

# ***TEX-IS RESEARCH NEWS NOTES***

Issue 5 – March 2021



## **Texas Implementation Science (TEX-IS) Research Network**

*building capacity across the Texas CTSA's through shared resources, information, and opportunities*

Collaboration and Community Engagement are increasingly recognized as requisite in generating relevant research and moving the resulting evidence into real-world settings. The lines between research and clinical application have been called into question, with the end goal being improved care and improved health outcomes. To achieve this end, researchers and practitioners are called on to collaborate across these lines.

This issue of *TEX-IS News Notes* singularly focuses on understanding and advancing these roles.

## **IMPLEMENTATION-RESEARCHER, IMPLEMENTATION-PRACTITIONER: Vive la Difference!**

Various groups across the nation are exploring the distinction between implementation-researchers and implementation-practitioners:

- An objective of the NCATS D&I Working Group is to determine “What is a D&I person?”
- The *Journal of Clinical and Translational Science* themed issue on education will include an invited article on “teaching to enhance capacity in implementation research and implementation practice.”
- Participants in a recent web seminar concluded that, to their knowledge, such distinctions would be valuable in moving translational science forward.

While still a bit non-specific, the terminology provides a reference point for discussing functions within each of the two roles, how these functions differ, and how the two roles combine to discover

and then apply implementation science to improve health and healthcare.

Drawing distinctions and similarities between the two roles will be useful in targeting capacity-building efforts, determining training needs, refining expectations in stakeholder-engaged research, and enhancing relevance and feasibility of research to clinical practice settings. “Both sides” of the research-to-practice endeavor can gain from this articulation of what is/can be expected in collaborative improvement research and clinical initiatives.

Watch for this discussion to grow in the near-term. Until then, here are a few annotated articles to prime your thinking about various roles of those who are on “implementation research teams” and “quality improvement scientific teams.”

## Foundational Resources

Dearing, James W., Sarah M. Greene, Walter F. Stewart, and Andrew E. Williams. "If we only knew what we know: principles for knowledge sharing across people, practices, and platforms." *Translational behavioral medicine* 1, no. 1 (2011): 15-25. <https://doi.org/10.1007/s13142-010-0012-0>

*Science tells us what to do; guidelines what we should do; registries what we are actually doing.* (Jack Lewin. Translating science and evidence into real world clinical care. 2010).

Practitioner–implementers are as inventive as researcher–inventers and, by virtue of their close familiarity with innovation in practice, often contribute more to the effectiveness of innovations. Dearing and colleagues introduce the idea of an *implementation registry*, an online resource for healthcare practitioners within and across healthcare organizations for identifying, capturing, and sharing know-how as a systemic solution to the challenges of dissemination, diffusion, and implementation.

Curran, Geoffrey M. "Implementation science made too simple: a teaching tool." *Implementation Science Communications* 1, no. 1 (2020): 1-3. <https://doi.org/10.1186/s43058-020-00001-z>

Dr. Curran offers simple language in an explanation of implementation research, including,

- THE THING
- DOING THE THING
- DOING THE THING WELL

## When defining implementation science, some very non-scientific language can be helpful...

- The intervention/practice/innovation is **THE THING**
- *Effectiveness* research looks at whether **THE THING** works
- *Implementation* research looks at how best to help people/places **DO THE THING**
- Implementation strategies are the stuff we do to try to help people/places **DO THE THING**
- Main implementation outcomes are **HOW MUCH** and **HOW WELL** they **DO THE THING**

Kirchner, JoAnn E., Jeffrey L. Smith, Byron J. Powell, Thomas J. Waltz, and Enola K. Proctor. "Getting a clinical innovation into practice: An introduction to implementation strategies." *Psychiatry research* 283 (2020): 112467. <https://doi.org/10.1108/jhom-08-2013-0164>

As implementation science requires both the "what" to implement as well as the "how" to implement (see Curran above) this article nicely introduces the concept of the HOW of implementation strategies—one of the essential components of a change intervention. Key points are these:

- Application of theory-based implementation strategies improves the uptake of clinical innovations
- Testing effectiveness of implementation strategies is a focus of implementation research studies.
- Early identification and documentation of effective implementation strategies during the development and study of a clinical innovation

Albers, Bianca, Allison Metz, and Katie Burke. "Implementation support practitioners—a proposal for consolidating a diverse evidence base." *BMC health services research* 20 (2020): 1-10. <https://doi.org/10.1186/s12913-020-05145-1>

