Originating Unit: Nursing

Type of action: ☑ New course   ☐ Full online course**

Semester and year course will take effect: Fall 2025

New course title: Implementation Science

Appropriate computer abbreviation (30 spaces or less): Implementation Science

Course instructional methodology: Web

course component types: ugradcouncil.tcu.edu/forms/Course Component Types.pdf

New course number: NPHD 80122

Prerequisites for new course: *include an attachment if additional space is needed*

NPHD 8XXX2 Nursing Philosophy of Science, HCHS 80213 Quantitative & Qualitative Methods, HCHS 70913 Qualitative Methods & Design

Click here to attach a file attached files can be seen and managed in Acrobat Pro by clicking on View > Show/Hide > Navigations Panes > Attachments

Description of new course (catalog copy): *include an attachment if additional space is needed*

This course is designed for students to learn how to develop research protocols to study the implementation of evidence-based interventions using the knowledge and tools of implementation science.

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Fully Online Courses**

All online courses, and /or distance learning offerings must meet State Compliance regulations as defined by specific state legislation. TCU Distance Learning is any for-credit instruction provided to a TCU student outside the State of Texas. This includes internships, clinical, video conferencing, online, or any other delivery format that crosses state lines. Contact the Koehler Center for Teaching Excellence for guidelines. Include a letter of support from the Koehler Center with this proposal.

Supporting evidence or justification: (For a new course, attach proposed syllabus, including course objectives, course outline, and representative bibliography.)

Describe the intended outcomes of the course and how they will be assessed: *include an attachment if additional space is needed*
 see attached syllabi

Click here to attach a file attached files can be seen and managed in Acrobat Pro by clicking on View > Show/Hide > Navigations Panes > Attachments

Additional resources required:

Faculty: n/a

Space: n/a

Equipment: n/a

Library: n/a

Financial Aid: n/a

Other:

Change in teaching load: n/a

Does this change affect any other units of the University? ☐ Yes ☑ No

If yes, submit supporting statement signed by chair of affected unit.

If cross-listed, provide evidence of approval by all curriculum committees appropriate to both the originating and the cross-listed units.

Chair of Originating Unit:

Name: Suzy Lockwood

Unit: Nursing

Signature: Dr. Suzy Lockwood
Digitally signed by Dr. Suzy Lockwood
Date: 2024.02.05 18:39:40 -06'00'

NPHD8XXX2 Implementation Science in Practice

Instructor Name: Carol Howe
Semester and Year: Spring 2026
Number of Credits: 2 credits
Class Location: online,

Class Meeting Day(s) & Time(s*):* asynchronous

Office Location: Bass 3237
Office Hours: virtual Thurs 5-7 pm
Telephone: 817-257-4121
Email: carol.howe@tcu.edu
Response Time: Please use TCU Online to email with general questions about course. Please email me with personal concerns, questions, or to schedule appointments. I will respond within 24 hours on weekdays between 8-5 pm. I realize you may be working on course work over the weekend; please email me but if you need a response sooner, please text me.

Final Exam Date & Other Important Dates

There is no final exam in this course. There is a final research proposal paper.

Course Description

This course is designed for students to learn how to develop research protocols to study the implementation of evidence-based interventions using the knowledge and tools of implementation science. Students will use implementation science theories, models, and frameworks to overcome implementation challenges to successfully implement, sustain, and evaluate implementation outcomes. In this application-focused class, students learn to analyze implementation barriers and facilitators, select appropriate implementation strategies, and design an implementation research study.

Learning Outcomes

By the end of this course, students will be able to:

1. Synthesize theoretical and empirical literature of chosen evidence-based intervention/topical area.

2. Compare implementation science theories, models, and frameworks (TMFs) and be able to select among them for a proposed research project that generates new nursing knowledge and application to practice.

3. Apply implementation research design and methods to improve uptake of evidence-based interventions across communities and settings.

Prerequisites / Program or Major Connections

FALL - NPHD 8XXX2 Nursing Philosophy of Science

HCHS 80213 Quantitative & Qualitative Methods

HCHS 70913 Qualitative Methods & Design

Required Texts / Materials

Brownson, R. C., Colditz, G. A., & Proctor, E. K., (Eds.), (2023). *Dissemination and implementation research in health: Translating science to practice* (3rd Edition). Oxford University Press.

American Psychological Association (2020). *Publication manual of the American Psychological Association* (7th Ed.).

Additional / Supplementary Resources

Additional links to readings, webinars, and online resources will be provided. There will be no additional costs for students to access these resources.

Teaching Philosophy

My aim for this course is to lead you on an interesting and challenging journey into implementation science and practice. I strive to create a community of learning and inquiry, strategically presenting myself as a facilitator who quietly pushes and supports students to put in their best effort. My hope is that the online classroom environment is inviting to provide a foundation for relationship building amongst the students, as well as between the students and myself. Within this relationship, I hope to persuade students to go deep into the content. I empower students to own their work, teaching them skills to develop a research protocol to study the implementation of a selected evidence-based intervention or selected constructs (e.g. implementation strategy, local clinical context) that may influence implementation. Although I am always available to provide guidance, I refrain from micromanaging their process. I really am interested in hearing from students about their plan, their goals, and their thoughts as they pursue their research.

