

QH-TRIP | Translating Research Into Practice

Implementation Masterclass

Module 5: Implementing Change Participant Handbook



Implementation Masterclass Module 5: Implementing Change Participant Handbook

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Prelude

Welcome to Module 5 of the Implementation Masterclass.

This module represents another shift in the program from analysing problems, behaviour, and context to actively planning how implementation will be supported in practice. It brings together insights from earlier modules and focuses on synthesising this information into deliberate, workable implementation strategies.

In this module, you are encouraged to integrate what you have learned about the evidence–practice gap, behavioural barriers and enablers, organisational context, and stakeholder perspectives. The emphasis is on using this combined understanding to select implementation strategies that are well matched to local needs, and that support behavioural changes, rather than defaulting to familiar or generic approaches.

You will be guided to explore how implementation strategies are developed collaboratively with the implementation team and key stakeholders, recognising that shared ownership strengthens feasibility, acceptability, and sustainability. The shared case study is used to illustrate how strategy choices were shaped through engagement, negotiation, and refinement.

This module also introduces monitoring as a core planning activity. You will examine how early decisions about what to monitor, and how to learn from that information, support timely adaptation as implementation unfolds.

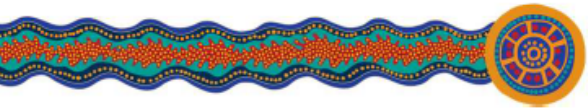
By the end of this module, you should feel more confident moving from analysis to action, and in working collaboratively with teams and stakeholders to support implementation over time.

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.

Mechanisms of change	Mechanism mapping to advance research on implementation strategies (Geng, Baumann, & Powell, 2022).
	The Improved Clinical Effectiveness through Behavioural Research Group (ICEBeRG) Designing theoretically-informed implementation interventions (2026).
Theory-informed behaviour change	Developing theory-informed behaviour change interventions to implement evidence into practice: a systematic approach using the Theoretical Domains Framework (French et al., 2012).
Behaviour Change Technique	BCT Taxonomy (digitalwellbeing.org)
	Human Behaviour-Change Project (including the APRICOT project).
	The Behaviour Change Technique ontology: transforming the Behaviour Change Technique taxonomy v1 (Marques et al., 2024).
	Designing interventions to change eating behaviours (Atkins & Michie, 2015).
Behaviour Change Wheel	The Behaviour Change Wheel: A Guide to Designing Interventions (Michie, Atkins, & West, 2014).
	The COM-B Model for Behaviour Change. The Decision Lab.
Behaviour Change Assessment Tool	CACTIS Tool v1.7.2 (Unlocking Behaviour Change CIC)
ERIC	A refined compilation of implementation strategies: results from the Expert Recommendations for Implementing Change (ERIC) project (Powell et al., 2015).
	A refined compilation of implementation strategies: results from the Expert Recommendations for Implementing Change (ERIC) project – pdf list of strategies.
CFIR-ERIC tools	CFIR Guidance & Tools (cfirguide.org)
	CFIR-ERIC Implementation Strategy Matching Tool (National Collaborating Centre for Methods and Tools).

Presentation slides

Slide	Notes
Implementation Masterclass Module 5: Implementing 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-TROP / Implementation Masterclass: Implementing change 1	
Module 5: Implementing change Put evidence into action – select and apply strategies to overcome barriers and sustain change. <i>Engage stakeholders, adapt strategies, and manage resistance.</i>  2 QH-TROP / Implementation Masterclass: Implementing change 2	
Learning objectives - Select appropriate implementation strategies to address individuals' barriers and enablers - Explain how monitoring implementation informs adaptation Review your personal learning goal. 3 QH-TROP / Implementation Masterclass: Implementing change 3	

