
**Description:** Implementing a practice change refers to the doing – how can you adapt evidence into the local context and tailor implementation strategies as well as facilitating team dynamics, stakeholders and negotiating resistance.

**Learning Objectives:**

1. Select and tailor implementation strategies that target barriers and enablers.
2. Mediate different interests and negotiate conflict through facilitation to build partnerships in pursuit of a common goal.
3. Develop strategies for overcoming stakeholder ambivalence or resistance to change.
4. Identify and explore a variety of adaptive challenges.
5. Evaluate adaptation and their potential impact on outcomes and how to mediate unanticipated implementation issues.

**Online PD suite content:**

- Webinar 1: Implementing a practice change – Implementation Strategies (4.31mins)
- Webinar 2: Facilitation (9.44mins)
- Webinar 3: Top tips on facilitating the implementation of evidence – things to think about before you start! (5.23mins)
- Real world case studies

**Champion Tip!** Implementation can be overwhelming and having a mentor to work through this can help – consider what TRIP project support options are available within your service for individual project implementation support.

**Champion discussion tips/questions:**

- Watch the Implementation strategies webinar (5mins)

1. As a group list out what implementation strategies the team has used to implement change into practice in previous projects or activities

   a. Did in-services and posters get mentioned? These are the go to strategies for clinicians. Prompt your team to consider if the in-services and poster had the desired effect in previous projects? Was the change implemented and sustained?

   b. As the group what other strategies have they used or could be used?

** consider the 73 implementation strategies listed in the ERIC study if you need some inspiration
Watch the facilitation webinar and things to think about before you start +/- one or two case studies of relevance to your problem, context or area

(15-30mins)

2. As a group consider the clinical problem, the evidence, the stakeholders and context barriers and enablers you have previously discussed → what implementation strategies might assist with the practice change?

**This might be a good time to go back to the root cause of your problem – look at your fishbone diagram or answers to the ‘5 why’s’, do your implementation strategies address the underlying cause of the problem?**

(30mins)

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**It’s just like riding a bike…**

People talk about bike riding when they want to remind us that some things, once learned, are not forgotten. What they don’t mention is how we learned. No one learns to ride a bike from a book, or even a video. **You learn by doing it!**

Actually, by *not* doing it. You learn by doing it wrong, by falling off, by getting back on, by doing it again. **PS. this approach works for lots of things, not just bikes. Most things, in fact. Seth Goodin**

**BUT let’s not all make the same mistake.** WATCH the AH-TRIP case studies examples

– What worked well/ what could be improved?

Do you have an example of an implementation success or failure that you would like to share? Contact us at **AHTRIP@health.qld.gov.au** and we can showcase your TRIP project and TRIP reflections