# RtKW 6: Implementation support

**Development and Psychometric Evaluation of the Implementation Support Competencies Assessment**

*Allison Metz[1], Todd Jensen[1], Bianca Albers[2]*

**Development of the Dutch Implementation Science Support Practitioner training and coaching program for healthcare professionals**

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**Keeping families together: How implementation science underpinned the reform of Victoria's child welfare sector**

*Heather Morris[1], Helen Skouteris[1]*

**Enhancing small-scale implementation projects: The Implementation Support Program (ISP) by *ebpracticenet***

*Ashley Boers[1], Marleen Corremans[1,2], An Lehouck[1], Nathalie Pauwen[1], Herman Vandevijvere[2]*

## RtKW 146

## Development and Psychometric Evaluation of the Implementation Support Competencies Assessment

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**Research aim**
Implementation support practitioners are professionals who support others in implementing evidence-informed practices, programs, and policies. This study describes the development and validation of the Implementation Support Competencies Assessment (ISCA), which assesses 15 evidence-informed competencies that bolster implementation support efforts across three domains: co-creation and engagement, ongoing improvement, and sustaining change.

**Setting**
The current study included participants who provide implementation support across a range of service settings, including social care, education, and health. Measuring implementation support competencies provides a unique opportunity to assess how knowledge, attitudes, and skills used by implementation support practitioners affect sustainable change in complex service systems.

**Method(s)**
Recent empirical and practice-oriented work has yielded initial operationalisations of each competency that could be adapted for effective measurement. We refined these operationalisations through modified cognitive interviewing and pilot testing, resulting in 113 items whereby ISPs can self-report their level of competence across the 15 core competencies. Using a sample of 357 self-identified ISPs, we assessed the ISCA's internal consistency reliability and conducted confirmatory factor analysis (CFA) to assess its factorial and construct validity.

**Key finding(s)**
Cronbach's alpha ranged from 0.82 to 0.96, and McDonald's omega ranged from 0.83 to 0.93 across competency-specific item sets, providing evidence of internal consistency reliability. CFA results provided evidence of factorial validity, with second-order factor structures being optimal for each of the three core domains and their associated competencies. CFA results also produced evidence of construct validity, showcasing significant positive associations ($\beta$ = 0.61-0.75, $p < .001$; $R2$ = 0.37-0.57) between each domain of the ISCA and theorised outcomes (e.g., ISP gains, recipient benefits) that can promote sustainable implementation efforts among those who receive implementation support from an implementation support practitioner.

**Discussion**
The ISCA serves as a foundational tool for workforce development to measure and improve the skills required to engage in the relational and complex processes involved in building implementation capacity and to tailor a package of implementation strategies situated in context. Key questions for the EIE audience include: 1) how can these competencies be built and maintained in service settings in ways that activate mechanisms for change, and 2) are different skills needed in different settings and contexts and, if so, how can implementation support practitioners be supported in their roles?

**Challenges**
The ISCA is potentially subject to the common biases inherent in self-report data. We hope to engage in future research to validate the ISCA using outcome measures collected from implementation support recipients. We view the current study as a launching point for a larger body of work.

# RtKW 230

# Development of the Dutch Implementation Science Support Practitioner training and coaching program for healthcare professionals

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**Research aim**
Our aim was to develop and evaluate the impact of a new national Implementation Science Support Practitioner (ISP) education, training and coaching program for healthcare professionals.

**Setting**
A consortium of three Dutch healthcare and educational organisations was responsible for the development of the educational training program. Participants working as practitioners and/or researchers in different healthcare domains (e.g., primary care, hospitals, long-term care facilities, healthcare organisations) were invited to participate and selected by an external committee.

**Method(s)**
The development of the ISP-program was based on two core principles. First, learn by doing. Participants have to implement an intervention during the 18-month program. Second, the educational program is based on the international profile, comprised of fifteen core competencies grouped into three domains: Co-Creation and Engagement, Ongoing Improvement, and Sustaining Change. Development of participant competencies was evaluated three times (start, midterm, end of the program) using the Implementation Support Competencies Assessment (ISCA) tool. Based on the ISCA score, participants defined their personal learning objectives and goals. Qualitative and quantitative measures were used for program evaluation.

**Key finding(s)**
In total, 37 participants enrolled in the ISP-program, which has three tracks. The first focuses on ISP-practitioner development (ISCA) and knowledge gained from executing the implementation plan. The second track, titled 'Implementation Science', addresses theoretical and practical aspects of implementation. The third track focuses on context, stakeholder engagement, sustainable implementation and anchoring, national developments and healthcare transformation. During the ISP-program we have 11 full-day face-to-face meetings and 10 half-day online meetings. Based on the ISCA-scores, most practitioners defined learning objectives related to competencies within the domain Ongoing improvement.

**Discussion**
Findings suggest the ISP training and coaching program for development and skills building was acceptable and feasible. We will discuss the following questions with the audience: Would a national educational, training and coaching program like our program be feasible in your context? What would be benefits, pitfalls?
Our candidates work on real-world implementation cases during the 18-month program. The projects differ from the planned course activities and topics. This poses challenges for the ISP-practitioners, who must apply knowledge, tools and methods that have not been covered in the program. We would like to discuss this and possible solutions.

