

Allied Health – Translating Research into Practice



AH-TRIP

Implementation Toolkit



Queensland
Government

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1. AH-TRIP Implementation Toolkit Introduction

1.1 Aim

The Allied Health – Translating Research into Practice (AH-TRIP) initiative aims to build the capacity of all health practitioners to embed knowledge translation within their usual practice. This AH-TRIP Implementation Toolkit (toolkit) is designed to articulate the AH-TRIP initiative and support a standardised approach to implementing the initiative across sites.

The toolkit:

- Provides background to the AH-TRIP initiative
- Describes the key components which form the AH-TRIP initiative
- Highlights the factors that are key to the success of the AH-TRIP initiative by identifying the central elements and implementation examples for each component
- Identifies areas for evaluation to assess the impact of the AH-TRIP initiative
- Provides practical resources, templates and supporting materials to assist with implementation.

1.2 AH-TRIP Implementation Toolkit user guide

This toolkit is designed to provide detailed information to sites to assist with implementing the AH-TRIP initiative. The anticipated audience are health service leaders, department or unit managers and AH-TRIP program leads or coordinators.

The toolkit is aligned to key components of the AH-TRIP initiative and provides a structure for planning and undertaking AH-TRIP activities. There is an important distinction between implementing the AH-TRIP initiative and engaging with AH-TRIP. The key components of the AH-TRIP initiative are not linear and do not stand alone. All components are essential to implement the AH-TRIP initiative. Individual elements can be chosen, depending on the needs of the setting. For example, the isolated activity of watching the AH-TRIP online webinars will be regarded as professional development and not the implementation of the AH-TRIP initiative.

The five components of AH-TRIP include the central elements required to implement the initiative and examples of implementation activities. *Section 4* of this toolkit discusses each component.

1. Training and education
2. TRIP projects and implementation
3. Support and networks
4. Showcase and recognition
5. Evaluation

Key Components 4 of the toolkit outlines each component in detail and includes:

Central elements

Essential activities for health services or local sites to complete to undertake an AH-TRIP initiative. They are important for the successful implementation of AH-TRIP and are required to be undertaken unless otherwise stated.

Implementation examples

Suggestions of how activities and strategies can be tailored to the broader health service or local setting to support the implementation of the central elements. The suggested activities and strategies are not mandatory, nor are the examples provided exhaustive.



This graphic signifies examples of how the AH-TRIP initiative has been implemented in Queensland Health to demonstrate implementation opportunities further.

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2. The AH-TRIP Initiative

2.1 What is AH-TRIP?

Translating research into clinical practice in a timely, cohesive and equitable way is a significant challenge faced by the health system. In Australian hospitals, 60% of delivered care is evidence-based, and up to 25% of care is not needed or may be harmful¹. Translating Research into Practice (TRIP) symbolises the progression of science and research from the scientist's desk into meaningful clinician practice change.

Allied Health – Translating Research into Practice (AH-TRIP) is an initiative that aims to embed knowledge translation from research within the usual business of Hospital and Health Services (HHSs) by building the capacity of the health practitioner workforce. The AH-TRIP initiative is a training package designed to prepare clinicians to plan and undertake a translational research project in their practice. It offers a unique opportunity to improve health systems and facilitate organisational capacity building by increasing the awareness and application of knowledge translation within practice. AH-TRIP can help research translation become 'business as usual' for every clinician (see Appendix 1).

The Allied Health Professions' Office of Queensland (AHPOQ) is committed to supporting health practitioners undertake activities to minimise health resource waste, maximise the value of the health dollar spend and improve patient care. As a result, AH-TRIP is a key initiative within '[Optimising the allied health workforce for best care and best value: A 10-year Strategy 2019-2029](#)' and the '[Queensland Health Allied Health Research Plan: 2020-2029](#)' (see Appendices 2 and 3).

