

QH-TRIP | Translating Research Into Practice

Implementation Masterclass

Module 3: Planning for Change - Align the people
Participant Handbook



Implementation Masterclass Module 3: Planning for Change - Align the people Participant Handbook

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Prelude

Welcome to Module 3 of the Implementation Masterclass.

This module marks an important transition. Having clarified the problem and established a credible evidence-practice gap, the focus now shifts to planning for change by working deliberately with people.

In complex health systems, change rarely succeeds because the “right” solution has been identified. It succeeds or stalls depending on how well behavioural barriers and enablers are understood and how thoughtfully stakeholders are identified and engaged. This understanding can inspire participants to see their role as crucial in shaping successful change, fostering a sense of purpose.

Using the shared case study, participants will explore how behavioural influences shape everyday practice and how different stakeholder groups experience, enable, or constrain change. This approach aims to spark curiosity and make participants feel more connected to real-world applications, encouraging active participation.

Throughout this module, you will be encouraged to:

- Look beyond specific improvements to the behavioural dynamics that influence practice.
- Remain curious about the factors that shape behaviour and opportunities for change.
- Consider different perspectives on what maintains current ways of working.
- Recognise that resistance to change is rarely explained by motivation alone.

You may draw on your own experiences of past change initiatives in this module. Use the reflections to deepen your understanding of implementation and connect concepts from the case study to your own context.

By the end of this module, you should have a clearer understanding of why aligning people matters, how behavioural barriers and enablers influence change, and why early stakeholder engagement provides a strong foundation for effective implementation in later modules.

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.

Stakeholder management tools	Achieving stakeholder management success with the Power-Interest grid (Malinawan, 2024). Rosemet.
	The Power-Interest grid: a tool for stakeholder identification and management (2024). Rigcert Education.
	Power vs. interest: Master the stakeholder matrix for success. Change Adaptive.
Power dynamics	Balancing acts: Tackling power dynamics in implementation (Kennedy, 2024). National Implementation Research Network.
Cultiv8	Cultiv8 tool (The Center for Implementation).
COM-B	COM-B.org
	Why are there different versions of the COM-B Model diagram? (West & Michie, 2023).
	Susan Michie on Behavioural Change (2020). Social Science Space.
	A guide on the COM-B Model of Behaviour (Social Change UK).
Theoretical Domains Framework (TDF)	What Is the Theoretical Domains Framework (TDF)? (Moore, 2025). The Center for Implementation.
	A guide to using the Theoretical Domains Framework of behaviour change to investigate implementation problems (Atkins et al., 2017).

Presentation slides

Slide	Notes
QH-TRIP Translating Research Into Practice Implementation Masterclass Module 3: Planning for change – Align the people    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: Plan for Change – Align the People 1	
Module 3: Planning for change – Align the people  Understand behavioural barriers and enablers and organisational context. <i>Identify, analyse and engage with stakeholders, and evaluate organisational readiness for change</i> 2 QH-TRIP Implementation Masterclass: Plan for Change – Align the People 2	
Learning objectives - Identify and engage with stakeholders - Analyse individuals' perceptions about changing their behaviours Review your personal learning goal if required. 3 QH-TRIP Implementation Masterclass: Plan for Change – Align the People 3	

Slide	Notes												
DISCUSSION  • What are your experiences of leading or participating in change initiatives? • Have you experienced situations where some people are interested but seem unable to get started? Remember to: <i>Listen</i> with curiosity. <i>Respect</i> confidentiality. <i>Contribute</i> authentically. 4 QH TRIP Implementation Masterclass: Plan for Change – Align the People 4													
Revisit: Evidence-practice gap <table border="1"> <tbody> <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> </tbody> </table> 5 QH TRIP Implementation Masterclass: Plan for Change – Align the People 5	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.												
Identify people around the important problem Stakeholders = people who are impacted by change + those who can influence change ☒ directly involved in implementing the change ☒ influence decisions about implementation ☒ affected by some aspects of the change 6 QH TRIP Implementation Masterclass: Plan for Change – Align the People 6													
Value of stakeholders  ☒ Build a shared understanding of the problem ☒ Enhance the relevance and need for change ☒ Co-design implementation strategies 7 QH TRIP Implementation Masterclass: Plan for Change – Align the People 7													

