

QH-TRIP | Translating Research Into Practice

Implementation Masterclass

Module 2: Evidence to Support Change Participant Handbook



Implementation Masterclass Module 2: Evidence to Support Change Participant Handbook

Published by the State of Queensland (Queensland Health), June 2026



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Prelude

Welcome to the second module of the Implementation Masterclass.

In this module, the focus shifts to working with evidence in a practical and purposeful way.

Many improvement efforts begin with a strong sense that “something needs to change,” but often move too quickly to solutions without fully confirming the problem or understanding what the evidence tells us. This module is designed to help you pause, clarify, and build confidence that the issue you are concerned about is real, addressable, and worthy of implementation effort.

You will explore how different types of evidence, including research findings, operational data, and patient insights, can be used together to create a clear picture of a problem. The aim is to develop skills in summarising evidence in ways that support implementation planning in everyday health settings.

Using a case study, you will see how evidence can be used to:

- Confirm that a clinical problem is addressable.
- Describe what good practice looks like.
- Identify where current practice differs from the evidence.

A key outcome of this module is learning how to articulate your evidence–practice gap: a clear description of what is happening now, what the evidence suggests should be happening, and why that difference matters. Establishing this gap provides a strong foundation for engaging stakeholders, selecting implementation strategies, and planning for change in later modules.

The reflections in this module invite you to practise summarising evidence and recognising gaps within your own context, building skills and language that you can carry forward into future conversations with peers, mentors, and researchers. Activities will support you to apply this work immediately to your project.

Helpful links and resources

The following articles, blogs, videos, podcasts and websites provide useful information to support your learning. You do not need to read all resources before commencing the module.

CASP (free and downloadable guides to critically appraise different study designs)	CASP – Critical Appraisal Skills Programme
TREAT Journal Club (a practical way to learn how to critically appraise relevant research)	TREAT Journal Clubs
Case study key article (read the methods section for details of data collection – Phase 1: Review of CR Practice)	Implementing evidence to inform recovery after cardiac surgery via median sternotomy is feasible and effective using a research translation framework. (Phillips et al., 2025).
Keep Your Move in the Tube – videos	Keep Your Move in the Tube. (Sarasota Memorial Health Care System).
	Keep your 'Move in the Tube' During Heart Rehab. (KSAT 12).
	2022 Gage Award Winner Memorial Healthcare System – Keep Your Move in the Tube (America's Essential Hospitals).
Keep Your Move in the Tube – background evidence	“Keep Your Move in the Tube” safely increases discharge home following cardiac surgery. (Gach et al., 2021).
	Evidence-based strategies for movement after sternotomy. (Danielsen & Lie, 2024).

Presentation slides

Slide	Notes
QH-TRIP Translating Research Into Practice Implementation Masterclass Module 2: Evidence to Support Change    0	
 The Queensland Government respectfully acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional and Cultural Custodians of the lands on which we live and work to deliver healthcare to all Queenslanders and recognises the continuation of First Nations peoples' cultures and connection to the lands, waters and communities across Queensland. 1 QH-TRIP Implementation Masterclass: Evidence to Support Change 1	
Module 2: Evidence to Support Change Appraise the best available research to guide your solution and build a strong rationale for change. <i>Evidence will highlight what needs to change and the potential benefits.</i>  2 QH-TRIP Implementation Masterclass: Evidence to Support Change 2	
Learning Objectives - Summarise the evidence to support a proposed change. - Describe the evidence-practice gap. - Revise your personal learning goal for the whole Masterclass. 3 QH-TRIP Implementation Masterclass: Evidence to Support Change 3	