2.2 How was AH-TRIP developed?

The AH-TRIP initiative is grounded in knowledge translation principles and supported by evidence from the literature and local experience. The need for AH-TRIP was established through stakeholder engagement. It was developed by Queensland Health practitioner-researchers, based on evidence and a needs assessment^{2,3} conducted with the anticipated end-users - allied health practitioners working across practice settings (see Appendices 4 and 5).

The Queensland needs assessment found that narrowing the gap between research and practice was important to health practitioners. There was a high interest in gaining knowledge and support, but health practitioners reported low to moderate confidence in their ability to translate research into practice, particularly regarding implementation, evaluation and dissemination of translational research^{2,3}.

2.3 Who is AH-TRIP designed for?

Translating research into practice and using research to drive service improvement and ensure best practice is within the remit of both health practitioners delivering care to patients and those responsible for service planning and design. AH-TRIP has been designed for health practitioners without prior experience of knowledge translation or research and those with developing experience and expertise.

While termed Allied Health – Translating Research into Practice, the initiative is multidisciplinary and intended to be used by all professions, not just allied health, and can be adapted for different clinical contexts.

2.4 The components of AH-TRIP

The key components of AH-TRIP provide a structure for health practitioners to successfully implement the initiative within a healthcare setting (see *Key Components* of this toolkit).

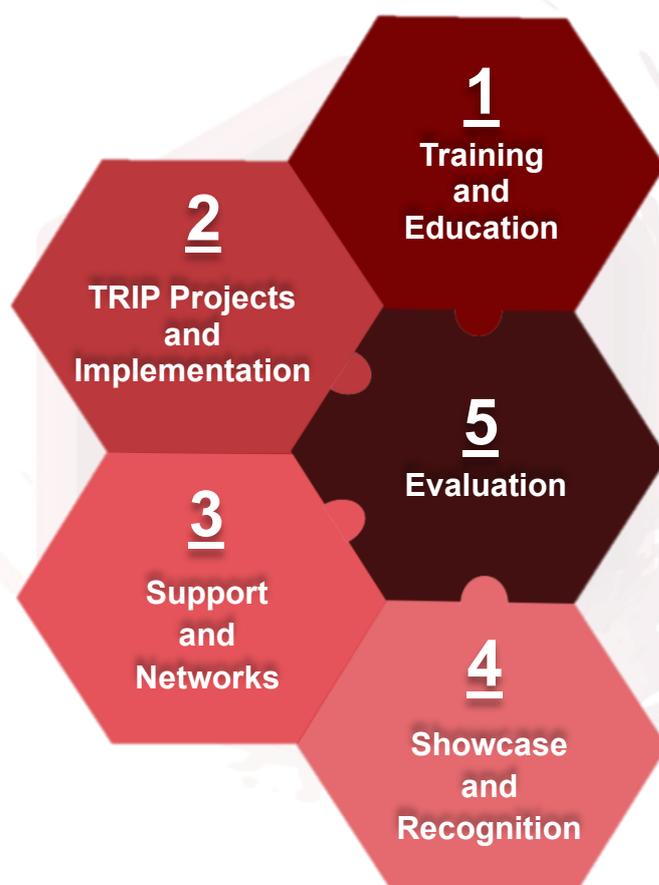


Figure 1. The five components of the AH-TRIP initiative.

3. Terminology

Different terms for translating research into practice (TRIP) are often used interchangeably, including:

- Knowledge translation
- Implementation science
- Research impact
- Knowledge mobilisation.

The selected term used in AH-TRIP and throughout this toolkit is **TRIP**.



Translating Research into Practice (TRIP)

A dynamic and iterative process of implementing clinical practice change, aligned with the best available evidence to improve health outcomes.

TRIP involves **using existing evidence** to inform the design and implementation of healthcare at a ward/clinic, service or model of care level, rather than individual treatment decision making at the patient level.

TRIP draws on quality improvement methodology and implementation science to systematically **bridge the gap** between evidence and practice. In contrast, traditional quality improvement methods focus on improving patient care processes and outcomes in a specific healthcare setting.