Slide	Notes
Stakeholders can... ✓ Provide access to local information ✓ Highlight organisational priorities for improvement ✓ Connect to other stakeholders ✓ Identify and engage champions for change ✓ Offer leadership and financial support 9 QH TRIP / Implementation Masterclass Plan for Change – Align the People 8	
Stakeholders create governance foundations 9 QH TRIP / Implementation Masterclass Plan for Change – Align the People 9	
Stakeholder challenges - Different people understand problems differently, from • within the organisation • outside the organisation - They have different levels of interest in and power over • reasons for • benefits of proposed change Aim to engage meaningfully, with respect 10 QH TRIP / Implementation Masterclass Plan for Change – Align the People 10	
Plan to engage with stakeholders 1. Brainstorm to identify people. 2. Analyse their interests and power for change. 3. Match appropriate communication strategies 11 QH TRIP / Implementation Masterclass Plan for Change – Align the People 11	

Slide

Notes

1. Brainstorm to identify people

Identify people who are:

- directly involved in implementing change
- influence decisions about implementation
- affected by some aspects of the change

Health professionals

Administrators

Finance and IT staff

Managers

Patients, consumers

Families

Community members

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2. Analyse power and interest for change

For each stakeholder, identify their interest in and power to support the proposed change.

Tap into:

- local knowledge
- observations
- interactions

to make these comparisons.

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Explore what is important for stakeholders

For individuals and groups of stakeholders, describe what matters most to them in relation to this change.

This local knowledge can guide future interactions.

Name	Role	Motivation/Interest in your project

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QH-TRIP Resources

Map your Stakeholders

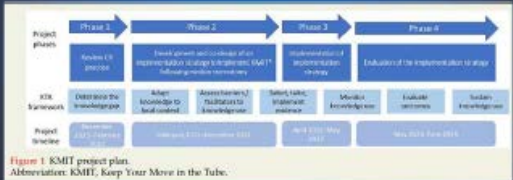
Stakeholder	1	2	3	4	5
Name					
Individual/Group					
Organization					
Perspectives & Objectives					
(What matters most to them in relation to your project?)					
Role					
(What role will they have in your project?)					
Support & Opposition					
(What level of support for your project do they have and how do you respond?)					
Level of engagement					
(What level of engagement?)					
Methods of engagement					
(What strategies can you use to engage them?)					

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Slide	Notes				
CASE STUDY Identify key stakeholders. Analyse their interest for using Keep Your Move in the Tube (KMIT). 16 QM TRIP Implementation Masterclass: Plan for Change - Align the People 16 Activity 1: Stakeholder engagement summary (case study)					
CASE STUDY: DISCUSSION Key people - Physiotherapists from all 4 acute cardiac surgery sites. - Senior clinicians (physiotherapist, exercise physiologist, nurse) from outpatient services. Questions that explored their interests for change - knowledge and experience with KMIT - postoperative physiotherapy interventions - use of sternal precaution protocols - exercise prescription principles - barriers and enablers to integrating KMIT into clinical practice. 17 QM TRIP Implementation Masterclass: Plan for Change - Align the People 17					
TRANSLATE INTO PRACTICE Who are the key stakeholders in your project? What are practical ways you can identify what is most important to your stakeholders? 18 QM TRIP Implementation Masterclass: Plan for Change - Align the People 18 Activity 2a: Stakeholder Mapping (TRIP)					
3. Match appropriate communication strategies <table border="1"> <tr> <td> Keep satisfied, informed Summary updates Align to strategy and priorities </td> <td> Actively monitor, consult Invite input early Communicate regularly </td> </tr> <tr> <td> Monitor internally Keep informed General summaries and updates </td> <td> Empower, involve Update regularly Invite to contribute to working groups </td> </tr> </table> Each quadrant requires different communication strategies. Adapt and personalise these ideas in relation to the organisational context. 19 QM TRIP Implementation Masterclass: Plan for Change - Align the People 19 Activity 2b: Stakeholder Matrix (TRIP)	Keep satisfied, informed Summary updates Align to strategy and priorities	Actively monitor, consult Invite input early Communicate regularly	Monitor internally Keep informed General summaries and updates	Empower, involve Update regularly Invite to contribute to working groups	
Keep satisfied, informed Summary updates Align to strategy and priorities	Actively monitor, consult Invite input early Communicate regularly				
Monitor internally Keep informed General summaries and updates	Empower, involve Update regularly Invite to contribute to working groups				

