goals?

From goals to barriers: a list of common barriers

At the general level your implementation goal could be to increase access to your eHealth intervention and increase the number of patients treated. You need to break down such broad or overarching goals into number of specific issues.

To achieve any broad goal there will be a range of more focused implementation goals that need to be achieved first.

Be specific about implementation goals: You may want to think about your goal in terms of the kinds of organisations, sites or teams you work with or want to work with.

For example, at a group of primary care practices your work with a goal may be to train more staff in how to deliver eHealth interventions. At some of these same sites, a goal could be to improve IT support for more efficient utilisation of eHealth interventions. Finally, in relation to an organisation you want to work with, a goal could be to get a specific health-insurer to refer patients to you.

Your goal could be focused on a specific group of people you work with.

For example, a goal could be to get more mental health nurses to refer patients to eHealth interventions, to get more pharmacists to encourage patients to self-refer, or for managers to recognise the value of eHealth interventions.

For each implementation goal, there will also be a range of barriers to achieving that goal.

Be specific about barriers: when you think about potential barriers, you need to be quite specific.

For example, in relation to the goal of getting more general practitioners to refer patients to eHealth interventions, one of the range of barriers that you may feel is key could be tied to a lack of awareness. That could refer to a lack of awareness that your eHealth intervention exists, lack of awareness about the evidence of effectiveness, lack of awareness about eligibility criteria for referring patients, lack of awareness about payment or reimbursement structures etc. – or all of these things and more.

We suggest that you use the approach of brainstorming with your core team to help you identify your implementation goals and the barriers to achieving them. We also suggest that you look at the list of barriers to help think about them. The list of barriers outlines a wide

range of barriers other people have experienced when implementing eMental Health interventions; most likely relevant to your specific eHealth intervention.

The right approach depends on the time and resources that are available at your site. You may feel you want to use another approach. Use whatever you feel helps you to best identify the goals and barriers.

You may feel that you do not need to undertake this work, as you feel you already have enough knowledge either through your own personal experience or through research you have undertaken with key stakeholders. Just remember to generate a number of specific and detailed implementation goals. Always take any broad goal and break it down into different issues and areas to focus on. For each goal, list all the potential barriers you can think of. Again, break them down into specific issues and areas.

At this stage, don't always focus only on the things that you feel you have the most awareness of or the most control to change. Try and think about a broad range of potential issues – choosing what to focus on comes next.

Through this process you will probably have generated a long list of goals and related barriers. You need to begin to prioritise them. You need to consider:

- How important is the implementation goal?
- How achievable is this goal?
- How important is the barrier in impacting on the uptake of your eHealth intervention?
- How achievable is it to change this barrier?

Goals and barriers should be given higher priority if you feel they have a large impact on implementing your eHealth intervention in practice and if you feel they can be realistically addressed.

By the end of this first step, you need to have:

- A list of between 1-3 implementation goals
- For each implementation goal, list between 1-3 barriers to achieving that goal

See Worksheet 1.1 for the paper version.

7.3.2 M3.2: IDENTIFY- UNDERSTANDING KEY STAKEHOLDERS' VIEWS

Focus: Discuss ideas with stakeholders
Who: Stakeholders
How: Brainstorming, Interviews, Survey
Outcome: Identify 1-3 goals with 1-3 barriers to achieving each goal

It is important to listen to what stakeholders think about your ideas as they can offer you different perspectives on the issues you may face. These may be people you currently work with or people you may want to work with in the future.

We suggest that you use brainstorming, interviews or surveys to help you identify what your stakeholders think the implementation goals and the barriers to achieving them should be. You may also want to look at the list of barriers to help your discussions with them.

The core team have generated an initial list of specific implementation goals and a list of potential barriers to achieving each of the goals. You have also begun to prioritise them.

It is now important to listen to what key stakeholders think about your ideas. These may be people you currently work with or people you may want to work with in the future.

Choosing which stakeholders to talk to: You really want to talk to a range of people. You need to include people involved in different aspects of the delivery of your eHealth intervention.

For example, if one of your implementation goals is to increase awareness of the service in primary care, you need to include the range of staff that work in such services. So, not only the lead GP or the GP with a special interest in mental health but a range of GPs within a practice, as well as general and specialised nurses, psychologists etc, alongside others whom may be important to increase awareness with, including administrative staff such as practice managers and receptionists.

Don't only talk to senior people in a service or those people you already work closely with. You really need to understand the perspectives of all those whom are currently, or could be, involved.

There is no ideal number of stakeholders to talk to. It is important to include different perspectives. It will depend on how different or similar their views are – if you get similar views from different stakeholders, you may need to talk to less – if they have different views, you may need to explore it more with others.

We suggest that you use the approach of brainstorming, interviews or surveys with your stakeholders to help you understand their views on your implementation goals and the barriers to achieving them. You may also want them to look at the list of barriers to help your discussions with them.

For example, you may undertake some brainstorming session with two primary care teams in your region, one that you already work with a lot and another that you have had little contact with. You decide not to tell them at first about the goals and barriers the core team has discussed, as you want to see what ideas they come up with. You also send out some surveys to specialist nurses in the region, where you only get them to rank the priority of the goals and barriers the core team identified.

The right approach depends on the time and resources that are available at your site. You may feel you want to use another approach. Use whatever you feel helps you to best identify what the stakeholders think about the goals and barriers.

Talking to key stakeholders is important as they can often offer you different perspectives on the issues you may face. They can help you clarify your ideas, or help you to modify aspects of your thinking as well as offer alternative ideas.

For example, the core team thought the priority goal was to get more mental health nurses to refer patients to eHealth interventions. The stakeholders you interviewed – including GPs, practice managers, general nurses and mental health nurses agreed. However, unlike the core team, the stakeholders did not see lack of awareness as a main barrier. The main problem the stakeholders identified was that people felt the eHealth intervention system was too complex and had usability problems. Mental health nurses had referred patients in past – some years ago, when the system was initially developed and piloted - and those patients had reported lots of frustration and dissatisfaction with the system. Since then, they only referred people to eHealth interventions whom they felt had a lot of confidence with working on computers. They preferred to refer people to traditional forms of therapy. So, the priority barrier for the stakeholders was lack of trust in the usability of the eHealth interventions.

By the end of this second step, you need to have:

- A list of between 1-3 implementation goals identified by your stakeholders
- For each implementation goal, a list of between 1-3 barriers to achieving that goal identified by your stakeholders

See Worksheet 1.2 for the paper version.

7.3.3 M3.3: IDENTIFY - REVIEWING AND PRIORITISING

Focus: Review and prioritise goals and barriers

Who: Core Team

How: Group Discussion

Outcome: Match 1 core goal and 1 key barrier to achieving that goal

In this step the core team review the work done so far and prioritise the implementation goals and barriers, so that together you choose just one goal and barrier to focus on as you work through the toolkit.

We suggest that you use a group discussion to help you decide which implementation goal and barrier to focus on.

Prioritising your goals and barriers

The core team and the stakeholders have now worked to generate an initial list of specific implementation goals and a list of potential barriers to achieving each of the goals. You have also begun to prioritise them.

In this step, the core team need to review the work done so far and prioritise the main implementation goal and the main barriers to that goal.

Deciding on the main priority: When thinking about what your priorities should be, there are four principles you can use to decide on the relative importance of an issue:

- The potential impact of the change
- The potential ease of the change
- The centrality of the issue compared to other issues
- The ease with which the change could be measured

For example, the goal of getting more mental health nurses to refer patients to eHealth interventions will be your main focus. The core team and the stakeholders all feel it is the key issue. The potential impact could be great in the short and medium term. In terms of barriers, you've all identified two main issues. Lack of trust in usability of system and lack of support for eHealth interventions from managers, as they do not see the potential value. You know working on managers' views could be easy, but the impact could be low, as mental health nurses still need to trust the system. Whereas, working with mental health nurses may be a little more difficult in terms of your time and effort, but the impact could be larger, so this is the priority barrier to work on first.

Do not always focus on an implementation goal or a barrier because you feel it will be easy to change. Considering the likely impact of addressing the issue, and how central the issue is compared to other things you could do, are also very important.

By the end of this third step, you need to have:

- A single implementation goal that you see as the main priority you will focus on.
- For the implementation goal you decided to focus on, one barrier that you see as the main priority to achieving that goal.

See Worksheet 1.3 for the paper version.

7.4 Module 4: Match

This module provides guidance on how to match barriers with a range of potential solutions to those barriers. These solutions are implementation strategies that others have used before to help overcome barriers in a range of situations.

It has three steps:

1. Match barriers to strategies
2. Understanding key stakeholders' views
3. Reviewing and prioritising

By the end of this module:

- You will have generated a list of potential strategies to address the barriers you have chosen to focus on.
- You will have worked with key stakeholders to understand their views on your potential strategies.
- You will have prioritised which strategies you will focus on.

Timeline:

- We would expect that you would spend 3 days to a couple of weeks to complete this second module.

7.4.1 M4.1: MATCH - MATCH BARRIERS TO STRATEGIES

Focus: Match barriers to strategies

Who: Core Team

How: Brainstorming

Outcome: Match 1-3 sets of strategies each with 1-3 discreet strategies to address your barrier

You may already be aware of the key implementation strategies you would like to use to help overcome the barrier you identified in the last module.

In this step, work with the core team to start to explore this issue in more detail.

Strategies included in the toolkit are grouped into six categories including: Plan, Educate, Finance, Restructure, Quality Management, and Policy Context. You will be able to select up to 3 categories with up to 3 discrete strategies per category resulting in up to 3 sets of strategies. The interactive system also provides suggestions of strategies to specific barriers you choose earlier. These strategies are indicated with an *.

Remember, you are completely free to select a strategy that fits your prupose best.

We suggest that you use brainstorming to help you identify your implementation strategies. We also suggest that you look at the [list of strategies] to help your thinking.

What are implementation strategies?

You have already created a list of the most important barriers to your eHealth intervention at your site or sites. The next step involves matching your barriers **to implementation strategies that will help you reach your goal.**

There are a broad range of evidence-based interventions that can be used to support the implementation of eHealth interventions. In this part of the module you will discuss and select strategies that you will feel will be the most appropriate for to helping you overcome your barriers.

Again, we suggest that you use the approach of brainstorming with your core team to help you identify potential implementation strategies. We also suggest that look at the [list of strategies] to help think about them. The list of strategies outlines a wide range of solutions that other people have used when trying to overcome barriers in a wide range of situations.

Strategies included in the toolkit are grouped into six categories including: Plan, Educate, Finance, Restructure, Quality Management, and Policy Context. You will be able to select up to 3 categories with up to 3 discrete strategies per category resulting in up to 3 sets of strategies. The interactive system also provides suggestions of strategies to specific barriers you choose earlier. These strategies are indicated with an *. You will see that the interactive system has also linked strategies to the specific barriers you choose to focus on in the last module. These strategies are indicated with an *.

Remember, you are completely free to select a strategy that fits your purpose best.

For example, your goal is to increase mental health nurses to refer patients and you feel a key barrier is their lack of trust in the usability of the system. The core team looks at the list of strategies that the system has highlighted that might be relevant to think about. You see a large range of potential strategies, including distributing educational materials, conducting educational meetings, informing local opinion leaders, and train-the-trainer strategies. The team also decides to look at the complete list of strategies, not only those automatically chosen. You do this to understand the range of things that people have used in the past, to check whether any of these might be a better fit.

Don’t always focus on the strategies that you feel you have the most experience or awareness of. Try and think about a broad range of potential ways you could try and create change.

After reading the descriptions of the strategies, you realise some of your team have experience of working with local opinion leaders, but little real experience of the other approaches. You

decide to learn some more about these other strategies, by following the links to key papers that show examples of these being used by other people and contacting people who you know have experience of using them. This brief period of research helps to focus your thinking about what is feasible given the time and resources that are available at your site.

Note that at this stage you will be just choosing the strategies. The exact details about how you want to deliver the strategy need to be worked on in the next module, **design**, where you will be asked to describe specific elements of implementation plans.

By the end of this first step, you need to have:

- A list of between 1-9 strategies grouped according to 1-3 sets of strategies to help you overcome the barrier you decided to focus on.

See Worksheet 2.1 for the paper version.

7.4.2 M4.2: MATCH - UNDERSTANDING KEY STAKEHOLDERS VIEWS

Focus: Discuss ideas with stakeholders

Who: Stakeholders

How: Brainstorming, Interviews, Survey

Outcome: Consensus on 1-9 strategies to address your barrier

It is important to listen to what stakeholders think about your ideas as they can offer you different perspectives on the issues you may face. These may be people you currently work with or people you may want to work with in the future.

We suggest that you use brainstorming, interviews or surveys to help you identify what your stakeholders think the implementation strategies should be. You may also want to look at the [list of strategies] to help your discussions with them.

When working with key stakeholders about your proposed implementation strategies there are three principles you can use to help think about the suitability of using specific strategies:

- The potential effectiveness of the strategy
- The potential acceptability of the strategy
- The unintended side effects that might emerge from the strategy

The system supports you in keeping track of these principles for each strategy.

The core team have now outlined specific implementation strategies they feel could help overcome the goal and barrier they have prioritised.

As we outlined in the prior module, it is important to listen to what key stakeholders think about your ideas. You may want to go back to the people you worked with in the prior module, work with some new people, or do both.

Again, we suggest that you use the approach of brainstorming, interviews or surveys with your stakeholders to help you understand their views on your implementation strategies. You may also want them to look at the list of strategies to help your discussions with them. Use whatever you feel helps you to best identify what the stakeholders think.