TRIP project versus research project

Research Project

There is currently **no evidence** for the **best delivery of health care** - appropriate **research methods** and **governance** are required.

TRIP Project

There is **existing, clear evidence** for the **best delivery of health care** – methods to identify and address this practice gap are required.

4. Key Components

4.1 Component 1: Training and Education

The training and education component is designed to raise awareness about utilising TRIP within the healthcare setting, encourage discussion and provide a structure for engagement.

1

The TRIP process:

There are four overarching steps to take the 'AH-TRIP approach':

1. **Identify** and understand a clinical (or service) problem
2. **Review** and understand the evidence
3. **Implement** a change
4. **Monitor** outcomes and **measure** success.

Each module of the [AH-TRIP online training and education platform](#) guides health practitioners through the phases of the TRIP process, as illustrated in Figure 2. The AH-TRIP online platform supports learners to:

- Develop a **basic understanding of TRIP**
- **Plan and undertake** TRIP activities.

The [online training platform](#) provides access to:

- 'Bite-sized' educational webinars and case studies
- Frameworks, tools, worksheets, resources and manuals
- Recommended reading of key papers
- A free online database (a university login or journal subscription is not required).

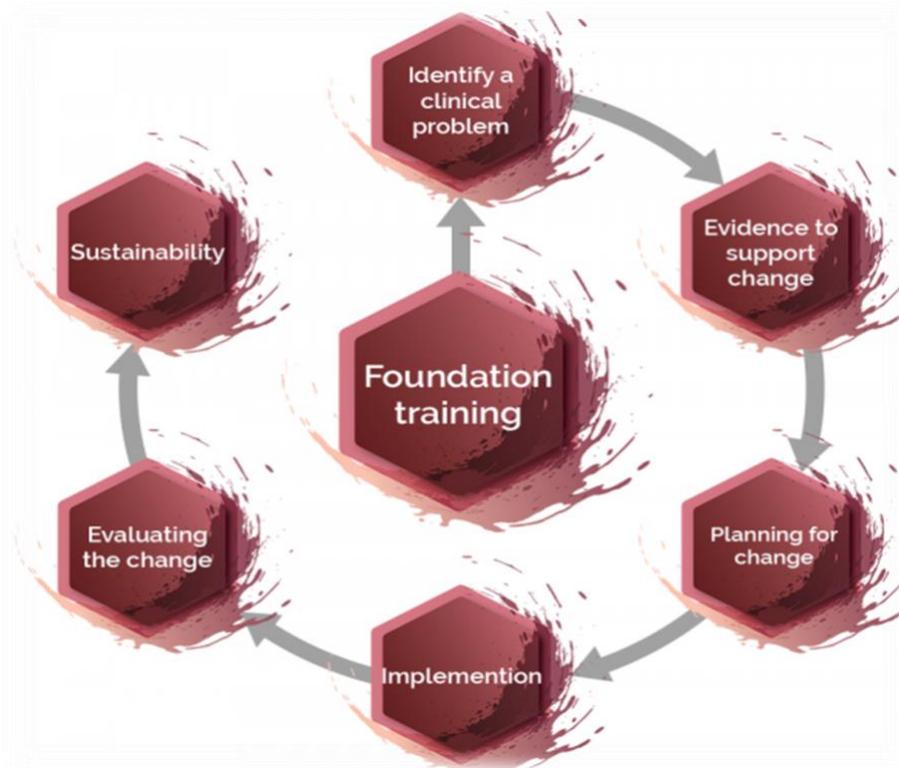


Figure 2. The AH-TRIP online training and education platform.

Central elements: Required webinars

All health practitioners must complete the 'Foundation Training' and 'Identifying A Clinical Problem' webinars.

1. [Foundation training](#)

Foundation training will help health practitioners to understand **what** TRIP is, **why** it is important and **what** is needed to make a TRIP project successful.