Slide	Notes
Stakeholders shape accountability Governance guides decision making • Clarify what success looks like • Determine how decisions are made • Guide how progress will be monitored • Influence how responsibilities are shared • Influence how teams/groups communicate and work together Ensure everyone knows their responsibilities.  20 QH TRIP / Implementation Masterclass: Plan for Change – Align the People 20	
Implementation Governance structures Core Implementation team A small, agile group with diverse expertise to plan and execute, holding a shared purpose, coordinating work and making local decisions. Don't try to 'do it alone' Choose stakeholder groups Introduce different groups with specific expectations for collaboration and communication across the organisation Implementation cannot be managed 'top' down 21 QH TRIP / Implementation Masterclass: Plan for Change – Align the People 21	
Core implementation team • Small and capable • People with influence, insight and ability to act • People who understand and can explain the evidence • People who care about the problem • Diversity of perspectives Potential core roles • Project / team leader • Clinical champion/s • Content expert/s • Manager/sponsor • Consumer/patient representative • Data/evaluation support  22 QH TRIP / Implementation Masterclass: Plan for Change – Align the People 22	
Co-design stakeholder groups Working Groups • Small teams • Specific tasks (e.g., workflow redesign) Often high interest stakeholders Advisory Groups • External experts, managers • Review planning, strategies Often high power stakeholders Steering Committee • High-level management group • Oversees change Often high power and high interest stakeholders 23 QH TRIP / Implementation Masterclass: Plan for Change – Align the People 23	

Slide	Notes
Stakeholders shape culture and context Together with the implementation team, stakeholder groups can: ✓ build meaningful networks and shared ownership ✓ identify leverage points to enable change ✓ seek and respond to feedback across the organisation ✓ provide relevant summaries and updates  24 QH-TSP Implementation Masterclass: Plan for Change – Align the People 24	
CASE STUDY: DISCUSSION Stakeholders shape Cardiac Care accountability: Core Implementation Team Program Advisor, Content expert Statewide Working Group 14 clinicians, 6 meetings Research project team 4 people 25 QH-TSP Implementation Masterclass: Plan for Change – Align the People 25	
CASE STUDY: DISCUSSION  Figure 1: KMIT project plan. Abbreviation: KMIT, Keep Your Move in the Tube. 26 QH-TSP Implementation Masterclass: Plan for Change – Align the People 26	
TRANSLATE INTO PRACTICE Identify practical ways to determine stakeholder and governance structures. 27 QH-TSP Implementation Masterclass: Plan for Change – Align the People 27	

Slide	Notes
Core implementation task – Clarify the change Describe the evidence-informed intervention The THING to be introduced • What do key people need to do differently • To achieve a specific benefit (outcome) • That will address the original clinical problem.  28 Q4-TRIP / Implementation Masterclass Plan for Change – Align the People 28	
Learning objectives: Progress update Now we are confident to:  Identify and engage with stakeholders Next, we need to:  Analyse individuals' perceptions about changing their behaviours 29 Q4-TRIP / Implementation Masterclass Plan for Change – Align the People 29	
Change workplace behaviours Implementation aims to change behaviours for some people, to reach a specific outcome.  30 Q4-TRIP / Implementation Masterclass Plan for Change – Align the People 30	
Changing behaviours Behaviour is the “doing” part of any change. ✓ Do more or less of the same thing ✓ Do something completely new ✓ Stop doing a certain action  31 Q4-TRIP / Implementation Masterclass Plan for Change – Align the People 31	

Slide

Notes

Changing workplace behaviours

There are many common routines and habits

- Individuals know what to do
- They have clear expectations within these routines

Implementation aims to shift behaviour for people

- To reach a specific outcome.