I will be supportive to you as we progress through this semester. I expect you are current on readings and assignments so that you can participate fully. I invite you to contact me with any questions via email or with an appointment. The easiest way to contact me is via course email. I look forward to a fantastic semester!

Instructional Methods

This course uses a variety of instructional methods including but not limited to assigned readings, case vignettes, recorded lectures and webinars, discussion threads, and writing assignments. Our goal is to foster a strong and open learning environment by helping each other grasp the assigned readings, engaging in discussion, articulating thoughts and perspectives related to the course themes, sharing

other relevant resources encountered, and providing updates on our respective assignments. We will make use of the wealth of resources from thought leaders on implementation science and practice in the internet ecosystem.

An individual virtual meeting with the instructor early in the semester to talk about implementation science study protocol is highly recommended. The intent is to develop knowledge and skills in implementation science and practice to design an implementation research protocol. This final course assignment is intended to be both conceptual and pragmatic. Students will identify an implementation research project topic in which they are interested and to create a proposal to investigate it more thoroughly. In so doing, you will have the opportunity to begin exploring in detail a specific project idea that relates to your professional goals and to build a foundation for subsequent implementation research. The proposal will also be an opportunity to develop and refine basic proposal writing skills.

Course Policies and Requirements

Assignments

Discussion threads will be used to delve deeply into the course content through asynchronous dialogue that inspires active thought and critical thinking. Towards this end, the expectation is that all, students and faculty alike, will actively participate to support our learning community. Please see the course calendar for due dates for initial posts and responses to peers and use the TCU Online Discussion tool to submit your discussion threads. Grades will be entered into TCU Online.

Discussion Thread 1: Discuss the basis for practice improvement and implementation science. How do they differ and how do they align? With both a clinical and research focus of a PhD and DNP prepared nurse, how may you contribute to the field of implementation science? (CLO 2)

Discussion Thread 2: Describe an implementation science theory, framework, or model. Include its development, key elements, and if it is a process model, determinants framework, implementation theory, and/or evaluation framework and how you could use to guide an implementation research study. Each student should focus on a different theory, framework, or model to learn from each other's summaries (CLO 1)

Discussion Thread 3: Explain how barriers and facilitators can influence implementation success. Describe how determinant theories, models, frameworks can inform the identification and strategies to address barriers and facilitators to implementation of EBIs (CLO 1)

Discussion Thread 4: Discuss potential evaluation approaches and measurements used in implementation research and what you are considering to use in your research protocol (CLO 3)

Discussion Thread 5: Discuss the feasibility of different research designs in your setting and with your current resources. If you were to dream big (and have funding), how might you change your research approach? (CLO 3)

CATEGORY	3	2	1	0
Quality of post	Comments add significantly to the	Comments add moderately to the	Comments add little to the	Comments do not add to the

CATEGORY	3	2	1	0
	discussion. Demonstrates a well-developed understanding of topic. Accurately references relevant course materials and incorporates scholarly sources to support ideas. Offers insightful ideas to enhance discussion.	discussion. Demonstrates a good understanding of topic. Accurately references relevant course materials and incorporates scholarly sources to support ideas. Offers some insightful ideas to enhance discussion.	discussion. Demonstrates a basic understanding of topic, but contribution lacks depth. References some course materials and scholarly sources to support ideas. Offers less ideas to enhance discussion.	discussion. Demonstrates a limited understanding of topic. Minimal references to relevant course materials and scholarly sources to support ideas. Offers vague or unclear ideas that does not enhance discussion.
Critical thinking	Provides exceptionally thoughtful analysis of implementation science concepts and methodology. Engages consistently in constructive discussion of peers' ideas for a meaningful dialogue.	Provides solid analysis of implementation science concepts and methodology. Engages in constructive discussion of peers' ideas for a meaningful dialogue.	Provides basic analysis of implementation science concepts and methodology. Engages occasionally in constructive discussion of peers' ideas for a meaningful dialogue.	Provides minimal analysis of implementation science concepts and methodology. Does not engage in constructive discussion of peers' ideas for a meaningful dialogue.
Scholarly writing	Writes exceptionally clear, concise, and logically structured posts with no errors in grammar of APA 7th edition style.	Writes clear, concise, and logically structured posts with few errors in grammar of APA 7th edition style.	Writes exceptionally clear, concise, and logically structured posts with some errors in grammar of APA 7th edition style.	Writes unclear, not concise, nor logically structure posts with errors in grammar and APA 7th edition formatting.
Timeliness and Consistency	Regularly engages in discussion threads with original post and comments to peers by deadlines.	Regularly engages in discussion threads with original post and comments to peers usually by deadlines.	Does not regularly engage in discussion threads with original post and comments to peers. Occasionally misses deadlines.	Does not engage routinely. Frequently misses deadlines.