Deciding on the suitability: When working with key stakeholders about your proposed implementation strategies there are three principles you can use to help you to think about the suitability of using specific strategies:

- The potential effectiveness of the strategy
- The potential acceptability of the strategy
- The unintended side effects that might emerge from the strategy

For example, you conduct some brief interviews with stakeholders. They all say that educational materials are not effective, as few people read such materials. Some tell you about face-to-face training having an impact on them on the past. They feel such face-to-face training could be effective in increasing mental health nurses trust in the usability of the system, especially if they could see a demonstration of the eHealth intervention system. However, they also note that such training would be more effective and acceptable if it was delivered by someone they know and trust.

The system supports you in keeping track of these principles for each strategy.

By the end of this second step, you need to have:

- For each strategy, knowledge about which strategies are seen as most effective and acceptable by stakeholders.

See Worksheet 2.2 for the paper version.

7.4.3 M4.3: MATCH - REVIEWING AND PRIORITISING

Focus: Review and prioritise strategies

Who: Core team

How: Group Discussion

Outcome: Decide on 1 category including 1-3 strategies to overcome the barrier

In this step the core team review the work done so far and prioritise the implementation strategies you will focus on.

We suggest that you use a group discussion to help you decide which implementation strategies to focus on.

When thinking about your proposed implementation strategies there are three principles you can use to help think about the on the suitability of using specific strategies:

- The potential effectiveness of the strategy
- The potential acceptability of the strategy
- The unintended side effects that might emerge from the strategy

If you choose more than one strategy, you will get to work on each one, either separately in order, or together – whichever works best for you. If you select a [set of strategies], then each strategy will follow its own track and is added to your implementation project in 'Manage projects'. The video to the right, explains how this works.

Want to learn more about how to manage your set of strategies? Watch the video!

The core team and the stakeholders have now worked to generate an initial list of specific implementation goals, and a list of potential barriers to achieving each of the goals, and a list of implementation strategies to help overcome those barriers.

In this step, the core team need to review the work done so far and prioritise the main implementation strategies.

Deciding on the suitability: When thinking about your proposed implementation strategies there are three principles you can use to help think about the on the suitability of using specific strategies:

- The potential effectiveness of the strategy
- The potential acceptability of the strategy
- The unintended side effects that might emerge from the strategy

For example, following discussion with the stakeholders you feel that some form of face-to-face training will be the most effective strategy to increasing mental health nurses trust in the usability of the system. Rather than members of the core team visiting each site and providing the training, you decide that local mental health nurses providing the training could be both more effective and acceptable. You decide to use the train-the-trainer strategy. You will ask one local mental health nurses from each site you work with to visit you, where you will provide them with the knowledge and materials deliver training at their own site.

Do not always focus on an implementation strategy because you feel it will be easy to do and create the least amount of negative effects. Issue of effectiveness and acceptability are central.

If you choose more than one strategy, you will get to work on each one, either separately in order, or together – whichever works best for you. If you select a [set of strategies], then each strategy will follow its own track and is added to your implementation project in 'Manage projects'. This is explained in the video in the previous screen.

By the end of this third step, you need to have:

- One category with 1-3 strategies for your barrier.

See Worksheet 2.3 for the paper version.

7.5 Module 5: Design

This module provides guidance in designing your implementation strategy, and how to adapt them to the needs of the people and organisations you are working with.

It has four steps:

- Develop an initial strategy addressing why, what, and how
- Understanding key stakeholders' views
- Reviewing and finalising the strategy
- Develop plan to assess impact

By the end of this module:

- You will have generated a detailed strategy that is adapted to your local situation.
- You will have worked with key stakeholders to understand their views on your plans.
- You will have agreed a plan of delivery and a way to assess the impact of your strategy.

Timeline:

- We would expect that you would spend 1-3 weeks to complete this third module.

7.5.1 M3.1: Design - Develop initial plan

Focus: Develop initial strategy and delivery plan

Who: Core team

How: Brainstorming, Group Discussion

Outcome: Detailed strategy and plan of delivery

In this step, work with the core team to start to outline your strategy in more detail. Address why, how and when you will execute and deliver your strategy.

We suggest that you use brainstorming or group discussion to help you work out each element of the plan. We also suggest that you look at the suggested materials accompaning with your selected strategy to help your thinking.

You have now decided to focus on a specific implementation strategy to help overcome a specific barrier. The next step involves deciding on the exact details about why, how, and when you want to deliver the strategy.

An implementation strategy suggests the overall approach you need to take. You now need to describe each element of your plan to implement your strategy.

We suggest that you use the approach of brainstorming or group discussion with your core team to help you identify each element of your implementation strategy. You may want to work with some of the core team or all the core team. We also suggest that look at the suggested materials accompaning with your selected strategy.

To structure your discussion and decision-making, you can address the following topics:

- **WHY:** Describe the goal of your implementation strategy
- **MATERIALS USING:** Describe any materials that you will be using, including those that will be provided to people, or used in the delivery, or in training of people who will be providing it.
- **ACTIVITIES USING:** Describe each of the activities, processes or procedures that you will use in the strategy, including any additional supporting activities.
- **WHO WILL DELIVER:** For each group of people who will be delivering the strategy (e.g. psychologist, mental health nurse), describe any expertise, background they may need and any specific training they will be given.
- **HOW DELIVERED:** Describe the different ways the strategy will be delivered (e.g. face-to-face, telephone, online) and whether it will be provided individually or in a group.
- **WHERE DELIVERED:** Describe the types of location where the strategy will be delivered including any necessary requirements of the location.
- **WHEN and HOW MUCH DELIVERED:** Describe the number of times the strategy will be delivered, the number of sessions, the order of the sessions and the duration and when you will stop delivering the strategy.
- **ANY LOCAL ADAPTATION:** If you are planning to adapt the strategy to different needs at specific local sites, then describe what, why, when, and how you will adapt it.

Offer as much detail as you feel you need for each of the area of the guide. Make sure you are aware of the key people, processes and things you would need in place to implement your strategy.

You have decided to use the train-the-trainer strategy, asking one local mental health nurses from each site you work with to visit you, where you will provide them with the knowledge and materials to deliver the training at their own site. You have some experience with training others, as you have been providing educational outreach visits for some time. Three members of core team meet and discuss how you will actually do this, using the question to guide your discussion. You then complete the interactive worksheet, offering the following information:

- **WHY**: Increase mental health nurses trust in your eHealth system, so that they refer more patients.

- **MATERIALS USING:** Slides and handouts for the session where you will train the mental health nurses as trainers. Slides and handouts that the mental health nurses can use when they train people at their local sites.
- **ACTIVITIES USING:** Interactive educational meetings.
- **WHO WILL DELIVER:** Two members of core team will deliver initial training sessions, as they have the right experience and knowledge of the eHealth system. Mental health nurses will then deliver training sessions at local sites. It needs to be mental health nurses doing local training as they will be more trusted by their peers. They will need to be given experience of using the eHealth system and training about how to show the benefits of the system to their peers.
- **HOW DELIVERED:** Both types of training delivered through face-to-face group meetings.
- **WHERE DELIVERED:** Initial training of mental health nurses will take place at core team's site. Mental health nurses will deliver training at their local site. All rooms need access to computers and projectors to show slides.
- **WHEN and HOW MUCH DELIVERED**: Initial training will take place once, lasting about half-a-day. Mental health nurses training sessions at local sites will take place once, lasting about one hour. You will stop the and review delivery after three months.
- **ANY LOCAL ADAPTATION:** At this stage, none.

By the end of this first step, you need to have:

- A detailed implementation strategy including a plan that outlines the key issues you need to consider in executing your strategy.

See Worksheet 3.1 for the paper version.

7.5.2 M5.2: DESIGN - UNDERSTANDING KEY STAKEHOLDERS' VIEWS

Focus: Discuss ideas with stakeholders

Who: Stakeholders

How: Informal conversation, Email discussion

Outcome: Detailed plan of strategy delivery

It is important to listen to what stakeholders think about the feasibility of executing your implementation strategy. These may be people you currently work with or people you may want to work with in the future.

There are three principles you can use when working with key stakeholders to understand the feasibility for your implementation strategy:

- The potential effectiveness of your strategy
- The potential acceptability of the strategy
- The uninteded side effects that might emerge from your strategy

The system supports you in keeping track of these principles for each part of your implementation strategy.

We suggest that you use informal conversations or email discussion to help you identify what your stakeholders think about how you want to deliver your implementation strategy.

The core team have now outlined a detailed plan about why, how, and when they want to deliver the implementation strategy.

Again, working with key stakeholders is important. You may want to go back to the people you worked with in the prior modules, work with some new people, or do both.

This time we suggest that you use the approach of informal conversations or [email discussions] with your stakeholders to help you understand how feasible your plan will be in practice. Use whatever you feel helps you to best identify what the stakeholders think.

Deciding on the suitability: There are three principles you can use when working with key stakeholders to understand the feasibility for your implementation strategy:

- The potential effectiveness of your strategy
- The potential acceptability of the strategy
- The uninteded side effects that might emerge from your strategy

For example, you have two phone conversations with mental health nurses and one face-to-face meeting with a service manager. You outline the plan to them. As you expected, they all say that plan could be effective, especially as you will be using local staff to train other staff. However, one nurse is worried that one hour training sessions will not be really be acceptable at many sites. They only meet as a team once a week, for an hour, and they need to discuss other issues as well. Both the service manager and this nurse feel that arranging a one-off stand alone meeting would not be possible, as they have tried this in the past, on a range of topics, and they never have enough people turn up. Instead, they suggest running two or three much shorter sessions, say 15 or 20 minutes long. The other mental health nurse tells you that at their site, the mental health nurses very rarely come together as a whole group. Instead, smaller teams, who cover specific areas, regularly meet up.

The system supports you in keeping track of these principles for each part of your implementation strategy.

By the end of this second step, you need to have:

- Knowledge about which elements of your strategy are seen as most effective and acceptable by stakeholders, as well as any side-effects.

See Worksheet 3.2 for the paper version.

7.5.3 M5.3: Design - Reviewing and finalising

Focus: Review and prioritise plan

Who: Core team

How: Informal conversation, Email discussion

Outcome: Detailed plan of strategy delivery

In this step the core team review the work done so far and decide on final version of the implementation strategy plan.

Again, when thinking about your plan there are three principles you can use to help think about the on the suitability of using specific strategies:

- The potential effectiveness of the strategy
- The potential acceptability of the strategy
- The unintended side effects that might emerge from the strategy

The system supports you in keeping track of these principles for each part of your implementation strategy.

We suggest that you use a group discussion to help you decide on your plan.

The core team and the stakeholders have now worked on and discussed the plan of the implementation strategy.

In this step, the core team need to review the work done so far and finalise the plan of the implementation strategy.

Deciding on the suitability: Again, when thinking about your plan there are three principles you can use to help think about the on the suitability of using specific strategies:

- The potential effectiveness of the strategy
- The potential acceptability of the strategy
- The unintended side effects that might emerge from the strategy

For example, following discussion with the stakeholders you feel that you need to change two elements of your plan. Firstly, mental health nurses providing one hour training sessions at

their local site does not seem acceptable. Instead, you decide to reduce the training sessions down to two twenty minute sessions – one focusing on going through the eHealth system, to show how easy it is to use and one focusin on evidence for the eHealth intervention. So you decide to change the plan.

WHEN and HOW MUCH DELIVERED: Initial training will take place once, lasting about half-a-day. Mental health nurses training sessions at local sites will take place twice, lasting about twenty minutes each session. The second twenty minute session will take place one or two weeks after the first.

Also, you now know that at one site, you will not be able to provide the training to all the mental health nurses at the same time. Instead, at this site you will have to work with several smaller groups. So, you will repeat the same training session for each group.

ANY LOCAL ADAPTATION: At one site, we will provide two training session, each lasting about twenty minutes. We will have to provide the same training three times, to cover each small group of mental health nurses.

The system supports you in keeping track of these principles for each part of your implementation strategy.

By the end of this third step, you need to have:

- A final plan of your implementation strategy.

See Worksheet 3.3 for the paper version.

7.5.4 M5.4: Design - Develop plan to assess impact

Focus: Develop plan to understand impact of strategy

Who: Core team

How: Group discussion

Outcome: customized ways to measure impact

In this step, you will together with your core team develop a plan to assess the impact of your implementation strategy.

To assess the effects of your strategy, the toolkit asks you a simple question at the end of your implementation project:

To what extent has this strategy helped you overcome the barrier?

It is important that you plan how and when to assesses this question, according to your implementation project. The assessment should take place as soon as you finalized the execution of your strategy.

Note, you can use your own tools to assess the impact of your strategy. In the table below, you can specify any additional assessment methods you would like to use. The video provides more information on how to do this.

We suggest that you use a group discussion to help you decide on your plan.

*Want to learn more about how to **develop your assessment plan?** Watch the video!*

You have now developed a plan to deliver your implementation strategy. The next step involves deciding on how best to measure the impact of your strategy.

The toolkit asked you to assess a simple predefined question when you finalized your implementation strategy. In addition, you can select your own assessment tools to refine your assessment plan. Here you will find guidance on how to do so.

We suggest that you use the approach of group discussion with your core team to help you identify each element of your plan.

There are a lot of different ways to assess the impact of any strategy. There are also a lot of existing assessment tools that you could work with. You need to consider:

- **What** process or result do you want to measure?
- **Why** and **how** do you want to measure this?
- **How** often do you need to take these measurements?
- **When** do you plan to measure the process in the course of your implementation project?