Slide	Notes
DISCUSSION How do you use clinical practice guidelines in your role? What is your colleagues' awareness and use of clinical practice guidelines? 4 QH TRIP Implementation Masterclass: Evidence to Support Change 4	
Revisit: How to describe a problem  1. Where is the problem? 2. What do you want to change? 3. What is the evidence for change? 4. Who is involved? 5 QH TRIP Implementation Masterclass: Evidence to Support Change 5	
Look for research evidence Research evidence is the core of implementation. Use the best quality research to influence and improve practice. Ensure that evidence-informed practices are the focus of change (the THING). 6 QH TRIP Implementation Masterclass: Evidence to Support Change 6	
Start with synthesised research Look for Clinical and Practice Guidelines • Synthesise evidence about specific conditions or interventions. • Summarise key care processes and standards. • Developed by expert panels, using rigorous methodology. • Interpret research for practical application. • Include practical recommendations, flowcharts, clinical pathways. 7 QH TRIP Implementation Masterclass: Evidence to Support Change 7	

Slide	Notes										
Look for primary research when necessary If guidelines are not available - Systematic and scoping reviews. - High quality primary research studies. Consider structured search tools - Connect with librarians for help with PubMed and other databases. - Consider using Generative AI tools. 8 QH TRIP Implementation Masterclass: Evidence to Support Change 8											
Create a question to guide your search <table> <tr> <td>Population</td><td>Characteristics and/or condition of the clinical group that is experiencing the problem.</td></tr> <tr> <td>Intervention</td><td>New treatment, or service delivery model.</td></tr> <tr> <td>Comparator</td><td>Usual treatment, or service delivery model.</td></tr> <tr> <td>Outcome</td><td>What you want to accomplish, or improve in relation to the problem identified.</td></tr> </table> QH TRIP Implementation Masterclass: Evidence to Support Change 9	Population	Characteristics and/or condition of the clinical group that is experiencing the problem.	Intervention	New treatment, or service delivery model.	Comparator	Usual treatment, or service delivery model.	Outcome	What you want to accomplish, or improve in relation to the problem identified.			
Population	Characteristics and/or condition of the clinical group that is experiencing the problem.										
Intervention	New treatment, or service delivery model.										
Comparator	Usual treatment, or service delivery model.										
Outcome	What you want to accomplish, or improve in relation to the problem identified.										
Comparing GenAI search tools <table> <tr> <th>TOOL</th><th>DESCRIPTION</th></tr> <tr> <td>Consensus</td><td>Scans open access research papers and extracts conclusions from multiple studies, with clear citations.</td></tr> <tr> <td>Perplexity</td><td>Broad access from web, research studies, general blogs and policy papers.</td></tr> <tr> <td>Bolspape</td><td>Broad search across academic journals; includes tools for literature reviews.</td></tr> <tr> <td>OpenEvidence</td><td>Focus on medical clinical evidence; access from JAMA, Mayo Clinic Platform, New England Journal of Medicine.</td></tr> </table> Differences exist in: - Free and paid versions - Chatbot practices, accuracy - Presentation of responses Be aware that: - Not all research is included - AI overemphasises evidence Check, cross-check, and compare! 10 QH TRIP Implementation Masterclass: Evidence to Support Change 10	TOOL	DESCRIPTION	Consensus	Scans open access research papers and extracts conclusions from multiple studies, with clear citations.	Perplexity	Broad access from web, research studies, general blogs and policy papers.	Bolspape	Broad search across academic journals; includes tools for literature reviews.	OpenEvidence	Focus on medical clinical evidence; access from JAMA, Mayo Clinic Platform, New England Journal of Medicine.	
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Consensus	Scans open access research papers and extracts conclusions from multiple studies, with clear citations.										
Perplexity	Broad access from web, research studies, general blogs and policy papers.										
Bolspape	Broad search across academic journals; includes tools for literature reviews.										
OpenEvidence	Focus on medical clinical evidence; access from JAMA, Mayo Clinic Platform, New England Journal of Medicine.										
Assess the quality of research evidence Is the research question relevant? Is the methodology clear? Are the results accurately reported? Is there potential for bias? Do results address the question? Critical appraisal checklist: https://icasp-uk.net/ Critical appraisal can be challenging. Seek assistance from researchers. 11 QH TRIP Implementation Masterclass: Evidence to Support Change 11											