Slide	Notes
DISCUSSION  • What are your experiences of participating in organisational change? • Have you experienced situations where plans didn't seem to be utilised by everyone, as intended? Remember to: Listen with curiosity. Respect confidentiality. Contribute authentically. 4 On TSP: Implementation Masterclass Implementing change 4	
Revisit systems thinking Systems thinking = problems are part of a larger, interconnected system. People within a system interact with each other and this shapes structures and processes. Consider the whole system when planning practical implementation. 5 On TSP: Implementation Masterclass Implementing change 5	
Aim to make change 'easy to do' Consider taking practical steps to: • address individual barriers and enablers • build social and organisational support for change • facilitate change in routines and habits.  Remember: Revisit behavioural analysis 6 On TSP: Implementation Masterclass Implementing change 6	
Continue the 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. 7 On TSP: Implementation Masterclass Implementing change 7	

Slide

Notes

Revisit 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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4. Identify implementation strategies that fit

Highlight which behavioural components reflect most barriers and enablers to change

- Use COM-B and /or TDF

Explain using underlying mechanisms for change

- Ways to address barriers and support enablers

Choose strategies purposefully to support the change

= implementation strategies

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Introduce key mechanisms of change

Explanations of how behaviour change can be supported

- **Physical capabilities** – enable observation & practice to learn specific skills.
- **Psychological capabilities** – build know-how, for better decision making.
- **Reflective motivation** – shift individual's beliefs, values and priorities.
- **Automatic motivation** – create new routines and habits.
- **Physical opportunity** – provide sufficient equipment and local resources.
- **Social opportunity** – provide leadership support, influence social norms.

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Explain how behaviour needs to change

CAPABILITY

If individuals lack the knowledge, skills, and know-how:

- Provide instruction, demonstration, feedback, environmental prompts
- Enable observation, simulation, opportunities to practice.

MOTIVATION

If there is confusion about the actual change, routines and expectations:

- clarify purpose for change and expected consequences
- explain new pathways and workflows
- set clear goals for change

Be aware of using education to address ALL barriers

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Notes

What are implementation strategies?

Specific and practical actions that:

- ✓ Address barriers
- ✓ Leverage enablers

to support implementation.

Examples:

- Educational meetings
- Workshops, simulations
- Printed, digital guides
- Facilitation support
- Audit and feedback
- Reminders
- Clinical Champions

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Choose implementation strategies purposefully

Mechanisms of change underlying COM-B is a simple intuitive method

Discuss within implementation team

Behaviour Change Techniques (BCTs) describe how to progressively influence behaviour

Choose from 93 techniques

Expert Recommendations for Implementing Change (ERIC) highlight 73 implementation strategies

Many focus on organisational strategies

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Discuss mechanisms of change

COM-B Components	Mechanisms of Change	Implementation Strategies
Physical CAPABILITY	Enhance ability and confidence by developing and practicing skills	
Psychological CAPABILITY	Increase understanding in context, to make better decisions	
Reflective MOTIVATION	Increase motivation by rewarding positive intentional behaviour, towards goals	
Automatic MOTIVATION	Use automated reminders to reinforce desired behaviours, and notifications & penalties to limit undesired behaviours	
Physical OPPORTUNITY	Alter the physical environment, provide visuals of new workflows, to prompt desired behaviour	
Social OPPORTUNITY	Observe others making changes, provide leadership and mentoring support for individuals and in peer groups	

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Behaviour change techniques

Small, observable parts of a behaviour change intervention that can lead to behaviour change.

https://gibbelwellbeing.org/wp-content/uploads/2016/11/BCTTv1_PDF_version.pdf

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Interventions can change behaviours, using Behaviour Change Techniques.

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Intervention	Description	Capacity	Opportunity	Motivation
Education	Increase knowledge and understanding by informing, explaining and providing feedback	X		X
Persuasion	Use words and images to change the way people feel about a behaviour			X
Incentives	Change a behaviour's attractiveness by creating a desired outcome or avoiding an undesired one			X
Coercion	Create the expectation of an undesired outcome or denial of a desired one			X
Training	Increase skills by repeated practice and feedback	X	X	X
Restriction	Constrain performance by setting rules		X	
Environmental Restructuring	Constrain or promote behaviour by shaping the physical or social environment		X	X
Modelling	Show examples of the behaviour for people to imitate		X	X
Enablement	Provide support to improve ability to change	X	X	X