2. [Identifying a clinical problem](#)

Before translating any research into practice, it is important to **understand why** the **TRIP** project is being undertaken. Identifying a clinical problem, service problem or a gap in the evidence is **Step One** of the **TRIP process**.

Implementation examples

Consider the following when implementing 'Component 1: Training and Education':

Accessing education and training

- While the content can be accessed individually, consider accessing as a group of health practitioners (teams or departments):
 - Convene a group of AH-TRIP champions and health practitioners interested in TRIP (see below) to access online content and discuss key readings in a journal club or interest group style setting
 - Run toolbox sessions, schedule professional development in-service meetings or arrange a half-day workshop
 - View the content in short bursts, e.g. one webinar per staff meeting.
- Watch several webinars and then use the supplementary resources during and after the sessions to support and embed learning and practical use.

Adaptation and generation

- Adapt the AH-TRIP online platform materials as necessary to suit local needs.
 - Engage interested health practitioners to modify or generate TRIP content
- Engage health practitioners already undertaking TRIP projects to record a presentation or provide examples of completed project templates and frameworks
- Collaborate with a hospital and health service or relevant external partner to produce any TRIP material needed to support local needs
- Contact AHTRIP@health.qld.gov.au to discuss the inclusion of your TRIP project on the website. This will support other health practitioners to access content and learn from your team.

Communication

- Distribute relevant training and education materials, information, updates and opportunities at appropriate intervals
- Identify and use all opportunities to promote the AH-TRIP initiative and provide updates (e.g. newsletter, forum)
- Consider including goals and targets in professional, operational, business and strategic plans.



Take AH-TRIP

The Queensland Health statewide AH-TRIP initiative disseminates relevant information fortnightly via a 'Take AH-TRIP' email network. Members include the steering committee, working groups, AH-TRIP champions, interested health practitioners and health leaders across hospital and health services. Information includes updates, opportunities, helpful hints, the latest research publications and recognition of achievements. Recipients have the option to provide feedback and unsubscribe. Join the AH-TRIP emails by contacting ahtrip@health.qld.gov.au

4.2 Component 2: TRIP Projects and Implementation

TRIP projects build capacity and skills by applying knowledge translation principles to *real-world* problems. The AH-TRIP principles allow critical reflection and provide a framework to measure current practice.

The AH-TRIP initiative is designed specifically for TRIP projects where:

- there is clear evidence of a local problem, i.e. a practice gap, and
- evidence exists to guide how health services should be delivered.

Learning about TRIP and actually **doing** TRIP are entirely different experiences. The only way to truly develop TRIP capacity is by doing and having a TRIP project to apply the AH-TRIP principles into practice is a key part of the AH-TRIP initiative.

Central elements: The TRIP project

TRIP projects come in many forms, including:

- clinician-generated projects to address a local problem
- changing practice in line with recommendations from evidence-based guidelines
- implementing local research projects into sustainable practice change
- a newly funded service to be developed.

The AH-TRIP principles are applicable at any or all stages of a project; the TRIP project can be in the planning phase, already underway or ready for evaluation (especially those that were not successful). This can be a powerful introduction to the AH-TRIP principles and why and how they apply to a TRIP project.



2

Implementation examples

- Consider implementing systems to encourage all new quality improvement projects to become TRIP projects by including AH-TRIP terminology and resources within project and quality improvement reporting templates
- Set expectations that all projects require documented problem definition and a literature review before approval to proceed with implementation
- Set a goal of at least one TRIP project per team/department
- Provide dedicated internal funding rounds specifically for TRIP projects
- Introduce systems to monitor and report on TRIP projects, e.g. updates at team meetings.

4.3 Component 3: Support and Networks

Accessing and receiving expert advice and support to undertake a TRIP project in a hospital and health service is invaluable. Additionally, having committed individuals who can mobilise AH-TRIP within each specific setting will also assist in generating interest and facilitating awareness.