For example, you feel that if you increase mental health nurses' trust in the usability of your eHealth intervention, they will then refer more people to use your system. One way to measure the impact of your strategy would be to focus on the number of referrals you receive before and after the delivery of the training. You know you could easily collect this data, as you already collect it – so you will not be asking people to do any additional work. You feel that you expect to see some change in the referral patterns soon after the training sessions at each site are finished. So you decide to analyse this data every month, for the next three months, and would expect to see increase referrals over this time if your strategy has been effective.

As well as collecting data on referral, you feel that you should also collect some data on whether your training is actually changing mental health nurses' attitudes towards your eHealth intervention. You decide you need to collect data on both the people that will be trained at the local sites as well as those mental health nurses that will be doing the training for you. You want to use a simple questionnaire that asks a few simple questions about their perception towards eHealth interventions.

Ideally, you'd like to measure this well before the training and then some time afterwards, to see whether the training has any lasting impact. However, you know from past experience that getting people to complete such questionnaires is often quite difficult and often end up with a very low response rate. Instead, you decide that you will distribute questionnaires immediately before and after the training sessions – so you can easily have some control over the data being collected and get a better response rate and so a more accurate picture of the immediate effect.

By the end of this fourth step, you need to have:

- Issues concerning the effectiveness of a specific way of measuring change are central, but acceptability is also central. We would always suggest using assessment tools that are easy to distribute, complete and take relatively little of peoples' time.
- A list of customized ways you will measure the impact of your implementation strategy.

See Worksheet 3.4 for the paper version.

7.6 Module 6: Apply & Review

This module provides guidance on how to apply the implementation strategies you have chosen to focus on and on how to review the impact of your implementation strategies.

Through your assessment process you may find that you need to adapt or modify your implementation strategies or need to focus on a different barrier. At times, you may even feel you need to change your focus, to work on a different implementation goal.

It has three steps:

- Monitor the delivery of your plan
- Assess the impact of your plan
- Review your plan

By the end of this module:

- You will have gathered information on whether you plan is being delivered as intended.
- You will have assessed the impact of your plan.
- You will have reviewed the outcome of your implementation strategy and made plans about what to do next.

Timeline:

- We would expect that you would spend 1-2 months to complete this last module. The time to complete this module depends on how fast you expect to see any impact of your implementation strategy.

7.6.1 M6.1: Apply and Review - Monitor the delivery of your plan

Focus: Monitor whether your strategy is being delivered as intended

Who: Core team

How: Group discussion

Outcome: If necessary, adjust delivery of strategy

In this step, work with the core team to start to understand whether the plan of delivery is actually being followed.

We suggest that you use group discussion to help you understand if your strategy is being delivered as you planned and whether you need to make any adjustments.

You are now delivering your implementation strategy following your plan.

In this step, the core team need to review how well the plan is being followed.

We suggest that you use the approach of group discussion with your core team to help you identify how well your plan if being followed. You may want to also talk, informally, to some of stakeholders to understand their experiences of the delivery of strategy so far.

As you deliver your planned strategy you will often encounter some practical problems. You need to be ready to adjust elements of it as problems emerge.

For example, when trying to set up the initial training session for the mental health nurses whom will train others at the local sites, you realise that not everyone will be able to attend the sessions. Some are unable to attend as they are unable to cancel their scheduled clinics to visit your site on the day you suggested. You could provide the half-day training on several different dates, to give people more chances to be able to attend. Instead, you decide to also provide online version of the initial training session so that those that cannot attend will be given the right training. You will offer them telephone support, to answer any additional questions.

You will receive feedback from those delivering the plan that certain elements are not working as effectively as they could be. You then have to make a decision about what amount of change, if any, is feasible and acceptable given your time scale and resources.

For example, you become aware from the mental health trainers that after the first 20 minute training session they delivered at the local sites, people where asking lots of questions about patients' experience of using your eHealth intervention. You designed that first session to focus on going through the eHealth intervention, to show how easy it is to use and the second session was to be on the evidence-base for the eHealth intervention. Again, you decide to adjust the plan, by providing a few additional slides, that use patients stories to show the impact of the eHealth interervention on them. You also provide them with a link to videos of patients talking about their experiences. You note down the adjustments you have made to your plan.

It is important to keep a record of any problems you have encountered as well as any adjustments you have made.

By the end of this first step, you need to have:

- Gathered information on whether you plan is being delivered as intended. Recorded any changes you have made.

See Worksheet 6.1 for the paper version.

8 Annex 2. Library of Resources

8.0 Module 0: Project setup

8.0.1 M0.1: CORE TEAM

The core team is the group of people coordinating and doing the implementation work. These will be the people that are responsible for selecting, adapting, and implementing the PCP program.

Generally, a core team consists of 3-5 people with diverse backgrounds. These could be clinical, managerial, technical, or have specific set of expertise and experience relevant to the project. It is important to keep an eye to balances within your team, both in terms of expertise and experience as well as in power and influence. And of course, other characteristics that can enrich collaboration with your team such as age, gender, educational level, etc. They can but don't need to be from the same organization; you can also include external people in your team. Importantly, all team members must be available and committed to the project.

The implementation core team is represented by one person, **the implementation lead**. Likely it will be you. This person should be organized yet flexible enough to deal with changes and complexity. The implementation lead should have strong communication skills and should be sensitive to peoples' interests and motivations. Most importantly, the implementation lead should be able to connect people and at the same time, be reflective, ambitious, and lead ways forward.

8.0.2 M0.1: WORKSHEET 0.1

Demographics and implementation team

Name of the project	
Name of the organisation leading the project	
Name and email address of the implementation team lead	
Name(s) and email address(es) of the implementation team members	

8.0.3 M0.2 CORE TEAM

The group of people leading and coordinating the implementation work. These will be the main people that are responsible for the implementation of your PCP intervention.

8.0.4 M0.2 RAPID SCOPING REVIEW

A rapid scoping review is a concise research review that swiftly summarizes existing literature on a specific topic, providing a broad overview and highlighting key findings and knowledge gaps. It's

conducted in a shorter time frame than traditional systematic reviews and is useful for informing decisions, policies, or research priorities.

8.0.5 M0.2 STAKEHOLDERS

The broad range of people involved in the delivery of your PCP intervention. These could include cancer healthcare specialists, alongside practice managers and technical staff.

8.0.6 M0.2: WORKSHEET 0.2

Health problem

Problem	What problem do you want to address in this project? 1. What is the health or behavioural issue? 2. What is the prevalence and distribution among (sub)-groups of the population? 3. What is the impact on people, communities, society, etc.? You can also distinguish between short- and longer-term impacts as well as impacts on different groups. In that case it would be good to describe some key characteristics of these groups. 4. What are possible causes underlying the problem? 5. What is the setting in which the problem occurs and/or can be targeted?

Method used:

- Brainstorming
- Structured group discussions
- Informal conversations
- Email discussions
- Surveys
- Other, namely:

Methods can be used to engage with your core team or stakeholders. The technique choice depends on the time and resources you have available. Recommended techniques appear in bold in the guidance texts.

Reflection

After completing this step and working with this module:

- Did you find it useful? (yes / no / text?)
- Are there any outstanding issues? (yes / no / text?)
- Are you satisfied? (yes / no / text?)

8.1 Module 1: Select

8.1.1 M1: Adaptation

Intentional modification(s) of an evidence informed intervention, in order to achieve a better fit between an intervention and a new context. Modification can include planned adaptations (changes made before introducing a new intervention) and responsive adaptations (changes made intentionally, but in response to emerging contextual issues occurring during implementation). Adaptation of interventions is likely to be ongoing as context changes over time.

8.1.2 M1: Implementation

The delivery of evidence informed interventions in routine practice. Implementation considerations run through all stages of intervention research; for example, an evaluation studying the delivery process in order to understand how implementation in routine practice might be achieved.

8.1.3 M1: Context

Any feature of the circumstances in which an intervention is implemented that might interact with the intervention to produce variation in outcomes. Important aspects of context might include, but are not limited to, geographical, organisational or service, cultural, economic, ethical, legal, political circumstances, and local practices. These features of context change to some extent over time, as well as between locations.

8.1.4 M1.1: Core team

The group of people leading and coordinating the implementation work. These will be the main people that are responsible for the implementation of your PCP intervention.

8.1.5 M1.1: Rapid scoping review

A rapid scoping review is a concise research review that swiftly summarizes existing literature on a specific topic, providing a broad overview and highlighting key findings and knowledge gaps. It's conducted in a shorter time frame than traditional
systematic reviews and is useful for informing decisions, policies, or research priorities.

8.1.6 M1.1: Brainstorming

Brainstorming is a simple, low-cost method that can be used with small or large groups of participants to generate a free flow of ideas. Brainstorm sessions are led by a moderator who takes notes of ideas and prompts further discussion.

8.1.7 M1.1: List of PCP-programs

In this purpose-built repository of PCP-programs, all programs are included that are known to address one or more of the six risk factors: smoking, alcohol consumption, poor physical activity, HPV Infection, sun exposure, and diet. The programs in the repository are collected from scientific literature and suggested by the PIECES consortium members. The empirical evidence of effectiveness has been rated as well as a standardised logic model by which the program reaches its effects.

8.1.8 M1.1: Evidence informed PCP programs

Programs that have existing evidence from another context. Although the term "evidence-based" tends to emphasize efficacy and effectiveness of the program for a specific target group in a specific setting. Evidence-informed programs are based on evidence indicating that the intervention has worked in changing outcomes, of interest or proved to be feasible in terms of delivery and acceptable to end-users.

8.1.9 M1.1: Worksheet 1.1

Identify PCP

Problem	[from Module 0]
Select PCP-program	Which program can address the problem in an effective way? [Selected from repository or define your own]
Effectiveness	Is the program effective in addressing the problem and the impact on the target group? Is there a difference between (sub)groups? Do they occur on the short or longer term? What is the justification for that? You can think of assessing the robustness of evidence in terms practice-based, personal experience, or, if available, the scientific basis providing a proof of the evidence.
Map context	What are the differences between your target setting and the setting in which it was applied before? In terms of: - **Target population**: are there any differences in age, socio-economic status, health status, ethnicity, cultural aspects, between the original setting and the population for which you want to implement it? - **The program itself:** e.g. in terms of delivery format, required skills, knowledge of involved professionals. Can the PCP program delivery fit into existing roles and responsibilities or does this require large adaptations?

	And are there any intellectual property issues which might limit use and adaptation of the program? **- Organisational resources:** what supporting organisational and technological infrastructure is required? How will program delivery be funded and does that cover the needed resources?

Method used:

- Brainstorming
- Structured group discussions
- Informal conversations
- Email discussions
- Surveys
- Other, namely:

Methods can be used to engage with your core team or a selected group of stakeholders. The technique of choice depends on the time and resources you have available. Recommended techniques appear in bold in the guidance texts.

Reflection

After completing this step and working with this module:

- Did you find it useful? (yes / no / text?)
- Are there any outstanding issues? (yes / no / text?)
- Are you satisfied? (yes / no / text?)

8.1.10 M1.2: STAKEHOLDERS

The broad range of people involved in the delivery of your PCP intervention. These could include cancer healthcare specialists, alongside practice managers and technical staff.

8.1.11 M1.2: GROUP INTERVIEWS

Interviews provide an effective method to obtain more in-depth information about a particular topic. They can be used as a stand-alone method or gathered with another method (e.g., group interviews or brainstorming). Interviews can be conducted face-to-face or via the telephone.

8.1.12 M1.2: SURVEYS

Paper-based or online surveys, are a commonly used method to gather insights into a particular topic. Surveys can be done with large numbers of people at relative low costs, but achieving good response rates can be challenging.

8.1.13 M1.2: WORKSHEET 1.2

Understand stakeholder views

Candidate PCP-program	
Effectiveness	Summary of feedback by stakeholders; is this PCP program potentially effective?
Acceptable	Summary of feedback by stakeholders; is it acceptable?
Other comments	Any other relevant feedback by stakeholders, including for example suggestions for other PCP-programs,etc.

Method used

- Brainstorming
- Structured group discussions
- Informal conversations
- Email discussions
- Surveys
- Other, namely:

Methods can be used to engage with your core team or stakeholders. The technique choice depends on the time and resources you have available. Recommended techniques appear in bold in the guidance texts.

Reflection

After completing this step and working with this module:
- Did you find it useful? (yes / no / text?)
- Are there any outstanding issues? (yes / no / text?)
- Are you satisfied? (yes / no / text?)

8.1.14 M1.3: CORE TEAM

The group of people leading and coordinating the implementation work. These will be the main people that are responsible for the implementation of your PCP intervention.

8.1.15 M1.3: GROUP DISCUSSION

Group discussions provide a useful method for further developing ideas with a group of relevant people. They offer a forum for bringing up new ideas, solving problems or giving comments. Group discussions can be carried out in person, via conference calls or a website.

8.1.16 M1.3: Effectiveness

Potentially, is your PCP-program effective? Think about what "effective" means in your specific case. In general terms, how does the PCP-program help you addressing the target problem?

8.1.17 M1.3: Adaptation

Refers to the intentional modification or customization of an evidence-based intervention or strategy. These modifications are made to better align the PCP program with the specific needs, characteristics, and context of the target population or setting where it will be implemented. Depending on the intervention characteristics, adaptations can include changes to the program's content, delivery methods, or materials to ensure it fits the local context.

8.1.18 M1.3: Tailored implementation strategies

Refer to customized approaches and methods designed to effectively introduce and promote the adoption of evidence-based PCP interventions within specific target populations or settings. These strategies are adapted to the unique characteristics, needs, and challenges of the population or context, to ensure they will provide a better fit compared to the non-adapted intervention. Tailored implementation strategies may include personalized communication, training, and support methods to better engage and resonate with the target population or setting.

