

THE ENGAGEMENT OF INDIVIDUALS WITH LIVED EXPERIENCE IN IMPLEMENTATION SCIENCE

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Background

The 'Know-Do Gap'

Currently, it takes on average 17 years for evidence-based practices to be incorporated into routine general practice in healthcare. This long delay between the discovery of new and effective evidence-based practices, and their actual delivery or scale of the practice at the clinical level is called the 'know-do gap'. There are numerous barriers that may prevent evidence-based practices from being implemented in healthcare including barriers faced by healthcare providers, patients, caregivers, and societal factors.

Implementation Science

Implementation science is a growing field of research that aims to close the 'know-do gap' by identifying, understanding, and addressing the barriers, and by examining methods and strategies that facilitate the effective use and uptake of evidence-based practices in routine general practice. To appropriately design and execute implementation science research studies, it is essential that individuals with lived experience are engaged throughout the research process. However, currently there is a lack of awareness and understanding about what Implementation Science is among the general public and individuals with lived experience and how they can effectively engage in this type of research.

Objective

We aim to develop and evaluate a virtual toolkit of resources, which will educate individuals with lived experience about implementation science and help facilitate their engagement in this research.

#1. Develop resources, including a 3-part short video series, an infographic, a frequently asked questions page, and a list of external resources about implementation science

#2. Improve the knowledge and engagement of individuals with lived experience about and in implementation science research

#3. Develop an evaluation tool to assess knowledge gains and utility, and to obtain feedback

