Implementation and improvement science education needs across the academic-health system landscape

STUDY TEAM

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BACKGROUND

- Implementation and improvement science focus on producing theories, tools and methods for effectively implementing evidence into practice and improving existing or developing new practices
- However, educational needs for the two fields across the academic-health system landscape are neither comprehensively specified nor standardized

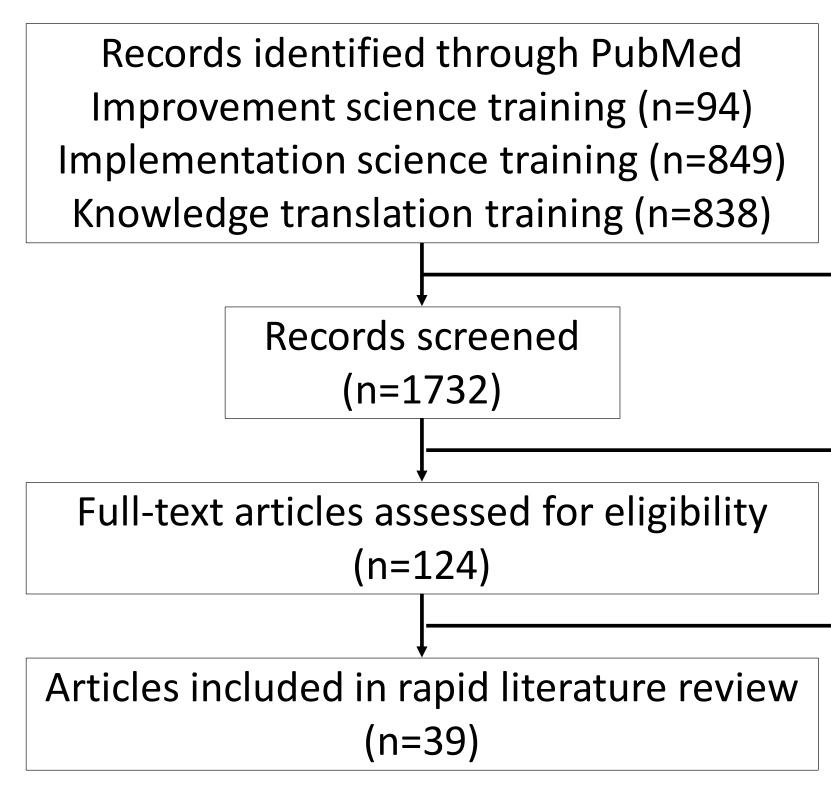
PURPOSE

Identify implementation and improvement science competency domains and learning modalities for implementation/improvement science stakeholders across a range of disciplines and settings

METHODS

- Rapid review of PubMed literature
- 31 structured interviews with academic and health professional stakeholders
- Data synthesis

RAPID LITERATURE REVIEW FINDINGS



- Most (but not all) publications focused on specific researcher knowledge needs rather than the broader learning needs of the diverse implementation and improvement workforce
- Identified overarching competency domains for curriculum development:
 - History/motivation for implementation and improvement science
 - Scope and definitions
 - Key theories/frameworks
 - General strategies, tools, and approaches, including scale-up and spread
 - Evaluation methods
 - Team science/participatory approaches

We identified needs and gaps in implementation and improvement science education that translational science institutes can use to work together and develop curriculum content that bridges the academic-health system divide

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	Duplicates excluded
◆	(n=49)
	Records excluded
•	(n=1608)
►	Excluded, not

relevant

(n=85)

STAKEHOLDER INTERVIEW FINDINGS

Interview demographic
Setting

Role

Career Stag

Established care

Level of improvement/implement

- terms/concepts
- were most relevant for their needs
- project-driven experiences

IMPLICATIONS AND FUTURE GOALS

N (%)
15 (48%)
14 (45%)
2 (6%)
17 (55%)
6 (19%)
8 (26%)
1 (3%)
6 (19%)
24 (77%)
12 (38%)
9 (29%)
10 (32%)

A number of respondents primarily based in health systems or agencies were unfamiliar with implementation and improvement science

• Those more familiar spoke to specific implementation and improvement science competency domains that

<u>Training needs included: partners for implementation,</u> methodological support, experiential learning opportunities, and grant-writing support

Preferred learning modalities included: short courses/workshops, online training, and mentored