Slide	Notes			
Interpret research evidence for use Summarise the evidence-informed intervention (THING) - Highlight the outcomes identified in the research. - Describe the core process of the intervention. Consider how the evidence guides practice - Explain how it addresses your original problem. - Describe what 'should' be happening. 12 Q4 TRIP Implementation Masterclass: Evidence to Support Change 12 <tr><td> CASE STUDY Search for evidence of effectiveness for the Keep Your Move in the Tube program. Summarise the benefits, using the research evidence. Consider how the evidence guides practice. 13 Q4 TRIP Implementation Masterclass: Evidence to Support Change 13 Activity 1: Interpret research evidence for improvement (case study) <tr><td> CASE STUDY: DISCUSSION Research evidence 14 Q4 TRIP Implementation Masterclass: Evidence to Support Change "Keep Your Move in the Tube" safely increases discharge home following cardiac surgery Background: A rapid review of the literature identified the following evidence: Key evidence: The study comparing the effect of the intervention (Keep Your Move in the Tube) with the control group (standard of care) found that patients in the intervention group were more likely to be discharged home following cardiac surgery compared to the control group. The study also found that patients in the intervention group were less likely to be readmitted to hospital and less likely to be transferred to a long-term care facility. Results: The study found that patients in the intervention group were more likely to be discharged home following cardiac surgery compared to the control group. The study also found that patients in the intervention group were less likely to be readmitted to hospital and less likely to be transferred to a long-term care facility. Conclusions: The study found that the intervention (Keep Your Move in the Tube) was effective in increasing the likelihood of patients being discharged home following cardiac surgery. 14 Q4 TRIP Implementation Masterclass: Evidence to Support Change </td><td></td></tr><tr><td> CASE STUDY: DISCUSSION Summarise the benefits - Increases discharge to home without increasing risk for adverse events. - Reduces post acute care. - Patients are more likely to be discharged home, independent in bed transfers and mobility. 15 Q4 TRIP Implementation Masterclass: Evidence to Support Change 15 </td></tr></td></tr>	CASE STUDY Search for evidence of effectiveness for the Keep Your Move in the Tube program. Summarise the benefits, using the research evidence. 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Activity 1: Interpret research evidence for improvement (case study)

Slide	Notes
CASE STUDY: DISCUSSION Consider how the evidence guides practice - Valuable clinical and health service outcomes. - Patient experience benefits. - Clear practice recommendations (KMIT). 16 QH TRIP Implementation Masterclass: Evidence to Support Change 16	
CASE STUDY Communicate the research evidence Discuss the proposed benefits - Patient discharged home with independent bed mobility and transfers. - No increase of readmission, complications, adverse events. - Better utilisation of expensive post-acute hospitalisation. Highlight the proposed change in practice "Keep Your Move in the Tube" guidance. 17 QH TRIP Implementation Masterclass: Evidence to Support Change 17	
TRANSLATE INTO PRACTICE Create a PICO question for your project. Consider how you would communicate the research evidence for your project to your peers. 18 QH TRIP Implementation Masterclass: Evidence to Support Change 18 <u>Activity 2: Identify and communicate the research evidence (TRIP)</u>	
Collate different types of evidence Is the problem important in... - Policies and regulations - Benchmarking studies - Operational and performance data - Audit results, incident reports - Staff experiences - Patient feedback and complaints 19 QH TRIP Implementation Masterclass: Evidence to Support Change 19	