8.1.19 M1.3: Worksheet 1.3

Review and select PCP-program

Problem	[from Module 0]
Select PCP-program	[from module 1.2 – edit function to incorporate stakeholder feedback]
Effectiveness	[from module 1.2 – edit function to incorporate stakeholder feedback]
Fit with target setting	[from module 1.2 – edit function to incorporate stakeholder feedback]
Decision and justification	What did you decide and why?

Method used:

- ☐ Brainstorming
- ☐ Structured group discussions
- ☐ Informal conversations
- ☐ Email discussions
- ☐ Surveys

□ Other, namely:

Methods can be used to engage with your core team or stakeholders. The technique choice depends on the time and resources you have available. Recommended techniques appear in bold in the guidance texts.

Reflection

After completing this step and working with this module:

- Did you find it useful? (yes / no / text?)
- Are there any outstanding issues? (yes / no / text?)
- Are you satisfied? (yes / no / text?)

8.2 Module 2: Adapt

8.2.1 M2: Adaptations

Refer to intentional or unintentional modifications made to the program to better align it with the specific needs, context, or preferences of the target population or implementation setting. These changes aim to improve the program's effectiveness and relevance within its new environment while considering its core functions and underlying logic model. Adaptation is often multi-faceted and iterative; for a single intervention, several adaptations might be made.

8.2.2 M2: Fit

Refers to the degree of alignment between the PCP-program and the specific target setting or context in which it will be implemented. It involves ensuring that the program is well-suited and compatible with the characteristics, needs, and preferences of the target population and the environment in which it operates. Achieving a good fit increases the likelihood of the PCP program's effectiveness in preventing cancer within that context.

8.2.3 M2: Effects

Refer to the measurable changes and outcomes resulting from the program, such as changes in behaviours, attitudes, knowledge, and ultimately, the reduction in the risk or incidence of cancer among the target population. These effects help assess the program's success and impact.

8.2.4 M2.1: Context

Context refers to the broader environment and factors that surround and influence the implementation of a specific PCP-program or intervention. This encompasses various elements such as the local healthcare infrastructure, community attitudes toward cancer prevention, available resources, and policy support. Understanding the context is essential when selecting and adapting a PCP-program to ensure it aligns with the unique circumstances and needs of the target population, making the selected intervention more likely to effectively prevent cancer.

8.2.5 M2.1: Core team

The group of people leading and coordinating the implementation work. These will be the main people that are responsible for the implementation of your PCP intervention.

8.2.6 M2.1: BRAINSTORMING

brainstorming is a simple, low-cost method that can be used with small or large groups of participants to generate a free flow of ideas. Brainstorm sessions are led by a moderator who takes notes of ideas and prompts further discussion.

8.2.7 M2.1: FIT

Refers to the degree of alignment between the PCP program and the specific target setting or context in which it will be implemented. It involves ensuring that the program is well-suited and compatible with the characteristics, needs, and preferences of the target population and the environment in which it operates. Achieving a good fit increases the likelihood of the PCP program's effectiveness in preventing cancer within that context.

8.2.8 M2.1: CORE FUNCTIONS

The fundamental and essential structural and procedural elements of the intervention that are designed to achieve its intended goals and objectives. These functions are critical components necessary for the program to fulfill its purpose and create the desired impact.

8.2.9 M2.1: FUNCTIONS OF FORM

Refers to the specific details and characteristics of how the program is delivered, presented, and implemented. It encompasses the tangible aspects of the program, such as the format of materials, delivery methods, organizational structure, and the way services are provided to the target audience. Form can be adapted to suit the local context while maintaining the core functions.

8.2.10 M2.1: THEORY OF CHANGE OR LOGIC MODEL

A systematic representation that outlines the causal pathway and relationships between the inputs, activities, outputs, and intended outcomes of a PCP program. It provides a visual and conceptual framework for understanding how the program is expected to work and achieve its goals. This model helps in identifying key elements and logic behind the program's design and expected impact.

8.2.11 M2.1: PCP REPOSITORY

A centralized collection or database containing information about various Primary Cancer Prevention programs, including details about their core functions, form, and

underlying logic models. It serves as a valuable resource for selecting evidence-based programs and understanding their characteristics when considering them for adaptation and implementation in specific contexts.

Worksheet

What do you suggest adapting?	This can be a single aspect that needs to be adapted or multiple aspects. Being specific can be helpful.
What does it concern?	[List: content; delivery (incl. technological aspects); implementation materials; combination of all; other:]
What kind of adaptation is it?	[list: adding an element; skipping an element; replacing an element; shortening an element; moving an element; making an element optional, other:]
Why do you want to adapt this?	
Who is (mostly) affected by this adaptation?	
Do you think this change influences the effectiveness in the target group? How?	

Method used:

- Brainstorming
- Structured group discussions
- Informal conversations
- Email discussions
- Surveys
- Other, namely:

Methods can be used to engage with your core team or stakeholders. The technique choice depends on the time and resources you have available. Recommended techniques appear in bold in the guidance texts.

Reflection

After completing this step and working with this module:

- Did you find it useful? (yes / no / text?)
- Are there any outstanding issues? (yes / no / text?)
- Are you satisfied? (yes / no / text?)

8.2.12 M2.2: Fit

Refers to the degree of alignment between the PCP program and the specific target setting or context in which it will be implemented. It involves ensuring that the program is well-suited and compatible with the characteristics, needs, and preferences of the target population and the environment in which it operates. Achieving a good fit increases the likelihood of the PCP program's effectiveness in preventing cancer within that context.

8.2.13 M2.2: Group interviews

Interviews provide an effective method to obtain more in-depth information about a particular topic. They can be used as a stand-alone method or gathered with another method (e.g.) brainstorming. Interviews can be conducted face-to-face or via the telephone.

8.2.14 M2.2: Surveys

Paper-based or online surveys, are a commonly used method to gather insights into a particular topic. Surveys can be done with large numbers of people at relative low costs, but achieving good response rates can be challenging.

8.2.15 M2.2: Worksheet 2.2

Understand stakeholder views

Adaptation	Stakeholder's views	
	Relative priority	Potential effects
[list from M2.1 + possibility to add new adaptations]	[Per stakeholder group indicate the priority; List: very important, high, neutral, low, not important]	What do the stakeholders think about the impact of the adaptation?

Method used

- ☐ Brainstorming
- ☐ Structured group discussions
- ☐ Informal conversations
- ☐ Email discussions
- ☐ Surveys
- ☐ Other, namely:

Methods can be used to engage with your core team or stakeholders. The technique choice depends on the time and resources you have available. Recommended techniques appear in bold in the guidance texts.

Reflection

After completing this step and working with this module:

- Did you find it useful? (yes / no / text?)
- Are there any outstanding issues? (yes / no / text?)
- Are you satisfied? (yes / no / text?)

8.2.16 M2.3: WORKSHEET 2.3

List of adaptations

Adaptation	Do you select this adaptation to make?	Why or why not?
[list from M2.1]	[yes / no]	What is the rationale for changing or not this aspect of the PCP-program?

Method used

- Brainstorming
- Structured group discussions
- Informal conversations
- Email discussions
- Surveys
- Other, namely:

Methods can be used to engage with your core team or with stakeholders. The technique choice depends on the time and resources you have available. Recommended techniques appear in bold in the guidance texts.

Reflection

After completing this step and working with this module:

- Did you find it useful? (yes / no / text?)
- Are there any outstanding issues? (yes / no / text?)
- Are you satisfied? (yes / no / text?)

8.2.17 M2.4: CORE TEAM

The group of people leading and coordinating the implementation work. These will be the main people that are responsible for the implementation of your PCP intervention.

8.2.18 M2.4 Community-based participatory research

This is an approach that involves collaborating with community members or stakeholders in the research and adaptation process of the PCP program. It aims to incorporate local knowledge, perspectives, and experiences into the program's development and adaptation.

8.2.19 M2.4: Brainstorming

Brainstorming is a simple, low-cost method that can be used with small or large groups of participants to generate a free flow of ideas. Brainstorm sessions are led by a moderator who takes notes of ideas and prompts further discussion.

8.2.20 M2.4: Interviewing

Structured one-on-one or group discussions with individuals or stakeholders to gather their insights, opinions, and feedback about the program and its adaptations.

8.2.21 M2.4: Focus groups

Structured discussions with a small group of participants who share their thoughts, experiences, and perceptions related to the PCP program or its adaptations. Focus groups are often guided by a facilitator and provide qualitative data.

8.2.22 M2.4: Worksheet

Develop materials and describe adapted PCP-program

Why (Describe any rationale, theory, or goal of the elements essential to the program)
Materials using (Describe any materials that you will be using, including those that will be provided to people, or used in the delivery, or in training of people who will be providing it, or other standard implementation materials)
Activities using (Describe each of the activities, processes, or procedures that you will use in the program, including any standard implementation activities)
Who will deliver (For each group of people who will be delivering the program (e.g., healthcare professionals, public health authorities or policy makers), describe any expertise, background they may need and any specific training they will be given)
How delivered (Describe the different ways the programs will be delivered (e.g., face-to-face, telephone, online) and whether it will be provided individually or in a group)
Where delivered (Describe the types of location where the program will be delivered including any necessary requirements of the location)
When and how much delivered (Describe the number of times the program will be delivered, their schedule, duration, intensity, or dose, and when you will stop delivering the program)

Method used

- Brainstorming
- Structured group discussions
- Informal conversations
- Email discussions
- Surveys
- Other, namely:

Methods can be used to engage with your core team or stakeholders. The technique choice depends on the time and resources you have available. Recommended techniques appear in bold in the guidance texts.

Reflection

After completing this step and working with this module:

- Did you find it useful? (yes / no / text?)
- Are there any outstanding issues? (yes / no / text?)
- Are you satisfied? (yes / no / text?)

8.2.23 M2.5: PILOT TEST

Testing the adapted PCP program with a select group of stakeholders or participants to assess its functionality, effectiveness, and acceptability before full implementation.

8.2.24 M2.5: SCENARIO-BASED WORKSHOP

A format in which participants, often stakeholders or colleagues, engage in role-playing scenarios to simulate real-world situations related to the PCP program and its adaptations. It helps to assess how the program and its changes work in practical contexts.

8.2.25 M2.5: EFFECTIVENESS

Potentially, is your implementation strategy effective? Think about what "effective" means in your specific case. In general terms, how does your strategy help you overcome your barrier?

8.2.26 M2.5: ACCEPTABILITY

Potentially, is your implementation strategy acceptable? Think about what "acceptable" means in your specific case. In general terms, to what extent is your implementation strategy accepted by your stakeholders? Take different opinions into account.

8.2.27 M2.5: APPROPRIATENESS

The relevance and suitability of the adapted PCP-program in effectively

addressing the targeted health problem.

8.2.28 M2.5: WORKSHEET 2.5

Obtain stakeholder feedback

Topic	Stakeholders' views
Acceptability and usability	Is the adapted PCP-program acceptable to the stakeholder? Can they use it for their purposes?
Feasibility and workability	Can the program be delivered, and can people work with the materials?
Appropriateness	Is the adapted program still appropriate in addressing the health program? Will it still be effective?
Other comments	

Method used

- Brainstorming
- Structured group discussions
- Informal conversations
- Email discussions
- Surveys
- Other, namely: scenario-based workshop

Methods can be used to engage with your core team or stakeholders. The technique choice depends on the time and resources you have available. Recommended techniques appear in bold in the guidance texts.

Reflection

After completing this step and working with this module:

- Did you find it useful? (yes / no / text?)
- Are there any outstanding issues? (yes / no / text?)
- Are you satisfied? (yes / no / text?)

8.2.29 M2.6: CORE TEAM

The group of people leading and coordinating the implementation work. These will be the main people that are responsible for the implementation of your PCP intervention.

8.2.30 M2.6: GROUP DISCUSSION

Group discussions provide a useful method for further developing ideas with a group of relevant people. They offer a forum for bringing up new ideas, solving problems or giving comments. Group discussions can be carried out in person, via conference calls or website.

8.2.31 M2.6: EFFECTIVENESS

Potentially, is your implementation strategy effective? Think about what "effective" eans in your specific case. In general terms, how does your strategy help you overcome your barrier?

8.2.32 M2.6: ACCEPTABILITY

Potentially, is your implementation strategy acceptable? Think about what "acceptable" means in your specific case. In general terms, to what extent is your implementation strategy accepted by your stakeholders? Take different opinions into account.

8.2.33 M2.6: APPROPRIATENESS

The relevance and suitability of the adapted PCP-program in effectively addressing the targeted health problem.

8.2.34 M2.6: WORKSHEET 2.6

Finalization PCP-program

WHY (Describe any rationale, theory, or goal of the elements essential to the program)	Reasons for choosing final PCP-program
MATERIALS USING (Describe any materials that you will be using, including those that will be provided to people, or used in the delivery, or in training of people who will be providing it, or other standard implementation materials)	
ACTIVITIES USING (Describe each of the activities, processes or procedures that you will use in the program, including any standard implementation activities)	
WHO WILL DELIVER (For each group of people who will be delivering the program (e.g., healthcare professionals, public health authorities or policy makers), describe any expertise, background they may need and any specific training they will be given)	

HOW DELIVERED (Describe the different ways the programs will be delivered (e.g., face-to-face, telephone, online) and whether it will be provided individually or in a group)	
WHERE DELIVERED (Describe the types of location where the program will be delivered including any necessary requirements of the location)	
WHEN and HOW MUCH DELIVERED (Describe the number of times the program will be delivered, their schedule, duration, intensity, or dose, and when you will stop delivering the program)	
ANY FURTHER ADAPTATIONS (If you are planning to adapt the program to very specific needs at specific local sites, then describe what, why, when, and how you will adapt it)	

Method used

- brainstorming
- structured group discussions
- informal conversations
- email discussions
- Surveys
- Other, namely:

Methods can be used to engage with your core team or stakeholders. The technique choice depends on the time and resources you have available. Recommended techniques appear in bold in the guidance texts.