Paper 1: Clinical problem and proposed Evidence-Based Intervention (CLO 2)

In this paper, you will define the clinical problem that your proposed evidence-based intervention addresses. You will describe the evidence-based intervention and a synthesis of key findings from previous research on how this EBI improves outcomes. The paper should be no more than 4 pages, not including references, tables, figures; Use 12 pt font, 1-inch margins, double spaced, APA 7th edition formatting. Specifically, include in your paper:

1. Identify the clinical problem that successful implementation of EBI hopes to address.

2. Describe detailed description of EBI to be implemented, including:

    a. Synthesize relevant literature and data to describe EBI elements and its outcomes. Encourage you to focus on EBI ready for implementation e.g., existing systematic reviews (with meta-analysis if available), clinical practice guideline, packaged EBI toolkit.

    b. Highlight advantages of EBI over status quo in terms of improved outcomes, compatibility (perceived fit of EBI to meet needs of patients/populations, clinicians, and clinical setting), acceptability (whether clinician implementers and target population find EBI agreeable, palatable, satisfactory).

    c. Describe target population to be reached by EBI and setting where EBI will be implemented.

3. Identify potential implementation team who may be leaders or champions who can facilitate implementation of EBI.

Paper 1 Grading Rubric

Category	50	30	10
Introduction	Provides comprehensive introduction to clinical problem and research to practice gap. Offers a compelling rationale that describes the significance of the implementation of evidence-based intervention. States a well defined research question or aim.	Provides a basic introduction to clinical problem and research to practice gap. Offers a rationale that describes the significance of the implementation of evidence-based intervention. States a research question or aim.	Provides incomplete or vague introduction to clinical problem and research to practice gap. Offers a weak rationale that does not describe the significance of the implementation of evidence-based intervention. Lacks a clear research question or aim.
Literature review	Provides a literature review that effectively synthesizes key findings. Identifies	Provides a literature review that somewhat synthesizes key findings. Identifies	Provides an incomplete literature review that does not synthesize key findings. Does not

	evidence-based intervention that is ready for implementation from findings in systematic review/s, clinical guidelines, and/or packaged intervention disseminated from governmental or professional organizations	evidence-based intervention that is ready for implementation from findings in systematic review/s, clinical guidelines, and/or packaged intervention disseminated from governmental or professional organizations	identify evidence-based intervention that is ready for implementation from findings in systematic review/s, clinical guidelines, and/or packaged intervention disseminated from governmental or professional organizations

Paper 2: Implementation Science Research Protocol (CLO 1, 2, 3)

In this paper, you will develop an implementation science study protocol that examines and/or explores outcomes of implementation strategies to increase the uptake of an evidence-based intervention. You will choose a research design e.g. quantitative, qualitative, or mixed methods that fits best with your research question. You will identify barriers and facilitators to implement the proposed EBI, select implementation strategies to address these, and describe implementation outcome measures. This paper should be double spaced, 1-inch margins, 12 pt font, and not to exceed 15 pages, excluding title page, references, appendices.

1. Briefly describe significance of clinical problem and EBI to address problem. Edit this section in response to feedback from paper 1.

2. Select and explain your implementation theory, framework, or model use to develop an implementation science study e.g., analysis of potential barriers and facilitators, implementation strategies, measurement of implementation outcomes.

3. Identify the research design to examine and explore implementation outcomes.

4. Select and justify proposed implementation strategy/s to facilitate implementation. Refer to the Expert Recommendations for Implementing Change (ERIC strategies) to help in your thinking. Explain why you selected implementation strategies.

5. Describe data collection methods for implementation outcomes and timeline. For quantitative or mixed methods study, identify instruments or measures to evaluate effectiveness outcomes of EBI implementation. Consider reliability and validity of instruments. For qualitative or mixed methods study, produce an interview guide. Describe sample for data collection.

6. Provide a data analysis plan.

Paper 2 Grading Rubric

Category	25	15	5
Edit draft of Paper 1 Introduction	Provides comprehensive introduction to clinical problem and research to practice gap. Offers a compelling rationale that describes the significance of the	Provides a basic introduction to clinical problem and research to practice gap. Offers a rationale that	Provides incomplete or vague introduction to clinical problem and research to practice gap. Offers a weak