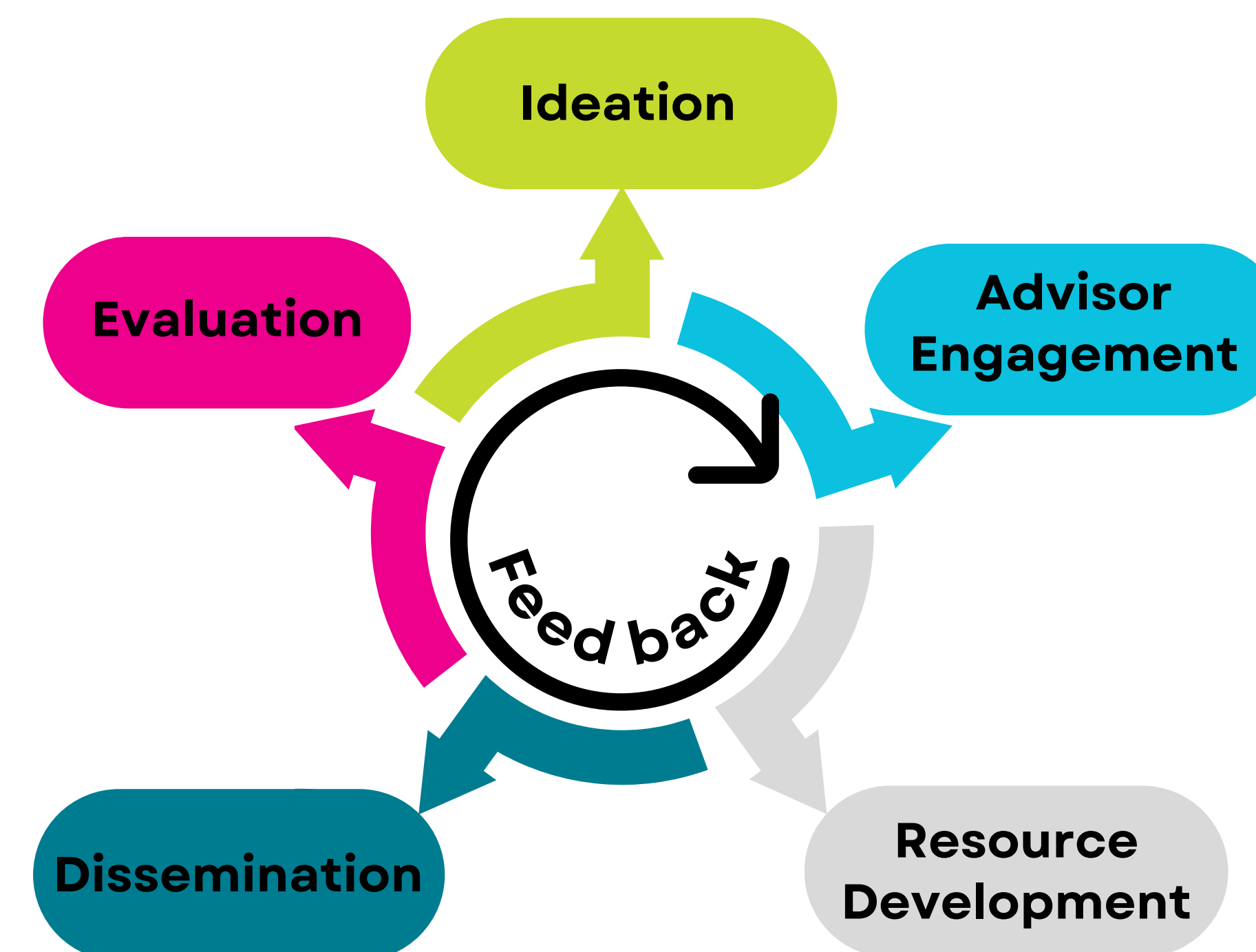


Figure 1. Methodology for the development of Implementation Science resources

Methodology

#1. Ideation: identify the problem, brainstorm solutions (Fig 1)

#2. Advisor Engagement: meet with individuals with lived experience and expert advisors to establish partnerships, and share and refine ideas

#3. Resource Development: develop a storyboard, short videos, infographic, frequently asked questions page, and an external resources page

#4. Dissemination: website, social media, patient partner and implementation science organizations

#5. Evaluation: collect quantitative and qualitative feedback about the ease of understanding and utility of the resources



Figure 2. A snapshot of the animations in the short video series

Preliminary Results

(I) Feedback: From Experts & People with Lived Experience

- (1) Simplicity of Language & Absence of Jargon
- (2) Broad Explanations and Low Level of Detail
- (3) Emphasis on Diversity, Equity, and Inclusion
- (4) Develop Avenues for Dissemination Early
- (5) Survey: Brief, Specific, and Easily Accessible

(II) Resources Under Development

Video Series

Following a person with lived experience learning about (Fig 2):
 (1) The Know-Do Gap
 (2) Implementation Science
 (3) Roles people may play in Implementation Science research

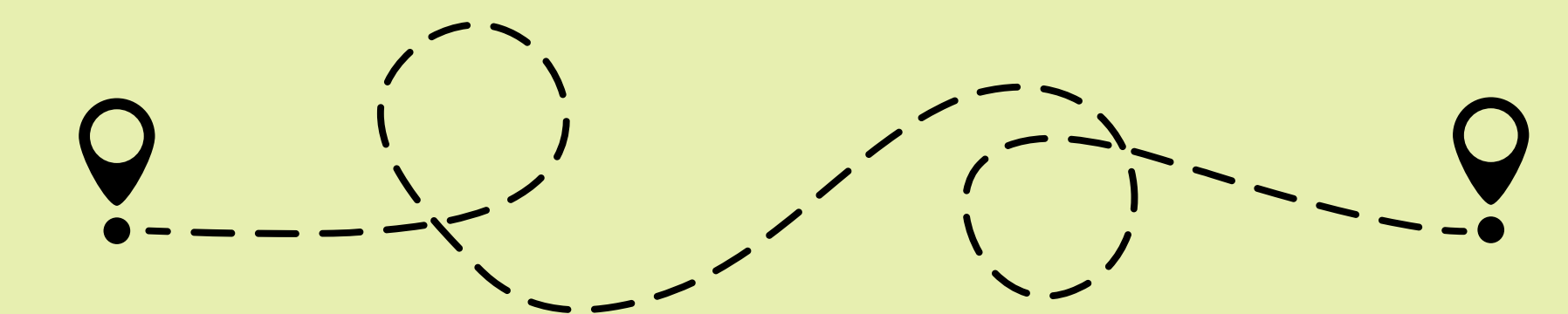
Infographic

Layout: Spacious
 • Inviting
 • Adaptable
 Content
 • Know-Do Gap
 • Implementation
 • Patient-Partner Roles

FAQ

Q1. Why is ImpSci important?
Q2. Why should I get involved?
Q3. How can I get Involved?
Q4. How will I be supported?

Future Direction



#1. Finalize the patient engagement resources

- 3-Part video series
- Infographic for broad dissemination
- FAQ page
- External resource library

#2. Develop evaluation metrics and survey tools to measure the effectiveness of the resources

- I.e., Improved knowledge and/or intent to participate in Implementation Science research

#3. Receive ongoing feedback from patient-partners and experts to continually improve and build upon the existing resources