Reflection

After completing this step and working with this module:

- Did you find it useful? (yes / no / text?)
- Are there any outstanding issues? (yes / no / text?)
- Are you satisfied? (yes / no / text?)

8.3 Module 3. Identify

8.3.1 M3.1: LIST OF BARRIERS

Acceptance Cluster:

Name of the barrier	Description

Appropriateness Cluster:

Name of the barrier	Description

Engagement Cluster:

Name of the barrier	Description

Healthcare system Cluster:

Name of the barrier	Description

Leadership Cluster:

Name of the barrier	Description

Processes Cluster:

Name of the barrier	Description

Resources Cluster:

Name of the barrier	Description

8.3.2 M3.1: BRAINSTORMING

- Simple, cost-effective method to gather information
- In small or large groups
- Lead by a moderator

For example, you are trying to increase healthcare professionals' engagement with a new eHealth system at a hospital. You have some idea about what may prevent healthcare professionals from using the system (e.g., lack of time), however you want to gather more in-depth information on what the range of problems may be.

You invite a small group of relevant stakeholders to take part in a brainstorming. At the outset of the session you clearly describe the topic being explored (e.g., lack of engagement with e-health system). If you are the moderator of the session you also set up clear rules such as:

- Letting the moderator take lead
- Allowing everyone to contribute
- Discourage evaluation of ideas
- Recording all ideas
- Finish within a set time limit

Once the brainstorming has started you write down all response, so that everyone can see them. At the end of the brainstorming you go through the list and start prioritising the responses.

Through the use of the brainstorming exercise you find out that there is a range of barriers that prevents healthcare professionals from engaging with the eHealth system. After prioritising the responses it becomes clear that the most important problem is the perceived disruption of the practitioner-patient relationship.

8.3.3 M3.1 Worksheet - Identify – Generating initial ideas

Focus: Generate goals and barriers

Who: Core Team

How: Brainstorming

Outcome: Identify 1-3 goals with 1-3 barriers to achieving each goal

It is important to be clear about what you want to achieve. You may already be aware of the key implementation goals you would like to focus on. You may also be aware of the main barriers you feel you face as you try to implement the eHealth intervention.

In this step, work with the core team to start to explore these issues in more detail. These will be the main people that are responsible for implementation of your eHealth service.

We suggest that you use brainstorming to help you identify your implementation goals and the barriers to achieving them. We also suggest that you look at the list of barriers to help your thinking.

Goal 1:	**Barrier 1.1:**
	Barrier 1.2:
	Barrier 1.3:
Goal 2:	**Barrier 2.1:**

	Barrier 2.2:
	Barrier 2.3:
Goal 3:	**Barrier 3.1:**
	Barrier 3.2:
	Barrier 3.3:

8.3.4 M3.2: Interviews

- Gather in-depth information on a topic
- Face-to-face or via telephone
- Can be time intensive

For example, you are trying to increase the number of installations of a new e-health system on regional practice computers. To get some initial ideas about what may prevent practices from installing the e-health system you conduct a literature search. A number of potential issues emerge from your search, including lack of awareness and lack of technical support staff.

To verify your initial ideas you decide to conduct structured interviews with key stakeholders across regional practices. You prepare an interview topic guide, which introduces the purpose of the interview (e.g., to identify barriers to installing e-health system) and includes structured questions around your previously identified issues (e.g., lack of awareness).

Furthermore, you formulate some open questions (e.g., are there any other barriers you can think of?) that help you explore any new problem areas. As you conduct your first interviews you may want to adapt your topic guide in light of the information you receive.

Once you feel that you have gathered enough information you make a list of all the mentioned barriers to the installation of the e-health system. You also count how many times each of the issues was mentioned to get a better idea of the relative importance of an issue.

List of relevant resources:

- Gubrium, J. F., Holstein, J. A., Marvasti, A. B., & McKinney, K. D. (2012). Handbook of interview research: the complexity of the craft. Sage Publications. [Sage Publication Link]
- Denzin, N. K., & Lincoln, Y. S. (Eds.). (2018). The SAGE handbook of qualitative research. Sage. [Sage Publication Link]

- Creswell, J. W., & Poth, C. N. (2017). Qualitative Inquiry & Research Design Choosing Among Five Approaches. Sage Publications. Thousand Oaks, CA. [Sage Publication Link]

8.3.5 M3.2: Surveys

- Potentially reach a lot of people
- Paper-based or online survey
- Difficult to get good response rate

For example, you are trying to improve healthcare professionals' engagement with a new e-health intervention across a large organisation. You already had some informal conversations with key stakeholders about what may prevent healthcare professionals from engaging with the new e-health intervention (e.g., lack of trust).

Now you want to quantify the importance of key issues that you identified and capture any additional issues that you are still missing. You choose to conduct a short (6-item) online survey because it allows you to potentially reach a large number of relevant stakeholders across the organisation.

The survey has a scale format (ranging from 1-5) and assess whether a number of specific issues (e.g., lack of trust) are perceived to be important in relation to healthcare professionals' engagement with the e-health intervention. The survey also includes one open question about any other issues that may prevent engagement with the e-health intervention.

You distribute your survey via the organisation's mass email address and send a reminder email after one week. Once you have completed your data collection you use simple descriptive statistics to identify the most important barriers to engagement with the e-health intervention.

NOTE: We recommend that you use the ItFits *Survey Tool* to create and distribute your surveys. The *Survey Tool* has a range of functions including: custom question types, email distribution and excel spreadsheet outputs.

List of relevant resources:

- Brace, I. (2018). Questionnaire design: How to plan, structure and write survey material for effective market research. Kogan Page Publishers. [Kogan Page Link]
- Bradburn, N. M., Sudman, S., & Wansink, B. (2004). Asking questions: the definitive guide to questionnaire design--for market research, political polls, and social and health questionnaires. John Wiley & Sons. [Wiley Link]
- Saris, W. E., & Gallhofer, I. N. (2014). Design, evaluation, and analysis of questionnaires for survey research. John Wiley & Sons. [Wiley Link]

8.3.6 M3.2 Worksheet: Understanding key stakeholders' views

Focus: Discuss ideas with stakeholders

Who: Stakeholders

How: Brainstorming, Interviews, Survey

Outcome: Identify 1-3 goals with 1-3 barriers to achieving each goal

It is important to listen to what stakeholders think about your ideas as they can offer you different perspectives on the issues you may face. These may be people you currently work with or people you may want to work with in the future.

We suggest that you use brainstorming, interviews or surveys to help you identify what your stakeholders think the implementation goals and the barriers to achieving them should be. You may also want to look at the list of barriers to help your discussions with them.

Goal 1:	**Barrier 1.1:**
	Barrier 1.2:
	Barrier 1.3:
Goal 2:	**Barrier 2.1:**
	Barrier 2.2:
	Barrier 2.3:
Goal 3:	**Barrier 3.1:**
	Barrier 3.2:
	Barrier 3.3:

8.3.7 M3.3: Group discussion

- Create, refine or confirm your ideas
- In-person, via conference call or website.
- Good forum to receive comments

For example, together with your core implementation team you are trying to increase the number of nurse referrals to a new e-health intervention. After gathering some initial ideas

with your core team about the range of possible problems you go out in the field to do some in-depth interviews with key stakeholders.

The interviews help you generate a large list of possible problems, including a perceived lack of evidence-base, perceived inconvenience of the intervention, and a lack of time.

To help you prioritise your identified problems you organise a group discussion with your core team members. Given its' centrality and potential ease of change you decide collectively that you will focus on nurses' perceived lack of evidence base of the e-health intervention.

8.3.8 M3.3 Worksheet: Identify – Reviewing and prioritising

Focus: Review and prioritise goals and barriers

Who: Core Team

How: Group Discussion

Outcome: Identify 1 core goal and 1 key barrier to achieving that goal

In this step the core team review the work done so far and prioritise the implementation goals and barriers you will focus on.

We suggest that you use a group discussion to help you decide which implementation goal and barriers to focus on.

Goal 1:	**Barrier 1.1:**	**Prioritised goal:**	**Prioritised barrier:**	**Reasons for choosing:**
	Barrier 1.2:			
	Barrier 1.3:			
Goal 2:	**Barrier 2.1:**			
	Barrier 2.2:			
	Barrier 2.3:			
Goal 3:	**Barrier 3.1:**			
	Barrier 3.2:			
	Barrier 3.3:			

8.4 Module 4. Match

8.4.1 M4.1: LIST OF STRATEGIES

Plan

Strategy	Description	Materials
Conduct local needs assessment	Collect and analyze data related to the need for the primary cancer prevention intervention	This assessment could be focused on: • Outcomes of usual care • Process of care • Description of usual care and its distance from evidence-based care • Opinions from stakeholders (including patients) on (a) barriers and facilitators to the desired outcome (e.g. recovery from mental illness), (b) the need for any innovation (i.e., tension for change), (c) the need for a specific innovation, or (d) the special considerations for delivering the innovation in the local context. Common needs assessment methods include surveys, focus groups, key informant interviews, direct observation, and data mining of administrative records utilized to identify target populations, as well as identify baseline care process and outcome clinical care data. If the change involves multiple sites or facilities, then it is necessary to examine practice variation across facilities, and outline strategies for the needs assessment to support a

		standardized approach across sites. Collecting data from a random sample of stakeholders may be necessary to reduce response bias and decrease chances that the level of need is not over or under-estimated.
Assess for readiness and identify barriers	Assess various aspects of an organization to determine its degree of readiness to implement the intervention, barriers that may impede implementation, and strengths that can be used in the implementation effort	Readiness assessments may focus on agency finances, staffing levels, and other material or logistical resources needed, or available, to support the implementation. Further this assessment may also focus on leadership support, the organizational priority for change, and the presence of successful experience with quality improvement techniques and change management. Additional aspects for assessment may include other services provided, as well as community support, stakeholder attitudes, and beliefs and perceptions of evidence for the innovation or change. Rationale for current practices, organizational climate and culture, structure, decision-making styles, and the perceived needs of frontline stakeholders to implement the intervention (consider adaptation needs and limits) are also important aspects to consider in this assessment. Readiness assessments can be used to vet, eliminate, or prioritize implementation sites. More so, the assessment can help make internal decisions about whether to go ahead with an implementation initiative. Some barriers can be difficult to observe prior to implementation.

		Specific measures have been created to assess readiness for change, which may be useful. See for example the following articles: • Helfrich, C.D., et al., Organizational readiness to change assessment (ORCA): Development of an instrument based on the Promoting Action on Research in Health Services (PARIHS) framework.Implementation Science, 2009. 4(1): p. 38. [PubMed Link] • Lehman, W.E.K., J.M. Greener, and D.D. Simpson, Assessing organizational readiness for change. Journal of Substance Abuse Treatment, 2002. 22(4): p. 197-209. [PubMed Link] • Jacobs, S.R., B.J. Weiner, and A.C. Bunger, Context matters: measuring implementation climate among individuals and groups. Implementation Science, 2014. 9(1): p. 46. [PubMed Link]
Visit other sites	Visit sites where a similar implementation effort has been considered successful Encourage educational	Clarifying the goals of the site visit prior to making the visit is particularly useful. Comparing and contrasting the features of one's own site with the comparison site in preparation for the visit may better inform the visit objectives. Clarifying goals, in part includes developing a plan for using the information upon returning to your

	institutions to train clinicians	setting. Identify adaptations made in implementing primary cancer prevention programs and any perceived impact on the effectiveness. It is important to document facilitators and lessons learned. Much can be learned from visiting sites that have a strong track record for successfully implementing a wide variety of other innovations/practice changes. Consulting with sites where implementation has stalled or failed can also provide useful information. Sites also benefit from sharing implementation planning and execution notes virtually (i.e., information exchange is not limited to physical visits).
Model and simulate change	Model or simulate the change that will be implemented prior to implementation	Computer simulations, walkthrough simulation exercises, or modeling the potential overall impact of stakeholder's behavior change may be used. System dynamics modeling is one example of a specific method that may be used. This approach is often more relevant for complex multi-component innovations. See the following article for more information. • Homer, J.B. and G.B. Hirsch, System dynamics modeling for public health: background and opportunities. American journal of public health, 2006. 96(3): p. 452-458. [PubMed Link]