	implementation of evidence-based intervention. States a well defined research question or aim.	describes the significance of the implementation of evidence-based intervention. States a research question or aim.	rationale that does not describe the significance of the implementation of evidence-based intervention. Lacks a clear research question or aim.
Edit draft of Paper 1 Literature Review	Provides a literature review that effectively synthesizes key findings. Identifies evidence-based intervention that is ready for implementation from findings in systematic review/s, clinical guidelines, and/or packaged intervention disseminated from governmental or professional organizations	Provides a literature review that somewhat synthesizes key findings. Identifies evidence-based intervention that is ready for implementation from findings in systematic review/s, clinical guidelines, and/or packaged intervention disseminated from governmental or professional organizations	Provides an incomplete literature review that does not synthesize key findings. Does not identify evidence-based intervention that is ready for implementation from findings in systematic review/s, clinical guidelines, and/or packaged intervention disseminated from governmental or professional organizations
Methods	Describes setting context and sample. Develops comprehensive, detailed implementation plan. Demonstrates deep understanding of clinical context. Describes potential barriers and facilitators to implementation. Selects and provides rationale for implementation strategies to address barriers and facilitators.	Describes setting context and sample. Develops a detailed implementation plan. Demonstrates some understanding of clinical context, including potential barriers and facilitators to implementation. Selects and provides some rationale for implementation strategies to address barriers and facilitators.	Does not clearly describe setting context and sample. Develops vague or incomplete implementation plan. Demonstrates little or no understanding of clinical context nor potential barriers and facilitators to implementation. Selects but does not provide rationale for implementation strategies to address barriers and facilitators.

Data collection and analysis	Outlines clear data collection plan including but not limited to measurement tools and/or interview questions, and timeline for data collection. Provides a data analysis plan for quantitative and/or qualitative data.	Outlines somewhat clear data collection plan including but not limited to measurement tools and/or interview questions, and timeline for data collection. Provides a data analysis plan for quantitative and/or qualitative data.	Does not outline clear data collection plan. May fail to clearly describe measurement tools and/or interview questions, or timeline for data collection. Provides a data analysis plan for quantitative and/or qualitative data.

Grading

Outcome(s)	Activities, Assignments, Exam/Quizzes, Presentations	Percentage	Points
	Initial self-reflection	5%	10 pts
	Discussion Boards (5 boards, each 10%)	35%	12 pts each
	Paper 1: Clinical problem and proposed EBI	10%	100 pts
	Paper 2: Research protocol initial draft	15%	100 pts
	Peer review of research protocol initial draft	10%	100 pts
	Paper 2b: Research protocol final draft	25%	100 pts

Grading Scale

Grade	Score	Grade	Score
A	94–100	C+	77–79.99
A-	90–93.99	C	74–76.99
B+	87–89.99	C-	70–73.99 Failure
B	84–86.99	F	69.99 or below Failure
B-	80–83.99		

Late Work

Late assignments will be subject to 10% reduction in points per day. University excused absences Faculty/Staff Handbook "Attendance Expectations and Official Absence Policy" must be discussed with me prior to due dates to develop an acceptable plan. Students may make up work missed because of Official University Absences or for *Excused Absences Defined by the State and Federal Regulations*.

Writing assignments must be completed within two weeks of the original due date unless extenuating circumstances exist. The specific due date will be discussed and agreed upon between the students involved and the instructor.

Students who repeatedly fail to meet deadlines face receipt of no credit for the course. If issues arise that impedes meeting published deadlines, students must visit with the faculty to avoid possible loss of credit.

Grading Concerns
Students with a concern may schedule an appointment with me to discuss the grade concern first, prior to escalation of the concern.

 Chain of Communication:

If you have any questions or concerns about your experiences in this course, the first step is to communicate these questions or concerns directly with the person(s) involved. Your instructor is your primary contact for any questions or concerns that arise with this course. The chain of communication for this course is:

- Your instructor; if the situation is unresolved, consult with
- The Division Director of Graduate Nursing; if the situation is unresolved, consult with
- The Associate Dean for Nursing and Nurse Anesthesia

Participation / Engagement (Attendance)

Active communication/interaction with faculty is required during the course of the project. This is defined as timely responses to the professor's emails (within 24-48 hours).

Active engagement by all students and faculty are expected in this online course. Implementation Science is complex and innovations in this science continue rapidly. We must lean on each other to learn, question, and make decisions about our research. My expectation is that you will actively participate in weekly discussions to build our learning community. What does active participation look like?

- Make engaging first post that brings in ideas, questions from the reading
- Respond to peers thoughtfully to further the conversation
- See Discussion thread rubric for more details
- The *University Attendance Policy* states that "[r]egular and punctual class attendance is essential for academic success and no assigned work is summarily excused because of absence regardless of the cause." The *Faculty/Staff Handbook "Attendance Expectations and Official Absence Policy"* states that "Faculty are required to permit students to make up work missed because of Official University Absences."

When an accumulation of absences (no discussion posts or assignment not completed) reaches the point of endangering a student's academic status, I will report this situation to the Dean of Students.

Class Norms & Netiquette

All members of the class are expected to follow rules of common courtesy in all email messages, discussions, and chats. If I deem any of them to be inappropriate or offensive, I will forward the message to the Chair of the department and appropriate action will be taken, not excluding expulsion from the course. The same rules apply online as they do in person. Be respectful of other students. Foul discourse will not be tolerated. Please take a moment and read some basic information about netiquette (http://www.albion.com/netiquette/).