Use a behavioural science framework to understand and explain behaviour.

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Benefits of Behavioural Therapy

Explain why people behave the way they do

✓ Turn expectations of improvement into actions

📅 Guide the choice of implementation strategies

🔄 Monitor and sustain change

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COM-B Model of behaviour change

People need to have:

- The **capability** to do something.
- The **desire** to do it more than other things.
- The **time, resources and social support** to do it.

```
graph LR; C[Capability] <--> M[Motivation]; M <--> O[Opportunity]; C --> B[Behaviour]; M --> B; O --> B;
```

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Core COM-B components

COM-B Components

CAPABILITY	Physical	Physical ability, strength, skills, stamina
	Psychological	Know-how, memory, attention, make decisions
MOTIVATION	Reflective	Plans, goals, beliefs, attitudes
	Automatic	Habits, routines, desires, impulses
OPPORTUNITY	Physical	Physical environment, time, financial resources
	Social	Social Influences, cultural norms, relationships, social cues

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Slide	Notes
Behaviour: Interaction between components COM-B Components CAPABILITY MOTIVATION OPPORTUNITY Underlying interactions • Sufficient resources and time can make it easier to learn new skills • Time to practice can improve skills • Leadership support for a change can enable the purpose for learning new routines and habits • Peer support can make learning more enjoyable and motivating. 36 Q4 TRIP Implementation Masterclass Plan for Change – Align the People 36	
A sequence of behavioural analysis 1. Clarify what key people need to do differently. 2. Identify perceived barriers and enablers to proposed change from those who need to change. 3. Map individual barriers and enablers to behaviour change using behavioural model (COM-B &/or TDF). 4. Identify implementation strategies that fit. 5. Co-design practical implementation strategies. 6. Plan to monitor and adapt. 37 Q4 TRIP Implementation Masterclass Implementing change 37	
1. Clarify what people need to do differently Describe who needs to do what differently, when, and how often, to achieve the desired outcomes: 🔍 Use the research evidence, to identify the behaviours required to deliver the intervention. 🗺️ Visualise on clinical pathways and/or process maps to identify what needs to change. This is a change in behaviour. 38 Q4 TRIP Implementation Masterclass Plan for Change – Align the People 38	
2. Identify perceived barriers and enablers to proposed change Discuss with people who 'need to change'. Ask about whether they have what is required to change. Describe what will be different, from their perspective. Capability Knowledge and skills to 'change' Motivation Intention and habits to 'make the change' Opportunity Time, resources, social support to 'change' 39 Q4 TRIP Implementation Masterclass Plan for Change – Align the People 39 Activity 3: Identify stakeholders' barriers/enablers and analyse barriers (case study)	

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Notes

Questions to identify local barriers and enablers

COM-B	Sample questions
Capability – Physical	Do you have the physical skills required? What do you need to learn more about?
Capability – Psychological	Do you understand the reason for change? Do you know what actions are going to change?
Motivation – Reflective	Do you believe you can do this well? Will it make a difference, for you / other stakeholders?
Motivation – Automatic	Will this change fit in with existing habits, processes? Do you need to rewrite the processes/plans?
Opportunity – Physical	Is there sufficient time, resources, and space for change? Is there a new tool/template?
Opportunity – Social	Does everyone think it is a good / bad idea? Is anyone blocking this change? Why?

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3. Map Barriers and Enablers to Behaviour Change

Discuss with people who 'need to change'.

- Use COM-B and or TDF.
- Note their barriers and enablers to change.

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Map barriers and enablers: COM-B components

Allocate stakeholders' perspectives to underlying

- capabilities,
- opportunities, and/or
- motivation.

