

Foundation Training: What is TRIP?

AH TRIP stands for Allied health translating research into practice. AH TRIP aims to give allied health practitioners education, tools and resources to take AH TRIP to bring about practice change in health care settings.

Taking AH TRIP approach includes four steps that we will discuss briefly today

- Step 1 Identifying a clinical problem or evidence practice gap
- Step 2 is critiquing and understanding the evidence to address your clinical problem
- Step 3 refers to implementing a practice change
- Step 4 is monitoring outcomes and measuring success

These four steps make up AH TRIP approach to health service change. Let's look at the four steps in more detail

1. Identifying a clinical problem or evidence practice gap

For some this might be a bug bare or source of frustration in your work you would like to review as an individual practitioner or as a department or team. It is important to differentiate between a perceived problem vs. an actual problem. To do this it is important to measure and understand the problem

If we do not truly understand the problem there is a risk of implementing a solution or practice change that doesn't improve outcomes or address the initial frustration resulting in wasted time effort and potentially change fatigue. For example, another site might have implemented a practice change with good patient outcomes based on strong evidence, simply picking up this change and trying to implement in your setting requires an understand of why and how you are going to do this, is this evidence/practice change appropriate in your local setting? How could you measure the problem? It can be tempting to jump straight into implementing the change without first considering your local context and areas that require improvement.

2. Critiquing and understanding the evidence to address your clinical problem

Evidence comes in many forms research evidence from meta-analysis and systematic reviews are recommended as gold standard although clinical practice guidelines and other robust study designs may provide answers to your clinical question. It is important to understand what the evidence says a about your problem.

To critique the evidence, it is important to consider

- What is the quality of the evidence?
- Is the evidence consistent?
- Is it transferable to your setting/context?
- What are important outcomes for your setting?

There are critical appraisal tools and processes that can help you answer these questions in a systematic way. In some cases, consensus opinion or bench marking could be considered a source of evidence OR there might not be research evidence to address your clinical problem in this case this is not a TRIP project but instead a research question that requires further study before a change is made.

3. Implementing a practice change

It is important to consider the degree of fit between the clinical problem, the evidence and any proposed changes within the local setting or context. Evidence is typically subject to negotiation and adaption before it is implemented, for complex change this requires planning, consultation and negotiation to get the right fit for the setting.

The use of implementation theories, models or frameworks (TMF's) can help researchers understand how and why implementation succeeds or sometimes fails. For clinicians, TMFs can be applied in the planning, implementation and/or evaluation stages of change to systematically plan and implement practice change.

Selecting a theoretical approach to implementation depends on what your goals are, how complex your practice change is, you can also use parts or merge frameworks if you want

TMF's have some common themes to consider →

What = evidence

Where = context

Who = people

How = process or mechanism

4. Monitoring outcomes and measuring success although this is listed as step four it is important to consider from step one particularly when you are understanding your problem

what will success look like for you? Consider this not only from your perspective but also the teams in which you work and the people that may be impacted by the practice change

It is important to consider evaluation from two overarching view points

The first – intervention outcomes or effectiveness information – did you improve the care delivered, did you improve the patient's overall health and wellbeing. This could be things such as surgical outcomes, nutrition status, functional ability, quality of life etc. These measures are often listed as primary or secondary outcomes of clinical effectiveness study designs

If you are conducting a TRIP project it is likely that clinical effectiveness or intervention outcomes are well defined and you are instead translating these into practice therefore the second evaluation view point refers to the implementation outcomes - Are the parts in the system performing as planned? Did you implement what you intended to? how you intended to?

Finally, it is important to consider what impact this practice change had on the overall health system were there any unintended consequences or flow on effects that need to be considered in your evaluation. For example, sometimes a practice change might increase the focus on one population and have great outcomes and client outcomes but by focusing attention in this area another population or patient group might experience a poorer quality of care.

These four steps provide a very brief overview of AH TRIP approach to bring about practice change in health care settings