Central elements: Expert advice and support

Providing project support and mentoring health practitioners during TRIP projects is essential. Mentors should have implementation expertise within the hospital and health service or externally.

Options for sourcing expertise include:

- Health practitioners, health leaders, research fellows or conjoint positions who have previously undertaken a TRIP project or that have a working knowledge of TRIP
- AH-TRIP representatives
- University partners.

Implementation examples

Suggestions for seeking advice and support include:

- Organising a peer support group with local TRIP projects, facilitated by a skilled research fellow, health practitioner or AH-TRIP representative
- Arranging telementoring group-based sessions for TRIP projects, supported by a knowledge translation expert(s) and a facilitator
- Scheduling expert mentor sessions with health practitioners undertaking the AH-TRIP initiative.



AH-TRIP Telementoring Support

In Queensland Health, statewide telementoring is run annually (see Appendix 6). Each series comprises of eight-ten, one-hour sessions which involve virtual group-based telementoring support of health practitioner-led TRIP projects. Inclusion in these sessions is via an expression of interest (see Appendices 7-9). The monthly sessions include an independent facilitator and a panel of knowledge translation enthusiasts (TRIP experts and health services leaders). The scheduled TRIP projects complete a project proforma prior to the session and the panel provides real-time constructive critique and knowledge translation support (see Appendix 10).

Central elements: AH-TRIP champions

Champions are the backbone of the AH-TRIP initiative. They provide a tailored approach to meet the knowledge translation needs at the local site or health service. Champions do not need to be TRIP experts, but they need to have enthusiasm for TRIP and make a commitment to undertake TRIP.

- Champions can be identified from key stakeholder groups (e.g. health practitioners, team leaders and managers, health leaders, research fellows) to promote the AH-TRIP initiative
- All sites, departments or teams participating in the AH-TRIP initiative **must have** at least one nominated AH-TRIP champion representative.

The role of the AH-TRIP champion is to:

- Promote, advocate and contribute to operationalising the components of the AH-TRIP initiative
- Support health practitioners to adopt the '*AH-TRIP approach*' to bring about practice change
- Build engagement and provide strategies to negotiate challenges
- Anticipate and overcome barriers to the AH-TRIP initiative implementation.

Implementation examples

Options for TRIP network engagement and communication strategies include:

- Using the AH-TRIP champion manual to facilitate AH-TRIP education sessions, clinical skills and workshops within clinical teams or departments
- Having AH-TRIP as a standing agenda item on team, departmental, research or other relevant meetings, e.g. Learning and Development committees
- Promoting AH-TRIP and providing updates at local and health service forums
- Using the TRIP network to circulate TRIP information and opportunities
- Running a TRIP journal club to investigate frameworks, tools and discuss TRIP research
- Forming a TRIP Champion community of practice to provide Champions with a forum for peer support and to share engagement strategies
- Advocating for health practitioners, departments and health services to include TRIP activities in their operational, business and strategic plans
- Identifying TRIP projects that could generate resources to complement the AH-TRIP online platform materials and local TRIP projects that would benefit from support and mentoring sessions
- Recognising and showcasing local TRIP projects and TRIP enablers.



AH-TRIP Champions

In Queensland Health, the AH-TRIP champion network is centralised. It is expected that AH-TRIP champions act as a conduit between their local site and the statewide initiative. The statewide initiative provides resources, prompts and tools to the AH-TRIP champions to facilitate local engagement.

The initial process to become an AH-TRIP champion involves completing an expression of interest managed by the statewide AH-TRIP initiative (see Appendix 11).

The AH-TRIP champion is expected to:

- Complete and sign the **AH-TRIP champion checklist** (see Appendix 12)
- Actively engage in the AH-TRIP initiative by identifying local opportunities, provide education, share resources, promote AH-TRIP and participate in statewide opportunities
- Complete the **Foundation training** and **Identifying a clinical problem** webinars (at a minimum)
- Be familiar with the AH-TRIP online training and education platform and materials
- Review the AH-TRIP champion Manual which includes discussion points, prompts and concepts to support TRIP learning
- Disseminate information about the AH-TRIP initiative (e.g. 'Take AH-TRIP' email updates, TRIP information, professional development and opportunities) through their local network
- Provide the statewide initiative with updates about engagement and AH-TRIP outputs within their local context (as requested).