COM-B Components	Focus	Barriers	Enablers
Capability – Physical	Ability and skills		
Capability – Psychological	Know-how, decisions		
Motivation – Reflective	Goals, intentions		
Motivation – Automatic	Habits, routines		
Opportunity – Physical	Space, time, resources		
Opportunity – Social	Support, relationships		

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Theoretical Domains Framework (TDF)

Consistent with COM-B
Analyses behaviour determinants deeply

The diagram illustrates the Theoretical Domains Framework (TDF) organized into three main domains, each with specific sub-domains:

- Capability** (represented by a green box):
 - Knowledge
 - Skills
 - Memory, Attention & Decision Processes
 - Attention Resources (Cognitive)
- Motivation** (represented by a blue box):
 - Beliefs About Capabilities (Self-Regard)
 - Social / Professional Role Identity
 - Beliefs About Consequences
 - Emotions
 - Goals (if relevant)
 - Intentions (if relevant)
 - Reinforcing Beliefs
 - Optimism / Pessimism
- Opportunity** (represented by a purple box):
 - Environmental Context / Resources
 - Social Influences (Normative, affect)

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Benefits of using TDF The COM-B model explains the underlying mechanisms of change, in relation to capability, opportunity and motivation. The TDF deepens understanding by expanding on the COM-B. 14 domains of the TDF are grouped against the 3 COM-B components. Both are useful to identify barriers and enablers through interviews, focus groups, surveys, and informal conversations. 44 QH TDF / Implementation Masterclass: Plan for Change – Align the People 44			
TDF domains to understand capability Does the person have the physical and psychological ability to perform the (new/different) behaviour? Knowledge Do they understand what to do? Skills Do they have the necessary skills to do it? Memory, Attention, and Decision Processes Can they remember, focus, and attend to what needs to be done? Behavioural Regulation Can they monitor and manage their behaviour to fit into routines? https://thecenterforimplementation.com/toolbox/what-44-46-theoretical-domain-framework 45 QH TDF / Implementation Masterclass: Plan for Change – Align the People 45			
TDF domains to understand opportunity Does the environment enable the person to perform the (new / different) behaviour? Environmental Context and Resources Is the context supportive of the proposed behaviour change, and are there sufficient resources available? Social Influences Are people being influenced and supported to perform the behaviour by peers, leaders, or others? https://thecenterforimplementation.com/toolbox/what-44-46-theoretical-domain-framework 46 QH TDF / Implementation Masterclass: Plan for Change – Align the People 46			
TDF domains to understand motivation Does the person want to change their behaviour? <table border="0"> <tr> <td> Beliefs about Capabilities Are they confident they can do it? Social / Professional Role and Identity Does this align with their role? Beliefs about Consequences Will change make a positive impact? Emotions Are emotions affecting their willingness or ability? </td><td> Goals Is it a goal to change their behaviour? Intentions Are they committed to making the change? Reinforcement Are there incentives or rewards reinforcing the new behaviour? Optimism/pessimism Do they feel hopeful or pessimistic about the change? </td></tr> </table> https://thecenterforimplementation.com/toolbox/what-44-46-theoretical-domain-framework 47 QH TDF / Implementation Masterclass: Plan for Change – Align the People 47	Beliefs about Capabilities Are they confident they can do it? Social / Professional Role and Identity Does this align with their role? Beliefs about Consequences Will change make a positive impact? Emotions Are emotions affecting their willingness or ability?	Goals Is it a goal to change their behaviour? Intentions Are they committed to making the change? Reinforcement Are there incentives or rewards reinforcing the new behaviour? Optimism/pessimism Do they feel hopeful or pessimistic about the change?	
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Slide

Notes

Summarise exploration of behaviour change

- Revisit WHO needs to do WHAT to change.
- Summarise key barriers for each stakeholder group.
- Use COM-B or TDF to map barriers using key domains.
- Common barriers = priority for implementation.

Who	What	Barriers	Domains
1			
2			
3			
4			

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CASE STUDY

Implementing Evidence to Inform Secondary After-Cardiac Surgery (i2i) Module Translational Feasibility and Effective Using a Research Translation Framework

Source: Phillips, Williams, 2019 (1); Jolly, Adams, Maffey, 2019 (2); Adams, Maffey, 2019 (3); Jolly, Adams, Maffey, 2019 (4); Jolly, Adams, Maffey, 2019 (5)

Explore barriers and enablers to change in cardiac care.