Slide	Notes
Policies and Regulations Collate and summarise • Key policies and regulations that impact the clinical problem. • Look for relevant targets, rules, or expectations of care. Examples • Standards, targets • Legislation, regulations • Accreditation requirements • Health system priorities Often, policies and regulations cannot be influenced but must be adhered to! 20 QH TRIP Implementation Masterclass: Evidence to Support Change 20	
Benchmarking studies Collate and summarise • Compare your practice with similar peers, standards, best practice. • Highlight gaps and variations in outcomes. • Seek explanations about why change is needed. Examples • External reports • Published clinical indicators • Industry audits • Health Roundtable Check the reports to ensure data is accurate! 21 QH TRIP Implementation Masterclass: Evidence to Support Change 21	
Operational and performance data Collate and summarise • Look for regular management reports and dashboards that summarise current activities. • Review trends and variations. • Highlight inefficiencies or bottlenecks. Examples • Internal audits • Quality dashboards • Incident and safety data • Performance reports Use these reports to emphasise where change is needed. 22 QH TRIP Implementation Masterclass: Evidence to Support Change 22	
Staff feedback and experiences Collate and summarise • Insights from health workers describing practical realities, workarounds, and frustrations. • Conduct interviews or informal discussions, if appropriate. • Seek clarification about why change is needed. Examples • Staff surveys • Workflow observations • Staff experiences • Specific surveys Look for common themes in relation to challenges and suggestions. 23 QH TRIP Implementation Masterclass: Evidence to Support Change 23	

Slide	Notes
Patient experiences and perspectives Collate and summarise - Experiences, expectations, and outcomes from patients receiving care. - Seek user feedback and satisfaction. - Look for stories that illustrate gaps in current practice. Examples - Patient satisfaction surveys - Consumer advisory groups - Complaints and compliments Look for recurring themes in relation to stories, challenges and suggestions. 24 QHTRIP Implementation Masterclass: Evidence to Support Change	
24	
Collate different types of evidence Summarise the evidence to: - Clarify the problem. - Emphasise what matters most. - Identify the expected improvement. - Highlight the potential benefit.  25 QHTRIP Implementation Masterclass: Evidence to Support Change	
25	
CASE STUDY How was evidence collected about current practice? What did they find out about current practice? 26 QHTRIP Implementation Masterclass: Evidence to Support Change	
26 <u>Activity 3: Collate different types of evidence (case study)</u>	
CASE STUDY: DISCUSSION Quantify current practice Cardiac surgery practice in Queensland 2,500 median sternotomy surgery patients/year 4 acute public hospitals 35 outpatient cardiac rehabilitation sites - Face to face - Telehealth 27 QHTRIP Implementation Masterclass: Evidence to Support Change	
27	

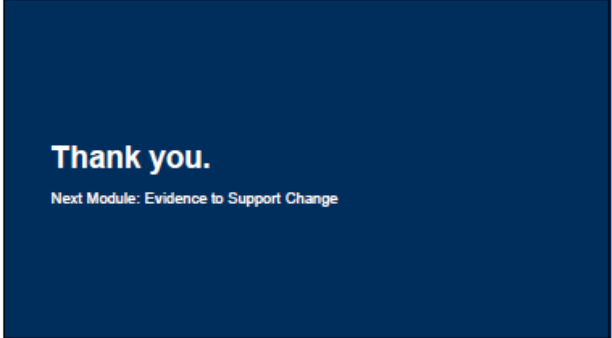
Slide	Notes
CASE STUDY: DISCUSSION Include different types of evidence Staff feedback – review of practice • High levels of KMIT awareness 100% acute hospital staff 56% outpatient staff • Lower levels of integration of KMIT into practice 75% acute hospital staff 50% outpatient staff Philip, S., Adair, J., Mehrotra, A., & St-Amand, D. (2020). Implementing Evidence to Inform Recovery After Cardiac Surgery via Multisite Normative to Practice and Evidence Using a Research Translation Framework. <i>Journal of the American College of Surgeons</i>, 131(1), 1-10. doi:10.1016/j.jamcollsurg.2020.05.011 28 QH TRIP Implementation Masterclass: Evidence to Support Change 28	
TRANSLATE INTO PRACTICE What evidence do you have to support your proposed change? What types of evidence could you use to support your proposed change? • Policies and regulations • Benchmarking studies • Operational and performance data • Audit results, incident reports • Staff experiences • Patient feedback and complaints 29 QH TRIP Implementation Masterclass: Evidence to Support Change 29 Activity 4: Collate different types of evidence (TRIP)	
Learning Objectives: Progress update ➊ Summarise the evidence to support a proposed change. ➋ Describe the evidence-practice gap. 30 QH TRIP Implementation Masterclass: Evidence to Support Change 30	
Describe an evidence-practice gap Summarise evidence Highlight the potential evidence-informed improvement that addresses the important problem. i.e., what should be happening. Summarise current practice Describe current workflows and practices that are currently in place around the important problem. i.e., what is happening in local practice. 31 QH TRIP Implementation Masterclass: Evidence to Support Change 31	