<https://assets.publishing.service.gov.uk>

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A refined compilation of implementation strategies: Results from the Expert Recommendations for Implementing Change (ERIC) project
Powell et al. *Implementation Science* (2015) 10:21

Table 3 ERIC discrete implementation strategy compilation (n = 721)

Activity	Definition
Assess new finding	Assess new or existing issues to reflect the implementation
Assess performance measurement instruments	Work to ensure the relevance and implementation of the clinical innovation
After consultation for new ideas	Create the structure when <i>patients/companies</i> pay for preferred treatments the clinical innovation and the new or preferred treatments
Assess the value of the innovation	Assess various aspects of an innovation, including the degree of adoption by implementers, because that may impact implementation, and strength (the value of the implementation)
Assess and provide feedback	Collect and summarize clinical performance data over a specified time period and discuss, and implement the findings
Build a coalition	Recruit and coordinate stakeholders with a mission in the implementation effort
Capitalize and share their knowledge	Capture local knowledge from implementation sites to foster implementation and efficient model transferring into other settings
Coordinate technical assistance	Developing and use a centralized system to deliver technical assistance across on implementation sites
Generate additional or reinforcing requirements	Use the other accreditation (desired) to drive the practice or encourage use of the innovation. The other accreditation may be required to implement the innovation these users may be able to offer the other accreditation are encouraged or required to use the clinical innovation
Change liability law	Participate in liability reform efforts that make clinicians more willing to deliver innovative care

<https://impactlab.org/wp-content/uploads/2016/06/ERIC-Strategy-Handout.pdf>

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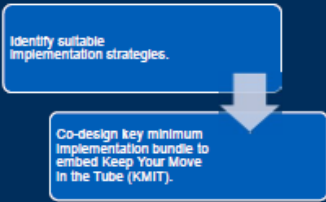
- Feed list of barriers into CFIR-ERIC tool.

- Look at suggested strategies for enablers.
- Document and discuss with stakeholders.



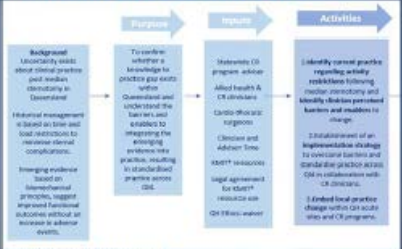
<https://doi.org/10.1016/j.cpa.2019.04.001>

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Slide	Notes
Summarise all implementation strategies Useful for implementation team to identify a broad and diverse range of theoretically compatible implementation strategies. This provides a comprehensive range of possibilities, for broader stakeholder discussion about what might fit in the local context.  20 Q4 TRIP / Implementation Masterclass: Implementing change 20	
5. Co-design practical implementation strategies Identify suitable implementation strategies that: ✓ match individuals' barriers and enablers ✓ are feasible in local context ✓ fit local roles and resources. Discuss with stakeholders to co-design a practical 'bundle' of implementation strategies. 21 Q4 TRIP / Implementation Masterclass: Implementing change 21	
Co-design practical implementation bundle Implementation Team and key stakeholders: ✓ Revisit shared understanding of the problem, context, barriers, enablers. ✓ Clarify what needs to change (behaviours and mechanisms). ✓ Review theoretically appropriate implementation strategies. ✓ Refine strategies for fit and ownership. ✓ Agree on bundle of complementary implementation strategies. Co-design helps ensure implementation strategies fit the local context and are owned by the people who will change. 22 Q4 TRIP / Implementation Masterclass: Implementing change 22	
CASE STUDY  23 Q4 TRIP / Implementation Masterclass: Implementing change 23	