Participating in the virtual realm, including social media sites and shared-access sites sometimes used for educational collaborations, should be done with honor and integrity. Please review the relevant sections of the Student Handbook (https://deanofstudents.tcu.edu/student-handbook/) for TCU's network and computing policies and communication guidelines.

TCU Syllabus Policies & Resources

Please use this **link** or scan the QR code with a mobile device camera to access policies and resources including support for TCU students, student access and accommodation, anti-discrimination and Title IX information, and other important information.

Course Schedule Fall 2025

This calendar represents my current plans and objectives. As we go through the semester, those plans may need to change to enhance the class learning opportunities. Such changes will be clearly communicated.

Class	Topic	Assigned Content	Learning Activities
1	Course overview Intro to concepts	In this webinar Drs. Rinad Beidas, Cara Lewis and Byron Powell present an introduction and orientation to the science of dissemination and implementation for those new to this field. The broad overview is from their session at the 11th Annual Conference on the Science of Dissemination and Implementation Research in 2018. https://www.youtube.com/watch?v=HjViEa53lcY#action=share McNett, M., Masciola, R., Sievert, D., & Tucker, S. (2021). Advancing evidence-based practice through implementation science: Critical contributions of doctor of nursing practice-and doctor of philosophy-prepared nurses. *Worldviews on Evidence-Based Nursing*, *18*(2), 93-101.	Self-reflection What are your experiences, if any, with EBI implementation? What do you already **Know** about implementation science and practice? What do you **Want to know** (or what questions do you have) about implementation science?
2	Quality Improvement Practice-based Implementation	Leeman, J., Rohweder, C., Lee, M., Brenner, A., Dwyer, A., Ko, L. K., ... & Ramanadhan, S. (2021). Aligning implementation science with improvement practice: a call to action. *Implementation Science Communications*, *2*, 1-11. https://link.springer.com/article/10.1186/s43058-021-00201-1 Koczwara, B., Stover, A. M., Davies, L., Davis, M. M., Fleisher, L., Ramanadhan, S., ... & Proctor, E. (2018). Harnessing the synergy between improvement science and implementation science in cancer: a call to action. *Journal of Oncology Practice*, *14*(6), 335. Bauer, M. S., & Kirchner, J. (2020). Implementation science: What is it and why should I care?. *Psychiatry research*, *283*, 112376.	Discussion thread #1 Introduce yourself and complete initial post by Sunday 11:59 pm Respond to at least 2 peers by Thurs 11:59 pm

3	Roots of Implementation Research	Brownson: Chapters 1, 2, 3 Shelton RC, Lee M, Brotzman LE, Wolfenden L, Nathan N, Wainberg ML. What Is Dissemination and Implementation Science?: An Introduction and Opportunities to Advance Behavioral Medicine and Public Health Globally. Int J Behav Med. 2020 Feb;27(1):3-20. doi: 10.1007/s12529-020-09848-x. PMID: 32060805. * Covers A LOT of the seminal D&I articles in a thorough review https://pubmed.ncbi.nlm.nih.gov/32060805/ **Optional** Peters DH, Adam T, Alonge O, Agyepong IA, Tran N: Implementation research: what it is and how to do it. BMJ 2013, 347:f6753 National Cancer Institute. Implementation Science at a Glance: A Guide for Cancer Control Practitioners https://cancercontrol.cancer.gov/sites/default/files/2020-07/NCI-ISaaG-Workbook.pdf	
4 & 5	Theories, Models, Frameworks	Brownson: Chapter 4 NCI Theory Webinar: Model and Frameworks overview https://cancercontrol.cancer.gov/is/training-events/webinars/details/17 Moullin, J.C., Dickson, K.S., Stadnick, N.A. *et al.* Ten recommendations for using implementation frameworks in research and practice. *Implement Sci Commun* **1**, 42 (2020). https://doi.org/10.1186/s43058-020-00023-7 Nilsen, P. (2015). Making sense of implementation theories, models and frameworks. *Implementation science*, *10*(1), 53.	Discussion thread #2

the https://dissemination-implementation.org/ website it a great tool for learning more about frameworks. I'm most familiar with RE-AIM, CFIR, and i-PARIHS

CFIR https://cfirguide.org/

Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J. A., & Lowery, J. C. (2009). Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. Implementation science: IS, 4, 50. https://doi.org/10.1186/1748-5908-4-50

Damschroder, L. J., Reardon, C. M., Widerquist, M. A. O., & Lowery, J. (2022). The updated Consolidated Framework for Implementation Research based on user feedback. *Implementation Science*, *17*(1), 1-16. https://implementationscience.biomedcentral.com/articles/10.1186/s13012-022-01245-0

i-PARIHS
Duan, Y., Iaconi, A., Wang, J., Perez, J. S., Song, Y., Chamberlain, S. A., ... & Berta, W. (2022). Conceptual and relational advances of the PARIHS and i-PARIHS frameworks over the last decade: a critical interpretive synthesis. *Implementation Science*, *17*(1), 78.