Conduct local consensus discussions	Include local providers and other stakeholders in discussions that that aims at overcoming the identified barrier to successful implementation	Identify stakeholders relevant to each project. Further, with each project, there will be a need to identify whether the goal of the consensus discussion is to characterize consensus or build consensus. Utilizing community based participatory research principles may be relevant. Notably, the chosen problem needs to be a high enough priority, compared to other problems, that attention and resources will be dedicated to addressing the problem
Identify and prepare champions	Identify and prepare individuals who dedicate themselves to supporting, marketing, and driving through an implementation, overcoming indifference or resistance that the intervention (i.e. PCP) may provoke in an organization	This strategy includes preparing individuals for their role as champions. Champions are primarily internal to the organization. Additional issues raised include the need for guidance regarding: • Methods and considerations related to the selection and identification of champions. Social network theory and methods may be useful in this regard. • Training and or providing champions support materials. • Addressing incentives or disincentives to the champion role. • Whether there are needs for champions at different levels of an organization (e.g., clinic, region, national). Champions are often distinguished from opinion leaders. Opinion leaders may be

		considered more of an objective third party with relevant expertise
Involve executive boards	Involve existing governing structures (e.g., boards of directors, medical staff boards of governance) in the implementation effort, including the review of data on implementation processes	Other types of leadership with 'top-down' powers may be involved for settings that do not have a governing board. Examples include administrative leadership, clinical leadership, policy makers, and insurance providers or other payment systems.
Mandate change	Have leadership declare the priority of primary cancer prevention and their determination to have it implemented	It is important to ensure that the individuals mandating the change have the power to do so, as implementers often lack such authority. Working with organizational leadership to develop buy-in and lobby for a change mandate is often needed. It can also be important to inform other stakeholders (e.g., auditors, groups that review services for billing) about the mandate to ensure they are on the same page.
Involve patients/consumers and family members	Engage or include patients/consumers and families in the implementation effort	Feedback from stakeholders can be obtained at any stage of the implementation process depending on the needs and goals of project. Involving stakeholders in the pre-implementation phase for many innovations is advantageous. Training in primary cancer prevention, and relevant advocacy, may also be included in stakeholder

		involvement. Informal caregivers such as neighbors, friends, and other key sources of support may also be prudent to include.
Recruit, designate, and train for leadership	Recruit, designate, and train leaders for the change effort	Change efforts require certain types of leaders, and organizations may need to recruit accordingly, rather than assuming that their current personnel can implement the change. Designated change leaders can include an executive sponsor and a day-to-day manager of the effort. Change leaders should consider how to establish effective supervisory lines for PCP that are enacted by clinicians when the change leader does not have similar clinical responsibilities.
Build a coalition	Recruit and cultivate relationships with partners in the effort to implement PCP	Partnerships can develop around cost-sharing, shared resources, shared training, and the division of responsibilities among partners. This work may proceed naturally from local consensus discussions. Coalition members commonly have defined roles in the implementation effort.
Develop academic partnerships	Partner with a university or academic unit for the purposes of shared training and bringing research skills to an implementation project	HIPAA, and other legal limitations are common to encounter with academic partnerships. Formal relationships (e.g., contracts, memorandums of understanding) will be required in some instances. Not all academics have a full understanding of practice level stakeholder needs and this should be considered while developing this partnership. In settings where 'research'

		is not a commonly supported practice, evaluation or developmental evaluation may be more useful ways of characterize the activity. The following article might provide you with more information on this topic: • Flottorp, S.A., et al., A checklist for identifying determinants of practice: A systematic review and synthesis of frameworks and taxonomies of factors that prevent or enable improvements in healthcare professional practice. Implementation Science, 2013. 8(1): p. 35. [PubMed Link]
Develop resource sharing agreements	Develop partnerships with organizations that have resources needed to implement PCP	For example, this could involve data sharing agreements, agreements to share necessary equipment (e.g., telemedicine equipment), or sharing the cost of bringing in experts who provide training and consultation. Resource sharing agreements could involve formal memorandums of understanding, or be much more informal in nature.
Obtain formal commitments	Obtain written commitments from key partners that state what they will do to implement PCP	Formal commitments should clarify roles, responsibilities, and detail tangible and non-tangible benefits (e.g., community partnerships). Ensure that key roles are supported within the organization (e.g., workload release credit for providing and receiving supervision in a new clinical practice). Formal commitments in no way diminish

		the importance of informal commitments to a change effort.

Educate

Strategy	Description	Materials
Develop educational materials	Develop and format manuals, toolkits, and other supporting materials in ways that make it easier for stakeholders to learn about PCP and for clinicians to learn how to deliver PCP	Create eye-catching, easy-to-use educational documents. Distill complex information into easier-to-learn components. Consider teaching skills modularly. Use different forms of media, and target messages for different audiences. Educational materials should reflect principles of adult learning theory. Assessment of current, available technology infrastructure to accommodate educational media (e.g., firewalls, old hardware, old software) is merited. Consider how the educational materials will be used over time. For example, will the educational materials' primary use be to train new or rotating staff; or to refresh staff knowledge; or to be incorporated into existing supervision, competency, and performance review structures. Educational materials may be refined through the use of formative evaluation feedback. Relevant suggestions are provided via the REP framework, under its 'packaging' domain which is described in the following article: • Kilbourne, A.M., et al., Implementing evidence-based interventions in health care:

		application of the replicating effective programs framework. Implementation Science, 2007. 2(1): p. 42. [PubMed Link] Further support related to developing educational materials can be found on the Training Within Industry Service website: http://www.trainingwithinindustry.net Cochrane Systematic Review on printed educational materials: • Giguère A, Légaré F, Grimshaw J, Turcotte S, Fiander M, Grudniewicz A, Makosso-Kallyth S, Wolf FM, Farmer AP, Gagnon MP. Printed educational materials: effects on professional practice and healthcare outcomes. Cochrane Database of Systematic Reviews 2012, Issue 10. Art. No.: CD004398. DOI: 10.1002/14651858.CD004398.pub3. [Cochrane Library Link]
Conduct educational meetings	Hold meetings targeted toward different stakeholder groups (e.g., providers, administrators, other organizational stakeholders, and community, patient/consumer,	The content of the education may include information regarding what to expect as implementation moves forward. It is useful to ensure that meeting attendees are relatively homogeneous so that the education can be targeted toward the stakeholder group's needs. For example, some educational meetings may inform the stakeholder group about PCP in a way intended to increase demand, while

	and family stakeholders) to teach them about PCP	others may preview PCP for providers and administrators. It is often useful to have recordings or other materials from the educational meetings available to those who cannot attend the meetings (e.g., those covering patient care at the time of the meeting, new hires subsequent to the meeting). Forsetlund L, Bjørndal A, Rashidian A, Jamtvedt G, O'Brien MA, Wolf FM, Davis D, Odgaard-Jensen J, Oxman AD. Continuing education meetings and workshops: effects on professional practice and health care outcomes. Cochrane Database of Systematic Reviews 2009, Issue 2. Art. No.: CD003030. DOI: 10.1002/14651858.CD003030.pub2. [PubMed Link]
Conduct educational outreach visits	Have a trained person meet with providers in their practice settings to educate providers about PCP with the intent of changing the provider's practice	Visits to the site may be in-person or virtually via the Internet. Some initiatives may require regular educational outreach as part of maintaining PCP. Academic detailing is another commonly used term, although academic detailing typically involves many additional discrete implementation strategies (e.g., conduct ongoing training, modeling, developing and distributing educational materials. More information can be found in the folloiwng articles: O'Brien MA, Rogers S, Jamtvedt G, Oxman AD, Odgaard-Jensen J, Kristoffersen DT, Forsetlund L, Bainbridge D, Freemantle N, Davis D, Haynes RB, Harvey E. Educational

		outreach visits: effects on professional practice and health care outcomes. Cochrane Database of Systematic Reviews 2007, Issue 4. Art. No.: CD000409. DOI: 10.1002/14651858.CD000409.pub2. [PubMed Link] Patton, M.Q., Essentials of utilization-focused evaluation. 2011: Sage. [SAGEPublishing Link] Moore, G.A., Crossing the Chasm: Marketing and Selling Disruptive Products to Mainstream Customers (Collins Business Essentials). 2014, New York: Harper Collins. [Amazon Link]
Conduct ongoing training	Plan for and conduct training in PCP in an ongoing way	This can include follow-up training, advanced training, booster training, purposefully spaced training, training to competence, integration of off the- job and on-the-job training, structured supervision, the introduction of concepts in a specific sequence to ensure mastery, and trainings based on the level of clinician knowledge. Ongoing training efforts need to reach across shifts and accommodate staff turnover, as well as rotating staff (e.g., residents). Trainings can be in-person, on the web, or technology-assisted (e.g., simulation lab training), and may focus on individuals or involve groups. When planning for ongoing training, it is important to describe the training components, including the timing and frequency of trainings. Issues related to

		the dynamics of training can be found in the strategy, make training dynamic. • Reeves S, Perrier L, Goldman J, Freeth D, Zwarenstein M. Interprofessional education: effects on professional practice and healthcare outcomes. Cochrane Database of Systematic Reviews 2013, Issue 3. Art. No.: CD002213. DOI: 10.1002/14651858.CD002213.pub3. [Cochrane Library Link]
Distribute educational materials	Distribute educational materials (including guidelines, manuals, and toolkits) in person, by mail, and/or electronically	For more information see: • Giguère A, Légaré F, Grimshaw J, Turcotte S, Fiander M, Grudniewicz A, Makosso-Kallyth S, Wolf FM, Farmer AP, Gagnon MP. Printed educational materials: effects on professional practice and healthcare outcomes. Cochrane Database of Systematic Reviews 2012, Issue 10. Art. No.: CD004398. DOI: 10.1002/14651858.CD004398.pub3. [Cochrane Library Link]
Identify early adopters	Identify early adopters at the local site to learn from their experiences with PCP	Early adopters are a good pool for identifying implementation champions. Recruit early adopters to attend stakeholder meetings to present their experiences. Investigating the adoption chasm between early adopters and the early majority has been found to be useful. Different engagement techniques

		for these two groups are typically needed. For further discussion see Moore: • Moore, G.A., Crossing the Chasm: Marketing and Selling Disruptive Products to Mainstream Customers (Collins Business Essentials). 2014, New York: Harper Collins. [Amazon Link]
Make training dynamic	Vary the information delivery methods to cater to different learning styles and work contexts, and shape the training in PCP to be interactive	Making training dynamic includes efforts to divide material into small time intervals, the use of small group breakouts, audience response systems, and other measures, such as having learners try new skills between training sessions. Interactive components of training can be very dynamic with participants actively contributing to the training content, engaging in problem solving, and identifying solutions that can be tested.
Provide ongoing consultation	Provide ongoing consultation with one or more experts in the strategies used to support implementing PCP	Ongoing consultations could include in-person or distance consultation and feedback on taped clinical encounters. Consultations are tailored to the clinician's actual practice, thus, differentiating a consultation from ongoing trainings. Feedback may be from a consultant external to the organization, which distinguishes consultation from clinical supervision. Some practice changes can involve a recertification process, thus, involving consultation ensures adequate fidelity. Consultation may also be necessary for

		non-clinical staff such as administrators and those responsible for billing, constructing feedback systems, or other staff with duties that impact the implementation process.
Use train-the-trainer strategies	Train designated clinicians or organizations to train others in PCP	Restrictions regarding who can serve as a trainer are idiosyncratic to PCP or practice change, for example, some innovations may require that supervisors have specific levels of education, training, or experience, and such restrictions should be explored in the planning phase. Train-the-trainer strategies may also apply to those responsible for administrative procedures, and who are part of implementing PCP programmes.
Create a learning collaborative	Facilitate the formation of groups of providers or provider organizations and foster a collaborative learning environment to improve implementation of PCP	There are several approaches to this in the literature including peer consultation networks, online communities of practice, quality circles, and learning collaboratives. Groups may meet in person or interact using a wide variety of media. The inclusion of a quality manager within the collaborative may be useful. Positive deviance approaches use “discovery and action dialogue” among peers to promote collaborative learning. Please refer to the following articles for more information: • Homer, J.B. and G.B. Hirsch, System dynamics modeling for public health: background and opportunities. American journal

		of public health, 2006. 96(3): p. 452-458. [PubMed Link] • Moore, G.A., Crossing the Chasm: Marketing and Selling Disruptive Products to Mainstream Customers (Collins Business Essentials). 2014, New York: Harper Collins [Amazon Link] • Fischer, M.A. and J. Avorn, Academic detailing can play a key role in assessing and implementing comparative effectiveness research findings. Health Affairs, 2012. 31(10): p. 2206-2212 [PubMed Link] Resources specific to learning collaboratives include: • The Health Resources and Services Administration (HRSA), Association, A.D., The breakthrough series: IHI's collaborative model for achieving breakthrough improvement. Diabetes Spectrum, 2004. 17(2): p. 97-101. [American Diabetes Association Link] • The Institute for Healthcare Improvement (IHI, available from: http://www.ihi.org/Engage/collaboratives/Pages/default.aspx. Key terms for searching literature specific to collaborative learning include: learning community, learning network, and community of practice.

Inform local opinion leaders	Inform providers identified by colleagues as opinion leaders or "educationally influential" about PCP in the hopes that they will influence colleagues to adopt it	The opinions of individuals who refer people to services, or who initiate the connection to services also function in a key opinion role. Keeping opinion leaders informed from pre-implementation through maintenance of PCP is important. Ensuring that opinion leaders do not serve as implementation obstacles if they are not actively promoting PCP is also important.
Promote network weaving	Identify and build on existing high-quality working relationships and networks within and outside the organization, organizational units, teams, etc. to promote information sharing, collaborative problem-solving, and a shared vision/goal related to implementing PCP	Individuals functioning as network weavers usually have external links outside of the community to bring in information and ideas. An example would be nurses and doctors who staff hospitals and skilled nursing facilities, and the patients who rotate among these facilities. Networks are somewhat more organic than collaboratives and are often enduring and durable. See: http://www.networkweaver.com/ f or more information.
Shadow other experts	Provide ways for key individuals to directly observe experienced people	While shadowing traditionally has involved in-person observation, creative use of technology may provide additional opportunities for individuals

	engage with or use PCP	to observe and learn from those experienced in PCP.
Increase demand	Attempt to influence the market for PCP to increase competition intensity and to increase the maturity of the market for providing PCP.	One way of increasing demand is to educate patients about PCP so that they demand it from their providers e.g. by providing information about the added value of PCP opposed to other treatment options.
Prepare patients/consumers to be active participants	Prepare patients/consumers to be active in their care, to ask questions, and specifically to inquire about care guidelines, the evidence behind clinical decisions, or about available evidence-supported treatments	Preparing consumers to inquire about PCP can involve asking questions, and educating patients/consumers about the existence of PCP programmes, as well as explicitly inviting them into the process of treatment decision-making.
Use mass media	Use media to reach large numbers of people to spread the word about PCP	Mass media may include television, newspapers, magazines, radio, electronic social media, listservs, mass email campaigns, mass mailings, and robocalls as methods for spreading information. Targets of these media campaigns may be clinicians, potential consumers of PCP, or their associates.