4.4 Component 4: Showcase and Recognition

Recognising and showcasing the TRIP activities of health practitioners and health leaders is an important tenet of the AH-TRIP initiative. Showcasing TRIP projects also provides an opportunity to increase the scale and spread of evidence-based initiatives.

There should be a local process or forum to recognise individuals and teams who:

- undertake professional development in TRIP,
- embark on a TRIP project, and
- support other health practitioners to take the '*AH-TRIP approach*'.

When showcasing TRIP, it is important to have a focus on quality and excellence whilst also providing a forum to celebrate team collaborations and lessons learnt.

Implementation examples

Options for showcase and recognition include:

- Organising an AH-TRIP showcase or award process to recognise and celebrate health practitioners and health leaders who have undertaken a TRIP project or enabled and supported TRIP activities. The showcase can be a local, hospital and health service or statewide event
- Include TRIP projects in existing research symposiums or improvement showcases
- Identify discipline-specific associations to recognise and celebrate TRIP activities, e.g. professional development events, showcases, conferences, case studies, professional support and professional prizes or awards.



AH-TRIP Showcase

In Queensland Health, the annual statewide AH-TRIP Showcase recognises and celebrates health practitioners who have undertaken a TRIP project, as well as acknowledging those who enable and support TRIP. The showcase provides an opportunity for health practitioners to present their TRIP projects and compete for a range of prizes.

The TRIP projects are judged across four equally weighted categories:

1. Identifying a problem
2. Critical appraisal of available literature
3. Implementation strategies and use of frameworks
4. Outcome evaluation.

It provides an opportunity for health practitioners to learn about TRIP projects in other health services, identify and foster collaborations and consolidate TRIP knowledge.

Access the [AH-TRIP Showcase Toolkit](#) for more information (see Appendix 13).



4.5 Component 5: Evaluation



Evaluation of the AH-TRIP initiative is required to demonstrate the value of the time and money invested in supporting health practitioners to participate in the initiative. It also captures the impact of the AH-TRIP initiative at the local level.

An evaluation provides an opportunity to:

- Monitor engagement in the initiative
- Measure TRIP output
- Benchmark within and between sites
- Assess the impact of AH-TRIP on health practitioners, local sites, hospital and health services and the broader health system.

A logic model outlining the AH-TRIP program logic may be useful in guiding a local evaluation of AH-TRIP (see Appendix 14). This may include evaluating short, medium or long-term outcomes of the AH-TRIP initiative as a whole or individual components. You may also choose to focus an evaluation on the implementation of AH-TRIP (i.e. focused on inputs and outputs). A local research fellow, TRIP expert, or AH-TRIP representative may be engaged to assist with any evaluation.

Implementation examples

The following options may be considered when undertaking an evaluation of a local AH-TRIP initiative:

- Consider implementing a pre-post survey to measure the change in self-efficacy (see Appendix 15). This survey can occur before and after implementing the AH-TRIP initiative in a department, site or hospital and health service, or to evaluate specific activities or components (e.g. change in self-efficacy of champions or those provided with project support).
- Complete a detailed evaluation of a key component or TRIP activity, including:
 - **Training and Education**
 - Knowledge and Translation Self-efficacy survey (see Appendix 15)
 - Provision, e.g. mode, individuals/departments/hospital and health service-wide initiatives
 - Change in knowledge (surveys are available for each training module on the website)
 - Attendance at local events.
 - **AH-TRIP Champions**
 - Confidence in fulfilling the champion role
 - Activities performed
 - Time dedicated to the role
 - Support required and provided
 - Barriers and enablers to fulfilling the role.
 - **Support and Networks**
 - Method of support, e.g. face-to-face, virtual
 - Number and duration of sessions for each project
 - Feedback from those receiving support
 - Barriers and enablers to providing and receiving support.