Hunter, S. C., Kim, B., Mudge, A., Hall, L., Young, A., McRae, P., & Kitson, A. L. (2020). Experiences of using the i-PARIHS framework: a co-designed case study of four multi-site implementation projects. *BMC health services research*, *20*, 1-14.

RE-AIM https://re-aim.org/
Holtrop JS, Estabrooks PA, Gaglio B, Harden SM, Kessler RS, King DK, Kwan BM, Ory MG, Rabin BA, Shelton RC, Glasgow RE. Understanding and applying the RE-AIM framework: Clarifications and resources. J Clin Transl Sci. 2021

		May 14;5(1):e126. doi: 10.1017/cts.2021.789. PMID: 34367671; PMCID: PMC8327549. From <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8327549/> PRISM framework: (RE-AIM + inner and outer context) Marina S McCreight and others, Using the Practical, Robust Implementation and Sustainability Model (PRISM) to qualitatively assess multilevel contextual factors to help plan, implement, evaluate, and disseminate health services programs, *Translational Behavioral Medicine*, Volume 9, Issue 6, December 2019, Pages 1002–1011, <https://doi.org/10.1093/tbm/ibz085> From <https://academic.oup.com/tbm/article/9/6/1002/5512135>	
6	Implementation Strategies	Brownson: Chapters 6 Powell, B. J., Waltz, T. J., Chinman, M. J., Damschroder, L. J., Smith, J. L., Matthieu, M. M., Proctor, E. K., & Kirchner, J. E. (2015). A refined compilation of implementation strategies: results from the Expert Recommendations for Implementing Change (ERIC) project. Implementation science : IS, 10, 21. <https://doi.org/10.1186/s13012-015-0209-1> Hoffmann, T. C., Glasziou, P. P., Boutron, I., Milne, R., Perera, R., Moher, D., Altman, D. G., Barbour, V., Macdonald, H., Johnston, M., Lamb, S. E., Dixon-Woods, M., McCulloch, P., Wyatt, J. C., Chan, A. W., & Michie, S. (2014). Better reporting of interventions: template for intervention description and replication (TIDieR) checklist and guide. BMJ (Clinical research ed.), 348, g1687. https://doi.org/10.1136/bmj.g1687	Discussion thread #3
7	Interface with QI, Organizational Processes, Systems Thinking, Barriers/Facilitators	Brownson: Chapters 8, 9, 10 Waltz, T. J., Powell, B. J., Fernández, M. E., Abadie, B., & Damschroder, L. J. (2019). Choosing implementation strategies to address contextual barriers: diversity in recommendations and future directions. *Implementation science*, *14*(1), 1-15.	Paper 1 due __/__/__ Sunday 11:59 pm

		French, S. D., Green, S. E., O'Connor, D. A., McKenzie, J. E., Francis, J. J., Michie, S., ... & Grimshaw, J. M. (2012). Developing theory-informed behaviour change interventions to implement evidence into practice: a systematic approach using the Theoretical Domains Framework. *Implementation Science*, *7*(1), 1-8.	
8	Context	Context IS Practice https://thecenterforimplementation.com/everything-everywhere-all-at-once https://thecenterforimplementation.com/	Threaded Discussion
9	Designs for Implementation Research Qualitative and Mixed Methods	Brownson: Chapter 18: Palinkas, Rhoades Cooper, De Leon, Salinas. Mixed Methods Evaluation in Dissemination and Implementation Science View NCI webinar: Mixed Methods in Implementation Science https://www.youtube.com/watch?v=JX_m58wOcS8&t=21s National Cancer Institute, QualRIS(2019) Qualitative Methods in Implementation Science https://cancercontrol.cancer.gov/sites/default/files/2020-09/nci-dccps-implementationscience-whitepaper.pdf Hamilton, A. B., & Finley, E. P. (2019). Qualitative methods in implementation research: An introduction. *Psychiatry research*, *280*, 112516. Nevedal, A. L., Reardon, C. M., Opra Widerquist, M. A., Jackson, G. L., Cutrona, S. L., White, B. S., & Damschroder, L. J. (2021). Rapid versus traditional qualitative analysis using the Consolidated Framework for Implementation Research (CFIR). *Implementation Science*, *16*(1), 1-12. See video abstract https://www.youtube.com/watch?v=4O8BhJ4LFS8	