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CASE STUDY: DISCUSSION

Barriers and enablers in Cardiac Care

Collated from:

- clinician interviews
- web-based surveys
- working group meetings
- opportunistic conversations

+ triangulation of quantitative and qualitative data

Key barriers:

- lack of knowledge, understanding & awareness
- lack of familiarity, confidence
- access to resources, guidelines
- lack of change champions
- risk of adverse events

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CASE STUDY: DISCUSSION

Analysis of barriers and enablers in Cardiac Care.

Table 1: Barriers and potential implementation strategies identified by the working group.

Behaviour change theory	Barrier	Stakeholder group
Capability	- Lack of knowledge about, understanding and awareness of evidence-based practice. - Lack of familiarity and confidence to deliver evidence-based practice.	Medical and CR clinicians, clients, researchers
Opportunity	- Access to resources and guidelines. - Need for a CUA to use KMIT resources. - Lack of change champions.	Q4 CR program advisors, CR clinicians, Department of Health, Q4 Hospital and Health Services and license holder
Motivation	Risk of adverse events with new practice.	Clients, medical and CR clinicians, Q4 CR program advisor

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TRANSLATE INTO PRACTICE Identify key barriers to change for your project. 52 Q4 TRIP / Implementation Masterclass Plan for Change – Align the People 52 Activity 4: Identify stakeholders' barriers and enablers and analyse barriers (TRIP)	
Close: Review learning objectives You can now: - Identify and engage with stakeholders - Analyse individuals' perceptions about changing their behaviours 53 Q4 TRIP / Implementation Masterclass Plan for Change – Align the People 53	
Next: Planning for change (part two)  Are you ready to align the organisation? Understand behavioural barriers and enablers and organisational context. Identify, analyse and engage with stakeholders, and evaluate organisational readiness for change 54 Q4 TRIP / Implementation Masterclass Plan for Change – Align the People 54	
Thank you. Next Module: Planning for change – Align the organisation. 55	

Slide	Notes
With thanks to Sharon Mickan Mosaic Health Consulting  56 QH TRIP Implementation Masterclass: Plan for Change – Align the People 56	
References Listen to and read Susan's Michie's explanation of COM-B Susan Michie on Behavioral Change - Social Science Space Read "A guide on the COM-B Model of Behaviour", developed by Social Change UK 02.09.19_COM-B_and_changing_behaviour_.pdf Familiarise yourself with the Theoretical Domains Framework What is the Theoretical Domains Framework (TDF)? A Framework For Implementation Science and Behavior Change Tips for collecting barriers and facilitators 5 Practical Tips for Collecting Individual and Organizational Barriers and Facilitators 57 QH TRIP Implementation Masterclass: Plan for Change – Align the People 57	

Appendix

1. Activity 1: Stakeholder engagement summary (case study)
2. Activity 2a: Map your stakeholders (TRIP)
3. Activity 2b: Stakeholder engagement summary (TRIP)
4. Activity 3: Identify stakeholders' barriers/enablers and analyse barriers (case study)
5. Activity 4: Identify stakeholders' barriers/enablers and analyse barriers (TRIP)
6. Reflection: Application to local context
7. Template: Questions to identify barriers and enablers
8. Template: Analyse stakeholders' barriers and enablers with TDF

A.1 Activity 1: Stakeholder engagement summary (case study)

Communication strategy: Actively monitor and consult Invite input early, communicate regularly <i>Stakeholders:</i>	HIGH POWER HIGH INTEREST	LOW POWER HIGH INTEREST <i>Stakeholders:</i>	Communication strategy: Empower, involve, inform Update regularly and invite to contribute to working groups
Communication strategy: Keep satisfied and informed Provide summary updates aligned with strategic priorities <i>Stakeholders:</i>	HIGH POWER LOW INTEREST	LOW POWER LOW INTEREST <i>Stakeholders:</i>	Communication strategy: Monitor with minimal effort Keep informed with general summaries and updates

Write your local stakeholder communications here

A.2 Activity 2a: Stakeholder Mapping (TRIP)