		Other commonly used terms include marketing or social marketing. • Grilli R, Ramsay C, Minozzi S. Mass media interventions: effects on health services utilisation. Cochrane Database of Systematic Reviews 2002, Issue 1. Art. No.: CD000389. DOI: 10.1002/14651858.CD000389. [PubMed Link]
Work with educational institutions	Encourage educational institutions to train clinicians in PCP	This strategy fits well with innovations requiring clinical training and other skills where training expertise is more likely to be housed in educational institutions.

Finance

Strategy	Description	Materials
Alter incentive/allowance structures	Work to incentivise the adoption and implementation of PCP	Incentives may be based on the performance of individual clinicians or larger performance units at the organizational level. The incentive could be in the form of an increased rate of pay to cover the incremental costs associated with implementing PCP. The incentive could be through loan reduction or forgiveness to clinicians to learn PCP. This category of financial strategies also includes the elimination of any perverse incentives that become a barrier to receiving appropriate care. An incentive suggests the payment is tied to performing a clinical action or improving outcomes. An allowance suggests that the clinician or organization is not

		required to perform the clinical action or meet the performance standard. More information on this topic can be found in the following articles: • Flodgren G, Eccles MP, Shepperd S, Scott A, Parmelli E, Beyer FR. An overview of reviews evaluating the effectiveness of financial incentives in changing healthcare professional behaviours and patient outcomes. Cochrane Database of Systematic Reviews 2011, Issue 7. Art. No.: CD009255. DOI: 10.1002/14651858.CD009255. [Cochrane Library Link] • Carpinello, S.E., et al., Best practices: New York State's campaign to implement evidence-based practices for people with serious mental disorders. Psychiatric services, 2002. 53(2): p. 153-155. [PubMed Link] • Clark, D.M., et al., Improving access to psychological therapy: Initial evaluation of two UK demonstration sites. Behaviour research and therapy, 2009. 47(11): p. 910-920. • Leeman, J., M. Baernholdt, and M. Sandelowski, Developing a theory-based taxonomy of methods for implementing change in practice. Journal of

		Advanced Nursing, 2007. 58(2): p. 191-200. [PubMed Link] • Magnabosco, J.L., Innovations in mental health services implementation: a report on state-level data from the U.S. Evidence-Based Practices Project. Implementation Science, 2006. 1(1): p. 13. [PubMed Link] • Raghavan, R., C.L. Bright, and A.L. Shadoin, Toward a policy ecology of implementation of evidence-based practices in public mental health settings. Implementation Science, 2008. 3(1): p. 26. [PubMed Link]
Alter patient/consumer fees	Create fee structures where patients/consumers pay less for PCP and more for traditional forms of CBT	
Develop disincentives	Provide financial disincentives for failure to implement or use PCP	In addition to direct financial disincentives, this strategy could include tying promotion decisions to the use of PCP
Use capitated payments	Pay providers or care systems a set amount per patient/consumer for delivering PCP	This is an implementation strategy to the degree that it frees the clinician to provide services that they may have been disincentivized to provide under a fee-for-service structure. This may be

		helpful to motivate clinicians to use PCP. These changes often come about as part of policy changes that alter fee structures, alter coverage, or add items to reimbursement formularies.
Use other payment schemes	Introduce payment approaches (in a catch-all category)	Payment scheme approaches may involve prepayment and prospective payment for providing PCP programmes, provider salaried service, the alignment of payment rates with the attainment of patient/consumer outcomes, and the removal or alteration of billing limits, such as numbers of encounters that are reimbursable. Payment may also be based on measures of treatment fidelity. Payment schemes are implementation strategies to the degree that they free the clinician's time to provide PCP. Others strategies motivate clinicians to provide better service.
Access new funding	Access new or existing money to facilitate the implementation of PCP	Accessing new funding sources could involve new uses of existing money, accessing block grants, shifting funding from one program to another, cost-sharing, passing new taxes, raising private funds, or applying for grants. These monies may be used to fund the delivery of PCP, or to support other time limited actions needed for initial implementation, such as to purchase material or logistical support, training, and consultations. The following articles can provide you with more information on this topic:

		• Magnabosco, J.L., Innovations in mental health services implementation: a report on state-level data from the U.S. Evidence-Based Practices Project. Implementation Science, 2006. 1(1): p. 13. [PubMed Link] • David, E.B., et al., The Ohio Substance Abuse and Mental Illness Coordinating Center of Excellence: Implementation Support for Evidence-Based Practice. Research on Social Work Practice, 2003. 13(4): p. 531-545. [SagePub Link] • Stetler, C.B., et al., An organizational framework and strategic implementation for system-level change to enhance research-based practice: QUERI Series. Implementation Science, 2008. 3(1): p. 30. [PubMed Link]
Fund and contract for PCP programmes delivery	Governments and other payers of services issue requests for proposals to deliver PCP programmes, use contracting processes to motivate providers to deliver PCP, and develop new funding formulas that make it more likely that providers	

	will deliver PCP programmes.	
Make billing easier	Make it easier to bill for PCP	Making billing easier might involve requiring less documentation, 'block' funding for delivering PCP, and creating new billing codes for PCP. Developing progress note templates to facilitate documentation of PCP can also decrease the burden for obtaining payment.
Place innovation on fee for service lists/formularies	Work to place PCP on lists of actions for which providers can be reimbursed	None.

Restructure

Strategy	Description	Materials
Change physical structure and equipment	Evaluate current configurations and adapt, as needed, the physical structure and/or equipment (e.g., changing the layout of a room, adding equipment) to best accommodate the delivery of PCP programmes	
Change record systems	Change records systems to allow better assessment	These changes may include modifying the format of progress notes and

	of implementation or clinical outcomes	treatment plans to reflect PCP programmes being implemented.
Change service sites	Change the location of clinical service sites to increase access to PCP services	Changing service sites can include collocating different services to better implement PCP programmes. For example, if one service site does not have the required computers to run PCP programmes it may be possible to deliver PCP from a site that has more advanced computing technology.
Create new clinical teams	Change who serves on the clinical team, adding different disciplines and different skills to make it more likely that PCP program is delivered (or is more successfully delivered).	This may involve creating a special unit at a site that specializes on delivering e-mental health interventions such as PCP. In this unit others could be trained in the delivery of PCP and eventually units could be merged.
Facilitate relay of clinical data to providers	Provide as close to real-time data as possible about key measures of process/outcomes using integrated modes/channels of communication in a way that promotes use of PCP	

Promote adaptability	Identify the ways PCP programmes can be tailored to meet local needs and clarify which elements of PCP must be maintained to preserve fidelity	Preserving fidelity to PCP can be an uncertain process if the core elements of PCP are not empirically defined.
Revise professional roles	Shift and revise roles among professionals who provide care, and redesign job characteristics	Revising professional roles includes the expansion of roles to cover provision of PCP and the elimination of service barriers to care, including personnel policies.
Start a independent dissemination organisation	Identify or start a separate organization that is responsible for disseminating PCP. It could be a for-profit or non-profit organisation.	This strategy can address concerns (e.g., conflict of interest) for situations in which it is desirable to have fidelity monitors that are independent from the care setting. The dissemination organization could be a for-profit or nonprofit organization. The organization could be 'licensed' by a university, if PCP program was born within an academic setting. It is important for dissemination organizations to be aware of organizations' approaches to implementing other interventions in order to build upon existing practices.

Quality Management

Strategy	**Description**	**Materials**

Use data warehousing techniques	Integrate clinical records across facilities and organizations to facilitate implementation across systems	Records that include variables that can serve as outcome measures are particularly useful. When outcomes of interest are not available, it may be useful to examine proxy measures.
Use an implementation advisor	Seek guidance from experts in implementation	This could include consultation with outside experts such as university-affiliated faculty members, or hiring quality improvement experts or implementation professionals.
Use data experts	Involve, hire, and/or consult experts to inform management on the use of data generated by implementation efforts	Consider engaging data experts early in the implementation planning process.
Audit and provide feedback	Collect and summarize clinical performance data in relation to PCP over a specified time period and give it to clinicians and administrators to monitor, evaluate, and modify provider behavior	The information may be obtained from a variety of sources, including medical records, computerized databases, observation, or feedback from patients. Performance evaluations may also be considered as audit and feedback data if the evaluation included specific information on clinical performance. Feedback summaries may include recommendations. Feedback may be displayed publicly, and often involves comparisons to peers or to local, state, national, or international norms.

		Feedback may be designed to guide a clinician in improving fidelity. It should also be noted that audit and feedback data can be helpful in promoting the continuation of intended behavior. Performance data may include process variables, outcomes, or fidelity measures. Feedback can include mandatory performance measures, which are related to benchmarks from the literature or normative data within an organization or industry. More information can be found in the following article: • Ivers, N., et al., Audit and feedback: effects on professional practice and healthcare outcomes. Cochrane Database of Systematic Reviews, 2012(6). [PubMed Link]
Capture and share local knowledge	Capture local knowledge from implementation sites on how implementers and clinicians made PCP work in their setting and then share it with other sites	This strategy is often coordinated with centralized technical assistance and learning collaboratives. There are multiple techniques for capturing local knowledge, which could be presented in multiple formats. For example, short YouTube videos could be created that document testimonials from clinicians who have successfully used PCP. Another example would be maintaining a running list of a team's response to specific implementation barriers that could be shared readily through a platform like GoogleDocs or Microsoft SharePoint.

		Additional techniques can be found at www.liberatingstructures.com.
Centralize technical assistance	Develop and use a centralized system to deliver technical assistance focused on issues around the implementation of PCP	This could be the designation of a lead technical assistance organization (could also be responsible for training). The lead technical assistance entity can develop other mechanisms (e.g., call-in lines or websites) in order to share information on how to best implement PCP.
Develop and implement tools for quality monitoring	Develop, test, and introduce into quality-monitoring systems the right input—the appropriate language, protocols, algorithms, standards, and measures (of processes, patient/consumer outcomes, and implementation outcomes) that are often specific to PCP.	These tools should be flexible enough to reflect fidelity, even after adaptations to the setting or client. Performance sites can benefit when these tools are available locally, particularly to help clinicians develop a sense of ownership for the change process. Quality monitoring tools can be coordinated with other strategies to encourage or reward performance that is in alignment with PCP. See the following article for an example of this process: • Krein, S.L., et al., Improving eye care for veterans with diabetes: An example of using the QUERI steps to move from evidence to implementation: QUERI Series. Implementation Science, 2008. 3(1): p. 18. [PubMed Link]
Develop and organize quality monitoring systems	Develop and organize systems and procedures that monitor	This includes developing systems for monitoring through peer reviews, collecting data from patients and consumers, clinicians, and supervisors,

	clinical processes and/or outcomes for the purpose of quality assurance and improvement.	and using administrative and electronic record data. This category of strategies also includes the design of disease-specific clinical registries, where clinical information and tools (graphical representations, real-time report cards, comparisons with benchmarks, etc.) are available to care team members. These systems may inform audit and feedback strategies. Some intensive fidelity monitoring activities (e.g., recordings of PCP program delivery) are more practical at random, but not infrequent, intervals.
Interactive facilitation	A process of interactive problem solving and support that occurs in a context of a recognized need for improvement and a supportive interpersonal relationship.	Facilitation can be internal or external to a system. This interactive support process can include a combination of any implementation strategies, and typically bundles multiple strategies as needed.
Intervene with patients/consumers to enhance uptake and adherence	Develop strategies with patients to encourage and problem solve around adherence	This includes patient/consumer reminders and financial incentives to attend appointments and sign up for an PCP platform. Feedback regarding patient/consumers' understanding and use of PCP is also important to collect. • Fønhus MS, Dalsbø TK, Johansen M, Fretheim A, Skirbekk H, Flottorp SA. Patient-mediated interventions to improve professional practice. Cochrane Database of Systematic

		Reviews 2018, Issue 9. Art. No.: CD012472. DOI: 10.1002/14651858.CD012472.pub2. [Cochrane Library Link]
Obtain and use patients/consumers and family feedback	Develop strategies to increase patient/consumer and family feedback on PCP	This can continue throughout the implementation effort. Strategies could include complaint forms, or methods, which funnel feedback to change managers or advisory boards. Consider whether anonymous feedback formats are appropriate. • Fønhus MS, Dalsbø TK, Johansen M, Fretheim A, Skirbekk H, Flottorp SA. Patient-mediated interventions to improve professional practice. Cochrane Database of Systematic Reviews 2018, Issue 9. Art. No.: CD012472. DOI: 10.1002/14651858.CD012472.pub2. [Cochrane Library Link]
Remind clinicians	Develop reminder systems designed to help clinicians to recall information and/or prompt them to use PCP.	Reminders could be patient or encounter-specific, provided verbally, on paper, or electronically. Reminders may be delivered at various time points (prior to service, during service, or following service delivery). • Pantoja T, Green ME, Grimshaw J, Denig P, Durieux P, Gill P, Colomer N, Castañon C, Leniz J. Manual paper reminders: effects on professional practice and health care outcomes. Cochrane