- **Showcase and Recognition**
 - Number, disciplines and location of submissions
 - Satisfaction with the event
 - Impact on those involved.
- Seek advice from the local ethics committee prior to undertaking an evaluation of AH-TRIP in a local site, as well as for evaluating individual TRIP projects (where there may be uncertainty about whether it is research or TRIP) or when researching TRIP.



Statewide Evaluation Data

In Queensland Health, evaluation data is collected from individuals and sites by the statewide AH-TRIP program lead using evaluation surveys and interview guides. This information is presented in an annual report summarising local data, TRIP activity outcomes and statewide comparisons.

5. Implementing the AH-TRIP Initiative

To successfully implement the AH-TRIP initiative, the key components, evaluation and specific considerations, detailed below, need to be in place.

Evidence and support

1. Review the evidence for the AH-TRIP initiative based on the need for knowledge translation in the healthcare setting
2. Gain executive and health leader support
3. Appoint AH-TRIP representatives (e.g. project officer) and AH-TRIP champions (see Appendices 11 and 17)
4. Collect local data to understand current TRIP knowledge and confidence to inform local AH-TRIP implementation (see Appendices 4 and 5)
5. Identify and connect with local TRIP experts (e.g. university partners, research fellows)

Governance

6. Establish a steering committee to oversee the governance, leadership and strategic direction of the initiative
7. Establish a working group or working groups to support the implementation and sustainability of the key components of the initiative
8. Establish Terms of Reference (see Appendix 16)

Communication

9. Apply effective communication strategies to engage health practitioners and health leaders to:
 - a. Undertake a TRIP project and engage in TRIP education and training
 - b. Support health practitioners to do TRIP related activities
 - c. Become AH-TRIP champions or representatives, e.g. TRIP telementor)
10. Use transparent reporting processes for updates and completing evaluations
11. Establish a TRIP network

Commitment

12. Remove barriers to engagement (e.g. time, space, resources)
13. Include TRIP activities in professional, operational, business and strategic plans

Funding

14. Have a dedicated project officer role/s to drive the implementation of the initiative (see Appendix 17)
 - a. The project officer is responsible for managing and delegating tasks to mobilise the key components of the AH-TRIP initiative and will also have membership on relevant working groups and report to the steering committee.
15. Identify opportunities to provide health practitioners with funding to support professional development, e.g. a knowledge translation short course
16. Identify funding to support the implementation of the optional examples for each of the key components of the AH-TRIP initiative, e.g. implementation panel professional development or showcase events.

6. Appendices: Toolkit Resources

AH-TRIP Implementation Toolkit Introduction

1. [Promotional Video: What is AH-TRIP?](#)
2. [Queensland Health Allied Health 10-year Strategy 2019-2029](#)
3. [Queensland Health Allied Health Research Plan 2020-2029](#)

The AH-TRIP Initiative

4. [Needs Assessment: Allied Health Practitioners](#)
5. [Needs Assessment: Allied Health Leaders](#)

Key Components

6. [Promotional Video: AH-TRIP Telementoring Support](#)
7. [Telementoring Support: Panel Recruitment Information](#)
8. [Telementoring Support: Participant Recruitment Information](#)
9. [Telementoring Support: Project Submission](#)
10. [Telementoring Support: Project Proforma](#)
11. [AH-TRIP Champion Expression of Interest](#)
12. [AH-TRIP Champion Checklist](#)
13. [AH-TRIP Showcase Toolkit](#)

Evaluation

14. [AH-TRIP Program Logic Model](#)
15. [Knowledge Translation Self-Efficacy Survey](#)

Implementing the AH-TRIP Initiative

16. [Terms of Reference Template](#)
17. [Project Officer Role Description](#)

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