While implementation-practitioners are acknowledged as essential in integration of improvements, the role has been described using a variety of terms and indication of a cacophony of job functions. Examples of terms include practice facilitator, quality improvement leader, change champion, and patient safety officer. In this conceptual model, implementation-support-practitioners are "professionals supporting others in implementing evidence-informed practices, policies and programs, and in sustaining and scaling evidence for population impact. These authors propose the role of the "implementation support practitioner" as a concept unifying the multiple streams of research focused on consultation, facilitation, and knowledge brokering and conclude: "The development of implementation support practitioners as a profession necessitates improved conceptual thinking about their role and work and how they enable the uptake and integration of evidence in real world settings." This article introduces preliminary logic to conceptualize the role of implementation support practitioners to inform research aimed at increasing our knowledge about implementation support and the competencies needed to provide this support.

Ovretveit, John, Susanne Hempel, Jennifer L. Magnabosco, Brian S. Mittman, Lisa V. Rubenstein, and David A. Ganz. "Guidance for research-practice partnerships (R-PPs) and collaborative research." *Journal of health organization and management* (2014). <https://doi.org/10.1108/jhom-08-2013-0164>

Implementation research requires authentic partnership between implementation researcher and practitioners, particularly those from the settings in which the innovation is to be implemented. However, the two work environments create differences in value systems and availability, generating challenges to close collaboration. This article provides guidance to reduce commonly reported misunderstandings across research and practice achieve more successful partnerships and projects. As more research moves towards increased participation of practitioners and patients in the research process, precise and differentiated understanding of partnership approaches is required. This article describes approaches that have the potential to reduce "the research-practice gap". It gives evidence- and experience-based guidance for establishing a partnership process to improve relationship-building and relevant, actionable research. Particularly applicable is the checklist/guide which includes these headings:

- Role & Task
- Researcher responsibilities and tasks
- Clinician responsibilities and tasks
- Manager responsibilities and tasks
- Other partner responsibilities and tasks
- *Comment on other details*



## Training for D&I

To date, training for D&I is limited, with the demand exceeding supply. Some training is incorporated into CTSA post-doctoral coursework and some training is offered as continuing professional education. Even so, almost all established training is focused on *conducting* implementation research rather than *implementing* best practice. These studies cast light on available training:

Dolor, Rowena J., Enola Proctor, Kathleen R. Stevens, Leslie R. Boone, Paul Meissner, and Laura-Mae Baldwin. "Dissemination and implementation science activities across the Clinical Translational Science Award (CTSA) Consortium: Report from a survey of CTSA leaders." *Journal of clinical and translational science* 4, no. 3 (2020): 188-194. <https://doi.org/10.1017/cts.2019.422>

This national survey of CTSA leaders reported that CTSA Consortium contributions to D&I science have been limited by a dearth of D&I science-trained workforce members, low funding levels for D&I science, and a lack of understanding of D&I science and its role in furthering CTSA objectives. The authors suggest that the can be used to support and guide the CTSA program and its Consortium to recognize the CTSA program's critical role in leading the advancement of the science of D&I to improve population health nationally.

Schultes, Marie-Therese, Monisa Aijaz, Julia Klug, and Dean L. Fixsen. "Competences for implementation science: what trainees need to learn and where they learn it." *Advances in Health Sciences Education* (2020): 1-17. <https://doi.org/10.1007/s10459-020-09969-8>

Education in implementation science includes the training of health professionals in how to systematically implement evidence-based findings into health practice. This implementation-practitioner training is a highly relevant topic in health sciences education. This study compiles a competence profile for implementation practice and research and explores implementation experts' sources of expertise. For implementation practice, participants reported that most of the competencies were acquired through self-study or by on-the-job experience. In contrast, for implementation research, participants acquired most of their competences in their professional education.

## **Implementation-Practitioner Training**

**Online Certification for Implementation-Practitioners: The Center for Implementation**  
<https://thecenterforimplementation.com/about-us>

The training available through The Center for Implementation is uniquely targeted for Implementation-Practitioners. The mission of the Center is to accelerate the application of implementation science to improve outcomes. This is accomplished by drawing on theory, evidence-informed change methods, and best approaches from implementation science and making these approaches accessible to those working in health, public health, and social services.