**Challenges**
We have identified the following challenges:
- Different educational levels of the ISP-practitioners ranging from bachelor to PhD, also different timing in the projects and program (see Discussion)
- Many ISP Practitioners experience challenges with their implementation projects, such as staff turnover, changes in project scope, and time constraints.

## RtKW 265

## Keeping families together: How implementation science underpinned the reform of Victoria's child welfare sector

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**Research aim**
The research was conceived as a type II hybrid-style trial with two aims
• 	to determine if the program was effective in keeping children at home safely or reunifying quickly
• 	to examine the impact of multiple implementation strategies on the program's outcome

**Setting**
Child welfare sector, specifically in the not-for-profit community service organisation setting. The work will focus on outcomes from one particular organisation, MacKillop Family Services, which serviced several regions across the state of Victoria.

**Method(s)**
Between 2021-4, families participated in the program through their engagement with Child Protection Services. The intensive program (240 hours over 6 months), which included a key worker and brokerage funds, sought to improve family functioning and connection to the community in an effort to keep children safe at home. Validated measures about family functioning and child development were used to inform practice and decision-making. These were collected at baseline and closure, with one measure including a mid-point of the program. Implementation was supported by a researcher in residence, an internal implementation team, government-supported implementation practitioners, and coaching and training models.

**Key finding(s)**
There were several key findings:
Participating parents had experienced a mean of 5 adverse childhood experiences in their own childhood, many having their own experience of state care. The program was effective with statistically significant changes occurring in family functioning, parenting capacity and children's communication. The implementation journey was pragmatically bumpy over the course of the evaluation but very effective, especially in the beginning. Several outputs have resulted, including an internal coaching program, program manual and data-driven decision-making. There has been strong staff retention, which is unusual in this sector.

**Discussion**
Over 4 years, the program has gone from exploration to sustainment, starting during the harshest COVID restrictions of the global community.  Implementation was messy but energised, but the focus on delivering outcomes for families did not change. This presentation will discuss how the implementation practice and narrative changed over time and what it meant for practitioners on the ground compared to government departments. In addition, this presentation will offer real-world insight into implementation during crisis, not COVID-19, but rather with the families in crisis, discussing how an organisation promotes effective implementation during uncertainty.

**Challenges**
The outer setting was a challenge, shifting goalposts, changing data systems, scaling back critical roles, and communicating poorly. As the researcher in residence offering rapid evidence synthesis, data snapshots, dissemination, papers, etc., the organisation could advocate to the government for change and ensure organisational integrity and commitment to families.

## RtKW 345

## Enhancing small-scale implementation projects: The Implementation Support Program (ISP) by *ebpracticenet*

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**Research aim**
The Implementation Support Program (ISP) supports small-scale implementation projects in primary care through tailored training. It aims to support the development of implementation plans based on implementation science frameworks, promote shared learning, enhance project sustainability, and establish a multidisciplinary implementation network in primary care with local implementation champions.

**Setting**
The federal organisation *ebpracticenet* provides annual funding for small-scale healthcare implementation projects aimed at enhancing evidence-based practice in primary care. All primary care professionals in Belgium, including GPs, nurses, pharmacists, dentists, physiotherapists, midwives, occupational and speech therapists, podiatrists, dietitians, and clinical psychologists, are eligible to participate in this program.

**Method(s)**
Projects were selected based on predefined criteria aligned with ISP objectives. The first edition includes a Basic and an Intensive Program, both spanning 18 months. The Basic Program follows a 5-step approach for guideline implementation inspired by KTA and guided by ebpracticenet. The Intensive Program, guided by JBI Belgium and ebpracticenet, includes in-depth JBI training on Evidence Implementation and Clinical Leadership. Participants developed implementation plans using evidence-based strategies and frameworks (e.g., TICD, CFIR). Regular participants meetings promoted mutual learning and best practice exchange. A dual evaluation approach (quantitative and qualitative) assessed the program's structure, impact and participant satisfaction.

**Key finding(s)**
The quantitative evaluation assessed the quality of implementation plans using an integrated tool based on domains covered by multiple frameworks and tools (KT-PAT, RE-AIM framework, IOF and CFIR-outcome addendum). The evaluated plans demonstrated relevant use of implementation knowledge, although evaluation of the implementation needed improvement. The focus groups indicated that participants valued ebpracticenet's support, flexibility, peer exchange, and reflective opportunities in the implementation process. The program's balance between theory and practice, emphasising personal development and sustainability, was appreciated. The combined results of quantitative and qualitative assessments were used to refine the second edition of the ISP.

**Discussion**
- How can this kind of project support implementers to develop their skills and knowledge in evaluating the impact of their implementation?
- What are effective ways to foster long-term collaboration and knowledge exchange among participants after the program ends, ensuring a sustainable implementation network in primary care?

**Challenges**
Working with a diverse group of participants, including healthcare professionals, academics, and researchers from different backgrounds and sectors. Evaluating the program's effectiveness in achieving its goals. Finding instruments that captured both qualitative and quantitative dimensions.
We addressed this by combining focus groups, reflective journals and an integrated quantitative assessment tool.