Stakeholder	1	2	3	4	5
Name Individual/Group					
Organisation					
Perspectives & Objectives What is important to them relevant to your project?					
Role What role will they have in your project?					
Support / Opposition Likely level of support for your project or how they could block your project					
Level of engagement Low/Medium/High					
Methods of engagement Strategies you could use to engage them					

A.3 Activity 2b: Stakeholder Matrix (TRIP)

Communication strategy: Actively monitor and consult Invite input early, communicate regularly <i>Local stakeholders:</i>	HIGH POWER HIGH INTEREST	LOW POWER HIGH INTEREST	Communication strategy: Empower, involve, inform Update regularly and invite to contribute to working groups <i>Local stakeholders:</i>
Communication strategy: Keep satisfied and informed Provide summary updates aligned with strategic priorities <i>Local stakeholders:</i>	HIGH POWER LOW INTEREST	LOW POWER LOW INTEREST	Communication strategy: Monitor with minimal effort Keep informed with general summaries and updates <i>Local stakeholders:</i>

A.4 Activity 3: Identify stakeholders' barriers/enablers and analyse barriers (case study)

COM-B Components	Collective Perspective	Barriers/Enablers	Domain (interpretation)
Physical Capability	<i>Ability and skills</i>		
Psychological Capability	<i>Know-how, decisions</i>		
Reflective Motivation	<i>Goals, intentions</i>		
Automatic Motivation	<i>Habits, routines</i>		
Physical Opportunity	<i>Space, resources, time</i>		
Social Opportunity	<i>Support, relationships</i>		

A.5 Activity 4: Identify stakeholders' barriers and enablers and analyse barriers (TRIP)

COM-B Components	Collective Perspective	Barriers/Enablers	Domain (interpretation)
Physical Capability	<i>Ability and skills</i>		
Psychological Capability	<i>Know-how, decisions</i>		
Reflective Motivation	<i>Goals, intentions</i>		
Automatic Motivation	<i>Habits, routines</i>		
Physical Opportunity	<i>Space, resources, time</i>		
Social Opportunity	<i>Support, relationships</i>		

A.6 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?	

A.7 Template: Questions to identify barriers and enablers

COM-B	Sample questions	Local questions
Physical Capability	Do you have the physical skills required? What do you need to learn more about?	
Psychological Capability	Do you understand the reason for change? Do you know what actions are going to change?	
Reflective Motivation	Do you believe you can do this well? Will it make a difference, for you/your patients?	
Automatic Motivation	Will this change fit in with existing habits, processes? Do you need to rewrite the processes/plans?	
Physical Opportunity	Are there sufficient time, resources and space for change? Is there a new tool/template?	
Social Opportunity	Does everyone think it is a good/bad idea? Who is blocking this change? Why?	

A.8 Template: Analyse stakeholders' barriers and enablers with TDF

COM-B	Theoretical Domains	Description	Interpretation
Capability	Knowledge	<i>Do they understand what to do?</i>	
	Skills	<i>Do they have the necessary skills to do it?</i>	
	Memory, Attention, Decision Processes	<i>Can they remember, focus and pay attention to what needs to be done?</i>	
	Behavioural Regulation	<i>Can they monitor and manage their behaviour to fit into routines?</i>	
Motivation	Beliefs about Capabilities	<i>Are they confident they can do it?</i>	
	Social/Professional Role and Identity	<i>Does this align with their role?</i>	
	Beliefs about Consequences	<i>Will change make a positive impact?</i>	
	Emotions	<i>Are emotions affecting their willingness or ability?</i>	
	Goals	<i>Is it a goal to change their behaviour?</i>	
	Intentions	<i>Are they committed to making the change?</i>	
	Reinforcement	<i>Are there incentives or rewards to reinforce the new behaviour?</i>	
	Optimism/pessimism	<i>Do they feel hopeful or pessimistic about the change?</i>	
Opportunity	Environmental Context and Resources	<i>Is the context supportive of the proposed behaviour change, and are there sufficient resources available?</i>	
	Social Influences	<i>Are people being influenced and supported to perform the behaviour by peers, leaders, or others?</i>	