Slide	Notes												
Quantify the evidence-practice gap Summarise evidence Describe evidence-informed practice Pathways, patterns Highlight potential outcomes Clinical care, service delivery Measure current practice What is happening now? Patient numbers, flow What outcomes are reported? Clinical changes, efficiencies  32 32 QH TRIP Implementation Masterclass: Evidence to Support Change													
Details within an evidence-practice gap Performance Gap Difference between best practice and what is actually happening. i.e., what needs to change Outcome Gap Difference between research outcomes and current outcomes. i.e., potential benefit or improvement.  33 33 QH TRIP Implementation Masterclass: Evidence to Support Change													
Summarise the evidence-practice gap <table><tr><td>Current evidence shows that...</td><td>... evidence informed practice</td></tr><tr><td>... improves...</td><td>... clinical / health outcome</td></tr><tr><td>... by ...</td><td>... benefit described in research evidence.</td></tr><tr><td>This evidence will be applied within...</td><td>... specific health service</td></tr><tr><td>... to address...</td><td>... important problem</td></tr><tr><td>... with the aim of achieving...</td><td>... intended improvement.</td></tr></table> 34 34 QH TRIP Implementation Masterclass: Evidence to Support Change	Current evidence shows that...	... evidence informed practice	... improves...	... clinical / health outcome	... by ...	... benefit described in research evidence.	This evidence will be applied within...	... specific health service	... to address...	... important problem	... with the aim of achieving...	... intended improvement.	
Current evidence shows that...	... evidence informed practice												
... improves...	... clinical / health outcome												
... by ...	... benefit described in research evidence.												
This evidence will be applied within...	... specific health service												
... to address...	... important problem												
... with the aim of achieving...	... intended improvement.												
CASE STUDY Summarise the evidence-practice gap.  35 35 QH TRIP Implementation Masterclass: Evidence to Support Change													

Activity 5: Summarise the evidence-practice gap (case study)

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Slide	Notes												
CASE STUDY: DISCUSSION <i>Implementing Evidence to Inform Recovery After Cardiac Surgery at Monash Medical Centre and Victoria's Emergency Department</i> Simon Phillips, Michael Smith, John Jones, Peter Allen, Alan Roberts, Peter Jones, David Jones, Peter Jones <table border="1"> <tr> <td>Current evidence shows that...</td><td>... exercise guidance using KMIT in cardiac rehabilitation</td></tr> <tr> <td>... improves...</td><td>... rate of discharge to home</td></tr> <tr> <td>... by ...</td><td>... improving independence in bed transfers and mobility.</td></tr> <tr> <td>This evidence will be applied within...</td><td>... Queensland hospital and outpatient sites</td></tr> <tr> <td>... to address...</td><td>... variations in exercise and lifting prescriptions after surgery</td></tr> <tr> <td>... with the aim of achieving...</td><td>... consistent safe discharge, better utilisation of acute hospital care.</td></tr> </table> 36 QH TRIP Implementation Masterclass: Evidence to Support Change 36	Current evidence shows that...	... exercise guidance using KMIT in cardiac rehabilitation	... improves...	... rate of discharge to home	... by ...	... improving independence in bed transfers and mobility.	This evidence will be applied within...	... Queensland hospital and outpatient sites	... to address...	... variations in exercise and lifting prescriptions after surgery	... with the aim of achieving...	... consistent safe discharge, better utilisation of acute hospital care.	
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This evidence will be applied within...	... Queensland hospital and outpatient sites												
... to address...	... variations in exercise and lifting prescriptions after surgery												
... with the aim of achieving...	... consistent safe discharge, better utilisation of acute hospital care.												
Complex healthcare How did this happen amidst busy routines, resource pressures? Who is responsible for keeping practice up to date? Difficulty aligning time and resources to generate change across many disciplines. 37 QH TRIP Implementation Masterclass: Evidence to Support Change 37													
TRANSLATE INTO PRACTICE Quantify your own evidence-practice gap: - What do you want to achieve? - What are the intended outcomes? 38 QH TRIP Implementation Masterclass: Evidence to Support Change 38 Activity 6: Summarise the evidence-practice gap (TRIP)													
Close: Review learning objectives You can now: - Summarise the evidence to support a proposed change. - Describe an evidence-practice gap. 39 QH TRIP Implementation Masterclass: Evidence to Support Change 39													