**Formal Degree Programs for Implementation-Practitioners: American Association of Colleges of Nursing. (2006). The Essentials of Doctoral Education for Advanced Nursing Practice.**  
<http://www.aacn.nche.edu/publications/position/DNPEssentials.pdf> .

In the health professions, one formal doctoral degree program stands out as incorporating the essentials for the Implementation-Practitioner role: The Doctor in Nursing Practice (DNP) degree. The DNP curriculum closely aligns with the IOM Quality Chasm principles of transformation to achieve healthcare is Safe, Timely, Effective, Efficient, Equitable, and Patient Centered (STEEEP).

While not officially labeled as implementation-practitioner training, the program objectives for this doctoral preparation include many crucial implementation-practice competencies, including healthcare delivery transformation, integration of evidence-based practices into routine care, systems thinking, leadership and change agent roles, and interprofessional team collaboration, in addition to building clinical competencies required for certified nurse practitioners.

TEX-IS members are invited to share examples of implementation-practitioner competencies and programs from other disciplines.

## IMPLEMENTATION SCIENCE WEBINAR



NIH NATIONAL CANCER INSTITUTE  
Division of Cancer Control & Population Sciences

IMPLEMENTATION SCIENCE WEBINARS

Revisiting the Time-to-Translation from Intervention Testing to Implementation

Wednesday, April 7, 2021, 2:00 p.m. – 3:00 p.m. ET

Multiple studies point to the need for continuing efforts in implementation science to accelerate the pace through which effective interventions are widely implemented within community and clinical settings. This webinar offers a broader opportunity to discuss the pace of implementation research and implementation practice. Speakers will focus on recent efforts to quantify the pace of implementation and reflect on opportunities to increase the speed at which research and practice are conducted and consider opportunities for the field. <https://cancercontrol.cancer.gov/is/training-education/webinars/details/88>

## REGISTRATION STILL OPEN FOR VIRTUAL CONFERENCE: TRANSLATIONAL SCIENCE 2021



TRANSLATIONAL SCIENCE 2021  
March 30 - April 2, 2021  
Connecting Virtually. Impacting Reality.

ACTS  
ASSOCIATION FOR CLINICAL AND TRANSLATIONAL SCIENCE

Co-sponsors:  
AAMC AFMP FORUM PERMA

This annual conference for the Association for Clinical and Translational Science (ACTS) advances the entire translational science spectrum. In the past 5 years conference topics have increasingly focused on Implementation Science and Community Collaboration and Engagement in CTSA's.

National leaders are scheduled to present a key panel discussion on “Making Dissemination & Implementation Research Ubiquitous in Translational Science.”

## **UT SYSTEM OFFERS AN EDGE TO IMPLEMENTATION RESEARCH AUTHORS: WAIVED PUBLISHING FEES**

As part of a 3-year agreement with the UT System Digital Library Consortium and Cambridge University Press, the UT Health San Antonio Library has gained access to all Cambridge University Press journal content. This agreement also waives author publishing fees for authors who wish to publish in open access (OA) Cambridge University journals. The agreement, referred to as a Read & Publish Agreement, aims to serve authors and the wider community by publishing high-quality, peer-reviewed OA content. There are 403 Cambridge journals listed in the UT-Cambridge agreement, including the Journal of Clinical and Translational Science. <https://libguides.uthscsa.edu/c.php?g=645747&p=8118893>

TEX-IS Network members are invited to share their ideas for training both Implementation-Researchers and Implementation-Practitioners.

## **ABOUT THE TEX-IS RESEARCH NETWORK**

The TEX-IS Research Network is an initiative generated by the participants of the **January 2020 Implementation Research Workshop**. TEX-IS *News Notes* provides a venue for those interested in implementation science to connect us as a community of practice across our common goal. The TEX-IS Research Network and the TEX-IS *News Notes* are open to all across Texas.

Share YOUR resources, information, and opportunities with colleagues through the *TEX-IS News Notes*. Send your *News Notes suggestions* to Dr. Kathleen Stevens at [stevensk@uthscsa.edu](mailto:stevensk@uthscsa.edu) by the first of the month. Feel free to insert links and images (suggested length: 200 words).



## For more information:

Receive News Notes through the TEX-IS Listserv. Join here:

<https://redcap.uthscsa.edu/REDCap/surveys/?s=3PNDDA8473>

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