		Ritchie, M. J., Drummond, K. L., Smith, B. N., Sullivan, J. L., & Landes, S. J. (2022). Development of a qualitative data analysis codebook informed by the i-PARIHS framework. *Implementation Science Communications*, *3*(1), 1-16. Warner G, Kervin E, Pesut B, et al. How do inner and outer settings affect implementation of a community-based innovation for older adults with serious illness: a qualitative study. *BMC Health Services Research*. 2021; 21:42. doi: 10.1186/s12913-020-06031-6. Palinkas LA, Mendon SJ, Hamilton AB. Innovations in Mixed Methods Evaluations. Annu Rev Public Health. 2019 Apr 1;40:423-442. doi: 10.1146/annurev-publhealth-040218-044215. Epub 2019 Jan 11. PMID: 30633710; PMCID: PMC6501787.	
10	Designs for Implementation Research Hybrid	Brownson: Chapter 14, Design and Analysis in D & I Research Brownson: Chapter 10 Participatory Approaches in D & I Science Check out the IS Design website at U W https://impsciuw.org/implementation-science/research/designing-is-research/ TIDIRic- Arons https://cancercontrol.cancer.gov/is/training-education/training-in-cancer/TIDIRC-open-access/module-4 Review and road map NCI Scientific Review and Resources https://www.youtube.com/watch?v=vx4AU_WLSaw "Hybrid Designs" Combining Elements of Clinical Effectiveness and Implementation Research" w/ Dr. Geoffrey Curran, PhD., March 25, 2020. Retrieved from https://www.youtube.com/watch?v=vfor9s5R200	

		Brown CH, et al. (2017). An overview of research and evaluation designs for dissemination and implementation. Annual Review Public Health. 38: 1-22.	
		Hwang, S., Birken, S. A., Melvin, C. L., Rohweder, C. L., & Smith, J. D. (2020). Designs and methods for implementation research: advancing the mission of the CTSA program. *Journal of Clinical and Translational Science*, *4*(3), 159-167.	
		Landes, S. J., McBain, S. A., & Curran, G. M. (2020). Reprint of: an introduction to effectiveness-implementation hybrid designs. *Psychiatry research*, *283*, 112630.	
11	Designs Continued Comparative Effectiveness Research & Pragmatic Trials, Adaptive designs	Comparative effectiveness research Design & Applied Implementation Strategies for Large-Scale Comparative Effectiveness Research https://www.youtube.com/watch?v=EwZBKxkx_tw Gold, R., Bunce, A., Cowburn, S., Davis, J. V., Nelson, J. C., Nelson, C. A., … & Bulkley, J. (2019). Does increased implementation support improve community clinics' guideline-concordant care? Results of a mixed methods, pragmatic comparative effectiveness trial. *Implementation Science*, *14*, 1-14. Pragmatic Trials View NCI webinar: PRECIS (Russell Glasgow) https://cancercontrol.cancer.gov/is/training-events/webinars/details/7 (**Listen the first 30 minutes and then 30 minutes of questions) View Cyberseminar from VA, SMART trials and adaptive designs https://www.hsrd.research.va.gov/for_researchers/cyber_seminars/archives/video_archive.cfm?SessionID=5272 Optional readings: Schaumberg, D. A., McDonald, L., Shah, S., Stokes, M., Nordstrom, B. L., &	

		Ramagopalan, S. V. (2018). Evaluation of comparative effectiveness research: a practical tool. Journal of comparative effectiveness research, 7(5), 503–515. https://doi.org/10.2217/cer-2018-0007	
		Thorpe, K. E., Zwarenstein, M., Oxman, A. D., Treweek, S., Furberg, C. D., Altman, D. G., Tunis, S., Bergel, E., Harvey, I., Magid, D. J., & Chalkidou, K. (2009). A pragmatic-explanatory continuum indicator summary (PRECIS): a tool to help trial designers. Journal of clinical epidemiology, 62(5), 464–475. https://doi.org/10.1016/j.jclinepi.2008.12.011	
		Glasgow, R. E., & Riley, W. T. (2013). Pragmatic measures: what they are and why we need them. American journal of preventive medicine, 45(2), 237–243. https://doi.org/10.1016/j.amepre.2013.03.010	
12	Evaluation Approaches in Implementation Research	Chapter 17: Gaglio & Glasgow, Evaluation approaches for dissemination and implementation research.	
		Damschroder, L. J., Reardon, C. M., Opra Widerquist, M. A., & Lowery, J. (2022). Conceptualizing outcomes for use with the Consolidated Framework for Implementation Research (CFIR): the CFIR Outcomes Addendum. *Implementation science*, *17*(1), 1-10.	
		RE-AIM Model: D'Angelo H, Ramsey AT, Rolland B, et al. Pragmatic Application of the RE-AIM Framework to Evaluate the Implementation of Tobacco Cessation Programs Within NCI-Designated Cancer Centers. *Frontiers in Public Health*. 2020; 8: 221. doi: 10.3389/fpubh.2020.00221	
		PRECIS Model: Glasgow RE, Gaglio B, Bennett G, et al. Applying the PRECIS Criteria to Describe Three Effectiveness Trials of Weight Loss in Obese Patients with Comorbid Conditions. *Health Services Research*. 2012; 47(3, Part 1).	
		Implementation Outcomes Framework: Torres LM, Camarena AE, Martin A, Shah R. Examining Implementation Outcomes of Sit Down and Play, a	