Slide	Notes
CASE STUDY: DISCUSSION Revisit earlier planning Current Practice (baseline survey) 65% acute & outpatient clinicians were aware of the emerging evidence. 87% integrated some principles - Rehabilitation practice varies across the state. Capability Barriers (surveys, conversation, observation) - Lack of knowledge, understanding & awareness. - Lack of familiarity and confidence. - Access to resources & guidelines. Mechanism for Change: embed education focusing on knowledge of biomechanical practices, that enable patients to return to function sooner. 34 QnTRIP Implementation Masterclass: Implementing change 24	
CASE STUDY: DISCUSSION Expert Recommendations for Implementing Change (ERIC) Cluster: Train and educate stakeholders Possible strategies: ✓ Educational meetings ✓ Educational materials ✓ Ongoing training ✓ Ongoing consultation ✓ Train-the-trainer strategies ✓ Create a learning collaborative Discuss with Implementation team and stakeholder working group to develop implementation strategies to specify key actions for clinicians, surgeons and patients. 35 QnTRIP Implementation Masterclass: Implementing change 25	
CASE STUDY: DISCUSSION Co-design implementation strategies Multimodal education strategy for different sites and audiences - PowerPoint presentation of evidence principles - Expert webinar describing evidence, reasons for change - Reference list of key evidence supporting KMIT - Standardised competency test for exercise specialists - Best practice guidelines for management of median stenotomy Engage with Qld Cardiac Surgeon Committee - Support and advocacy Identify Change Champions - Clinicians with expertise and interest in exercise delivery 36 QnTRIP Implementation Masterclass: Implementing change 26	
CASE STUDY: DISCUSSION Final implementation strategies 1. Acquire and distribute KMIT teaching resources to all participating services. 2. Codesign, develop and deliver an education and training strategy to improve clinicians' familiarity, knowledge, confidence. 3. Create centralised project management to operationalise the implementation strategy and support change champions. 4. Introduce change champions to facilitate local service adoption and change management. 37 QnTRIP Implementation Masterclass: Implementing change 27	

Slide	Notes
TRANSLATE INTO PRACTICE How would you co-design a bundle of implementation strategies for your project? How could the strategies support change in your context? 28 Q4 TRIP Implementation Masterclass: Implementing change 28	
Learning objectives: Progress update Now we can: - Select appropriate implementation strategies to address individuals' barriers and enablers Next, we need to: - Continue to develop a logic model - Explain how monitoring implementation informs adaptation 29 Q4 TRIP Implementation Masterclass: Implementing change 29	
Add implementation strategies to logic model 30 Q4 TRIP Implementation Masterclass: Implementing change 30	
Describe activities Intervention What will be done differently. May include - A new model of care. - An innovative product or process. Implementation strategies Address individual barriers to change, and fit organisational context Make the intervention 'easy' to do. 31 Q4 TRIP Implementation Masterclass: Implementing change 31	

Slide	Notes
CASE STUDY: DISCUSSION Key implementation strategies 1. Acquire and distribute KMIT teaching resources to all participating services. 2. Codesign, develop and deliver an education and training strategy to improve clinicians' familiarity, knowledge, confidence. 3. Create centralised project management to operationalise the implementation strategy and support change champions. 4. Introduce change champions to facilitate local service adoption and change management. 32 Q+TRIP Implementation Masterclass: Implementing change 32	
CASE STUDY: LOGIC MODEL  33 Q+TRIP Implementation Masterclass: Implementing change 33	
DISCUSSION Discuss alignment in the Logic Model between: Background: organisational context Inputs: existing and invested resources Activities: how do implementation strategies use inputs to address organisational context. 34 Q+TRIP Implementation Masterclass: Implementing change 34	
6. Plan to Monitor and Adapt  Identify practical implementation strategies • Discuss how they can be measured.  Integrate regular measurement to monitor implementation strategies • Are they being used as intended? • Are they making a difference? • Identify early signals of variation.  Make adaptations using knowledge of mechanisms of change • Adjust before problems become entrenched. 35 Q+TRIP Implementation Masterclass: Implementing change 35	