		Database of Systematic Reviews 2014, Issue 9. Art. No.: CD001174. DOI: 10.1002/14651858.CD001174.pub3. [Cochrane Library Link] • Shojania KG, Jennings A, Mayhew A, Ramsay CR, Eccles MP, Grimshaw J. The effects of on-screen, point of care computer reminders on processes and outcomes of care. Cochrane Database of Systematic Reviews 2009, Issue 3. Art. No.: CD001096. DOI: 10.1002/14651858.CD001096.pub2. [Cochrane Library Link] • Arditi C, Rège-Walther M, Durieux P, Burnand B. Computer-generated reminders delivered on paper to healthcare professionals: effects on professional practice and healthcare outcomes. Cochrane Database of Systematic Reviews 2017, Issue 7. Art. No.: CD001175. DOI: 10.1002/14651858.CD001175.pub4. [Cochrane Library Link]
Organize clinician implementation team meetings	Develop and support teams of clinicians who are implementing PCP and give them protected time to reflect on the implementation	

	effort, share lessons learned, and support one another's learning.	
Provide clinical supervision	Provide clinicians with ongoing supervision focusing on PCP. Provide training for clinical supervisors who will supervise clinicians who provide PCP	Clearly defining the role of supervision and providing ongoing resources to ensure that it occurs can be important. Supervisor training often needs to include specific training in how to supervise PCP. The following article discusses the distinction between consultation and supervision: • Nadeem, E., A. Gleacher, and R.S. Beidas, Consultation as an implementation strategy for evidence-based practices across multiple contexts: Unpacking the black box. Administration and Policy in Mental Health and Mental Health Services Research, 2013. 40(6): p. 439-450. [PubMed Link]
Provide local technical assistance	Develop and use a system to deliver technical assistance focused on implementation issues using local personnel.	Local technical assistants can be connected with a broader or centralized network of technical assistants. Technical assistance for PCP and the implementation processes may be important. For example, the VA aims to have mental health Evidence-Based Psychotherapy coordinators in each facility who can provide technical assistance to other local clinicians for relevant initiatives.

Policy Context

Strategy	Description	Materials
Create or change credentialing and/or licensure standards	Create an organization that certifies clinicians in PCP or encourage an existing organization to do so. Change governmental professional certification or licensure requirements to include delivering PCP. Work to alter continuing education requirements to shape professional practice toward PCP	
Change liability laws	Participate in liability reform efforts that make clinicians more willing to deliver PCP.	Liability reform can also make clinicians less willing to deliver alternatives to the PCP.
Change accreditation or membership requirements	Change accreditation or membership requirements. Strive to alter accreditation standards so that they require or encourage use of PCP.	Work to alter membership organization requirements so that those who want to affiliate with the organization are encouraged or required to use PCP.

8.4.2 M4.1 Worksheet - Match - Match barriers to implementation strategies within the core team

Focus: Match barriers to strategies

Who: Core Team

How: Brainstorming

Outcome: Match 1-9 strategies to address your barrier

You may already be aware of the key implementation strategies you would like use to help overcome the barriers you identified in the last module.

In this step, work with the core team to start to explore this issue in more detail.

We suggest that you use brainstorming to help you identify your implementation strategies. We also suggest that you look at the list of strategies to help your thinking.

Strategies are grouped into five categories including: Plan, Educate, Finance, Restructure, Quality Management, and Attend to Policy Context. You will be able to select up to 3 categories with up to 3 discreet strategies per category.

Category 1:	**Strategy 1.1:**
	Strategy 1.2:
	Strategy 1.3:
Category 2:	**Strategy 2.1:**
	Strategy 2.2:
	Strategy 2.3:
Category 3:	**Strategy 3.1:**
	Strategy 3.2:
	Strategy 3.3:

8.4.3 M4.2 Worksheet: Match – Understanding key stakeholders' views

Focus: Discuss ideas with stakeholders

Who: Stakeholders

How: Brainstorming, Interviews, Survey

Outcome: Match 1-9 strategies to address your barrier

It is important to listen to what stakeholders think about your ideas as they can offer you different perspectives on the issues you may face. These may be people you currently work with or people you may want to work with in the future.

We suggest that you use brainstorming, interviews or surveys to help you identify what your stakeholders think the implementation strategies should be. You may also want to look at the list of strategies to help your discussions with them.

When working with key stakeholders about your proposed implementation strategies there are three principles you can use to help think about the suitability of using specific strategies:

- The potential effectiveness of the strategy
- The potential acceptability of the strategy
- The negative effects that might emerge from the strategy

Category 1:	**Strategy 1.1:**
	Strategy 1.2:
	Strategy 1.3:
Category 2:	**Strategy 2.1:**
	Strategy 2.2:
	Strategy 2.3:
Category 3:	**Strategy 3.1:**
	Strategy 3.2:
	Strategy 3.3:

8.4.4 M4.3 Worksheet: Match – Reviewing and prioritising

Focus: Review and prioritise strategies

Who: Core team

How: Group Discussion

Outcome: Decide on 1 category including 1-3 strategies to overcome the barrier

In this step the core team review the work done so far and prioritise the implementation strategies you will focus on.

We suggest that you use a group discussion to help you decide which implementation strategies to focus on.

Category 1:	**Strategy 1.1:**
	Strategy 1.2:
	Strategy 1.3:

8.5 Module 5. Design

8.5.1 M5.1 Worksheet: Design – Develop initial plan

Focus: Develop initial plan about how to deliver strategy

Who: Core team

How: Brainstorming, Group Discussion

Outcome: Detailed plan of strategy delivery

In this step, work with the core team to start to outline the plan of delivery in more detail.

We suggest that you use brainstorming or group discussion to help you work out each element of the plan. We also suggest that you look at the list of strategies to help your thinking.

WHY (Describe the goal of your implementation strategies):
MATERIALS USING (Describe any materials that you will be using, including those that will be provided to people, or used in the delivery, or in training of people who will be providing it):
ACTIVITIES USING (Describe each of the activities, processes or procedures that you will use in the strategies, including any additional supporting activities):
WHO WILL DELIVER (For each group of people who will be delivering the strategies (e.g. psychologist, mental health nurse), describe any expertise, background they may need and any specific training they will be given):

HOW DELIVERED (Describe the different ways the strategies will be delivered (e.g. face-to-face, telephone, online) and whether it will be provided individually or in a group):
WHERE DELIVERED (Describe the types of location where the strategies will be delivered including any necessary requirements of the location):
WHEN and HOW MUCH DELIVERED (Describe the number of times the strategies will be delivered, the number of sessions, the order of the sessions and the duration and when you will stop delivering the strategies):
ANY LOCAL ADAPTATION (If you are planning to adapt the intervention to different needs at specific local sites, then describe what, why, when, and how you will adapt it):

8.5.2 M5.2: INFORMAL CONVERSATION

- Quick and easy way to obtain information
- In-person, via telephone or email
- Gather initial ideas or verify ideas

For example, you are just starting to think about a new implementation project that aims to improve the uptake of a new e-health system across a large number of GP practices. From your own experience at your GP practice you think that a lack of awareness of the e-health system amongst practitioners prevents them from using it. However, you are not sure whether lack of

awareness is the problem that prevents other GP practices from engaging with the e-health system.

Therefore, you call a number of relevant stakeholders from each of the practices to have an informal conversation about the range of problems that may prevent greater uptake of the e-health system across practices. After some informal conversations you realise that some practices are well aware of the e-health system but that staff lacks the necessary IT skills to operate the system.

The informal conversations have helped you establish that what may be needed are two separate implementation projects, one addressing lack of awareness and a second addressing the lack of IT skills.

8.5.3 M5.2: EMAIL DISCUSSION

email discussion brainstorming

8.5.4 M5.2 WORKSHEET: MATCH – UNDERSTANDING KEY STAKEHOLDERS' VIEWS

Focus: Discuss ideas with stakeholders

Who: Stakeholders

How: Informal conversation, Email discussion

Outcome: Detailed plan of strategy delivery

It is important to listen to what stakeholders think about how feasible your implementation strategy will be to undertake. These maybe people you currently work with or people you may want to work with in the future.

We suggest that you use informal conversations or email discussion to help you identify what your stakeholders think about how you want to deliver your implementation strategy.

	Effective (Y/N)?	**Acceptable (Y/N)?**	**Side-effects (Y/N)?**
WHY (Describe the goal of your implementation strategy):			

MATERIALS USING (Describe any materials that you will be using, including those that will be provided to people, or used in the delivery, or in training of people who will be providing it):			
ACTIVITIES USING (Describe each of the activities, processes or procedures that you will use in the strategy, including any additional supporting activities):			
WHO WILL DELIVER (For each group of people who will be delivering the strategy (e.g. psychologist, mental health nurse), describe any expertise, background they may need and any specific training they will be given):			
HOW DELIVERED (Describe the different ways the strategy will be delivered (e.g. face-to-face, telephone, online) and whether it will be provided individually or in a group):			
WHERE DELIVERED (Describe the types of location where the strategy will be delivered including any necessary requirements of the location):			

WHEN and HOW MUCH DELIVERED (Describe the number of times the strategy will be delivered, the number of sessions, the order of the sessions and the duration and when you will stop delivering the strategy):			
ANY LOCAL ADAPTATION (If you are planning to adapt the intervention to different needs at specific local sites, then describe what, why, when, and how you will adapt it):			

8.5.5 M5.3 Worksheet: Design – Reviewing and finalising

Focus: Review and prioritise plan

Who: Stakeholders

How: Informal conversation, Email discussion

Outcome: Detailed plan of strategy delivery

In this step the core team review the work done so far and decide on final version of the implementation strategy plan.

We suggest that you use a group discussion to help you decide on your plan.

	Reasons for choosing final plan of strategies
WHY (Describe the goal of your implementation strategies):	
MATERIALS USING (Describe any materials that you will be using,	

including those that will be provided to people, or used in the delivery, or in training of people who will be providing it):	
ACTIVITIES USING (Describe each of the activities, processes or procedures that you will use in the strategies, including any additional supporting activities):	
WHO WILL DELIVER (For each group of people who will be delivering the strategies (e.g. psychologist, mental health nurse), describe any expertise, background they may need and any specific training they will be given):	
HOW DELIVERED (Describe the different ways the strategies will be delivered (e.g. face-to-face, telephone, online) and whether it will be provided individually or in a group):	
WHERE DELIVERED (Describe the types of location where the strategies will be delivered including any necessary requirements of the location):	
WHEN and HOW MUCH DELIVERED (Describe the number of times the strategy will be delivered, the number of sessions, the order of the sessions and	

the duration and when you will stop delivering the strategies):	
ANY LOCAL ADAPTATION (If you are planning to adapt the intervention to different needs at specific local sites, then describe what, why, when, and how you will adapt it):	

8.5.6 M5.4 Worksheet: Design - develop a plan to assess impact

Focus: Develop plan to understand impact of strategy

Who: Core team

How: Group discussion

Outcome: 1 to 3 ways to measure impact

In this step the core team will develop a plan to assess the impact of your implementation strategy.

We suggest that you use a group discussion to help you decide on your plan.

#	What outcome are you going to measure?	Why are you measuring it?	How will you measure it?	Name and description of the tool to be used	Frequency	When
1						
2						
3						

8.6 Module 6. Apply & Review

8.6.1 M6.1 Worksheet: Apply and review – Monitor the delivery of your plan

Focus: Monitor whether your strategy is being delivered as intended

Who: Core team

How: Group discussion

Outcome: If necessary, adjust delivery of strategy

In this step, work with the core team to start to understand whether the plan of delivery is actually being followed.

We suggest that you use group discussion to help you understand if your strategy is being delivered as you planned and whether you need to make any adjustments.

Enter last version of your plan here:	**Any adjustments to the plan:**
MATERIALS USING:	
ACTIVITIES USING:	
WHO WILL DELIVER	
HOW DELIVERED	
WHERE DELIVERED	
WHEN and HOW MUCH DELIVERED:	
ANY LOCAL ADAPTATION:	

8.6.2 M6.2 Worksheet: Apply and review – Assess the impact of your plan

Focus: Assess impact of your plan

Who: Core team

How: Group discussion

Outcome: Review results of your assessment tools

In this step, work with the core team to start to understand whether your implementation strategy has had any impact.

We suggest that you use group discussion to help you understand the impact.

Assessment tool:	**Assessment outcome 1:**	**Assessment outcome 2:**	**Assessment outcome 3:**

8.6.3 M6.3 Worksheet: Apply and review – Review your plan

Focus: Reviewing your plan

Who: Core team

How: Group discussion

Outcome: Decide on what to do next

In this step, work with the core team to review the progress you have made.

We suggest that you use group discussion to help you review your progress and decide on the next steps.

- Stop doing any more work on implementation as this has been a success
- Keep going with your current strategy [go to Apply and Review - Monitor the delivery of your plan]

- Change your focus to work on a different strategy to help overcome your current goal and barrier [go to Design]
- Change your focus to work on a different barrier [go to Identify or Match]
- Change your focus to work on a different goal [go to Identify or Match]

Final assessment of implementation success:	**Action taken as a result of final assessment:**	**Reasons for action taken:**
	Stop as success	
	Keep going with strategy	
	Change to new strategy	
	Change to new barrier	
Change to new goal		