13	Measurement	Primary Care-Based Intervention, in a Large Urban Primary Care Clinic. *Maternal and Child Health Journal*. 2021; 25: 1744-1756.	
		Brownson: Chapter 14 TIDRH Module 3: Measuring Implementation: Context, Process, Outcome Bryan Weiner https://cancercontrol.cancer.gov/is/training-education/training-in-cancer/TIDIRC-open-access/module-3 (20 minutes) Suggested: NCI webinar: advancing implementation science through measurement development and evaluation https://www.youtube.com/watch?v=dGXVhRQXiz4 Look over 1 instrument • A theory of organizational readiness for change by Bryan J. Weiner • Organizational readiness for implementing change: a psychometric assessment of a new measure by Christopher M. Shea, Sara R. Jacobs, Denise A. Esserman, et al. • A Practical Implementation Science Heuristic For Organizational Readiness: R = MC2 by Jonathan P. Scaccia, Brittany S. Cook, Andrea Lamont, et al. • Choosing implementation strategies to address contextual barriers: diversity in recommendations and future directions by Thomas J. Waltz, Byron J. Powell, María E. Fernández, et al. • R = MC2 readiness building process: A practical approach to support implementation in local, state, and national settings by Ariel M. Domlyn, Victoria Scott, Melanie Livet, et al. NCI webinar: advancing implementation science through measurement development and	Discussion thread #4

		evaluationhttps://www.youtube.com/watch?v=dGXVhRQXiz4Links to an external site. Rabin, B. A., Purcell, P., Naveed, S., Moser, R. P., Henton, M. D., Proctor, E. K., ... & Glasgow, R. E. (2012). Advancing the application, quality and harmonization of implementation science measures. *Implementation Science*, *7*(1), 119.	
14	Measurement Fidelity and Adaptation	Brownson: Chapters 16, Fidelity and its relationship to implementation effectiveness, adaptation, and dissemination Brownson: Chapters 17, Adaptation in D & I science TIDIRH video 22 minutes Module 7: Adaptation & Fidelity of Interventions in Implementation Science https://cancercontrol.cancer.gov/is/training-education/training-in-cancer/TIDIRC-open-access/module-7 Optional: View: Bartels, Aschbrenner- QUERI Applying an equity lens to characterizing the process and reasons for an adaptation to an evidenced-based practice Adaptations to evidence-based practices (EBPs) are common but can impact implementation and patient outcomes. In our prior research, providers in routine care made a fidelity-inconsistent adaptation to an EBP that improved health outcomes in people with serious mental illness (SMI). The purpose of this study was to characterize the process and reasons for the adaptation using a framework for reporting adaptations and modifications to EBPs, with a focus on equity. Related manuscript: https://doi.org/10.1177/26334895211017252 Chambers, D. A., & Norton, W. E. (2016). The adaptome: advancing the science of intervention adaptation. *American journal of preventive medicine*, *51*(4), S124-S131. Aifah, A., Okeke, N. L., Rentrope, C. R., Schexnayder, J., Bloomfield, G. S., Bosworth, H., ... & Webel, A. R. (2020). Use of a human-centered design	Submit Implementation Science Research Protocol for peer review. Complete peer review.

		approach to adapt a nurse-led cardiovascular disease prevention intervention in HIV clinics. *Progress in Cardiovascular Diseases* Video: Balancing Fidelity and Adaptation: If We Want More Evidence-Based Practice, We Need More Practice-Based Evidence https://cancercontrol.cancer.gov/is/training-education/webinars/details/15	
15	De-Implementation	**De- implementation** Augustsson, H., Ingvarsson, S., Nilsen, P., von Thiele Schwarz, U., Muli, I., Dervish, J., & Hasson, H. (2021). Determinants for the use and de-implementation of low-value care in health care: a scoping review. *Implementation science communications*, *2*, 1-17. Wang, V., Maciejewski, M. L., Helfrich, C. D., & Weiner, B. J. (2018, June). Working smarter not harder: coupling implementation to de-implementation. In *Healthcare* (Vol. 6, No. 2, pp. 104-107). Elsevier. Norton, W. E., & Chambers, D. A. (2020). Unpacking the complexities of de-implementing inappropriate health interventions. *Implementation Science*, *15*, 1-7.Boehm, L. M., Drumright, K., Gervasio, R., Hill, C., & Reed, N. (2020). Implementation of a patient and family-centered intensive care unit peer support program at a Veterans Affairs hospital. *Critical Care Nursing Clinics*, *32*(2), 203-210.	Final draft of research protocol due Sunday __/__/__ 11:59 pm
16	Summary	Discussion of Research Protocols & Wrap-up	