Slide	Notes
Monitor to adapt implementation strategies Adaptation: Deliberate adjustment of an intervention, and/or implementation strategy, so it fits with the local context, people, and system dynamics. ✓ Every improvement happens within a dynamic system. ✓ Change within systems creates expected and unexpected outcomes. New demands, staffing shifts, competing priorities and unforeseen challenges emerge over time.  36 Q4 TRIP Implementation Masterclass: Implementing change 36	
Monitoring informs adaptation Logical flow from monitoring to adaptation • Monitor process, fidelity, outcomes, experiences. • Detect variation from implementation plan. • Reflect and make sense with stakeholders. • Adapt with small intentional changes, document. • Monitor and track if adaptation improves fit and outcomes. 37 Q4 TRIP Implementation Masterclass: Implementing change 37	
Stakeholders assist monitoring Stakeholders can: • Monitor and identify issues early • Identify organisational shifts • Recognise and alert to external challenges • Provide real-time feedback • Suggest contextually relevant adaptations • Advocate for and reallocate resources.  38 Q4 TRIP Implementation Masterclass: Implementing change 38	
TRANSLATE INTO PRACTICE How will you select appropriate implementation strategies to address individuals' barriers and enablers? 39 Q4 TRIP Implementation Masterclass: Implementing change 39	

Slide	Notes
Close: Review learning objectives You can now: - Select appropriate implementation strategies to address individuals' barriers and enablers - Explain how monitoring implementation informs adaptation 40 QH TRIP / Implementation Masterclass: Implementing change	
Next: Evaluating change  Are you ready to evaluate change? 41 QH TRIP / Implementation Masterclass: Implementing change	
Thank you. Next Module: Evaluating change. 42	
With thanks to Sharon Mickan Mosaic Health Consulting  43 QH TRIP / Implementation Masterclass: Implementing change	

Slide	Notes
References - For Information Expert Recommendations for Implementing Change (ERIC) • ERIC-Strategy-Handout.pdf • A refined compilation of implementation strategies: results from the Expert Recommendations for Implementing Change (ERIC) project Implementation Science Full Text • Strategy Design – The Consolidated Framework for Implementation Research - For information about the Behaviour Change Taxonomy • BCTTv1_PDF_version.pdf • About Human Behaviour-Change Project (Including the APRICOT project) • The Behaviour Change Technique Ontology: ... Wellcome Open Research 44	

Appendix

Reflection: Application to local practice

Template: Sequence of Behavioural Analysis

Template: Mechanisms of Change inform implementation strategies

Template: Mechanisms of Change inform implementation strategies

Template: Select appropriate intervention functions

Template: QH-TRIP Program Logic Model

A.1 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?	
5. Describe organisational context and readiness for change.	
6. Select implementation strategies.	

A.2 Template: 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	

A.3 Template: Mechanisms of Change inform implementation strategies

COM-B Components	Mechanisms of Change	Implementation Strategies
Physical CAPABILITY	<i>Enhance ability and confidence by developing and practicing skills</i>	
Psychological CAPABILITY	<i>Increase understanding in context, to make better decisions</i>	
Reflective MOTIVATION	<i>Increase motivation by rewarding positive intentional behaviour, towards goals</i>	
Automatic MOTIVATION	<i>Use automated reminders to reinforce desired behaviours, and notifications & penalties to limit undesired behaviours</i>	
Physical OPPORTUNITY	<i>Alter the physical environment, provide visuals of new workflows, to prompt desired behaviour</i>	
Social OPPORTUNITY	<i>Observe others making changes, provide leadership and mentoring support for individuals and in peer groups</i>	

A.4 Template: Select appropriate intervention functions

Intervention	Description	Capability	Opportunity	Motivation
Education	Increase knowledge and understanding by informing, explaining and providing feedback.			
Persuasion	Use words and images to change the way people feel about a behaviour.			
Incentives	Change a behaviour's attractiveness by creating a desired outcome or avoiding an undesired one.			
Coercion	Create the expectation of an undesired outcome or denial of a desired one.			
Training	Increase skills by repeated practice and feedback.			
Restriction	Constrain performance by setting rules.			
Environmental Restructuring	Constrain or promote behaviour by shaping the physical or social environment.			
Modelling	Show examples of the behaviour for people to imitate.			
Enablement	Provide support to improve ability to change.			

A.5 Template: QH-TRIP Program Logic Model

PROBLEM STATEMENT:			TRIP PROJECT NAME:
INPUTS	ACTIVITIES Implementation Strategies	OUTPUTS Change Activities	OUTCOMES Short Term
			Intermediate
			Long Term
ASSUMPTIONS: Behaviour Change		EXTERNAL FACTORS: Barriers/Enablers	