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Next: Planning for Change (part one)  40 QHTRIP Implementation Masterclass: Evidence to Support Change	
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 Thank you. Next Module: Evidence to Support Change 41	
 With thanks to Sharon Mickan Mosaic Health Consulting MOSAIC Health Consulting 42 QHTRIP Implementation Masterclass: Evidence to Support Change	
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Appendix

1. Activity 1: Interpret research evidence for improvement (case study).
2. Activity 2: Identify and communicate the research evidence (TRIP).
3. Activity 3: Collate different types of evidence (case study).
4. Activity 4: Collate different types of evidence (TRIP).
5. Activity 5: Summarise the evidence-practice gap (case study).
6. Activity 6: Summarise the evidence-practice gap (TRIP).
7. Reflection: Application to local context.

A.1 Activity 1: Interpret research evidence for improvement (case study)

Create a question to guide your search	
P:	
I:	
C:	
O:	
Identify the research evidence	
Summarise the benefits from the research	
How does the evidence guide practice?	

A.2 Activity 2: Identify and communicate the research evidence (TRIP)

Create a question to guide your search	
P:	
I:	
C:	
O:	
Identify the research evidence	
What is the proposed change in practice?	
What are the proposed benefits from the research?	
How does the evidence guide practice?	

A.3 Activity 3: Collate different types of evidence (case study)

Sources of Evidence	Notes and Reflections
Interpret and summarise the research evidence.	
Is the problem influenced by Policy and Regulatory requirements?	
Is it consistent with organisational goals and expectations?	
Is there evidence of the problem in comparative or benchmarking data?	
Have staff experienced frustration around this problem?	
Have patients or consumers provided feedback or complaints about the problem?	

A.4 Activity 4: Collate different types of evidence (TRIP)

Sources of Evidence	Notes and Reflections
Interpret and summarise the research evidence.	
Is the problem influenced by Policy and Regulatory requirements?	
Is it consistent with organisational goals and expectations?	
Is there evidence of the problem in comparative or benchmarking data?	
Have staff experienced frustration around this problem?	
Have patients or consumers provided feedback or complaints about the problem?	

A.5 Activity 5: Summarise the evidence-practice gap (case study)

Current evidence shows that	<i>evidence-informed practice</i>
improves	<i>clinical/health outcome</i>
by	<i>benefit described in research evidence</i>
This evidence will be applied within	<i>specific health service</i>
to address	<i>important problem</i>
with the aim of achieving.....	<i>intended improvement</i>

A.6 Activity 6: Summarise the evidence-practice gap (TRIP)

Current evidence shows that	<i>evidence-informed practice</i>
improves	<i>clinical/health outcome</i>
by	<i>benefit described in research evidence</i>
This evidence will be applied within	<i>specific health service</i>
to address	<i>important problem</i>
with the aim of achieving.....	<i>intended improvement</i>

A.7 Reflection: Application to local context

1. Where is the Problem?	
2. What do you want to change?	
3. What is the evidence for the change?	
4. Who is involved?	