Activity worksheet- **ANSWERS**

**Case study 3:** Context assessment: Trauma informed care using CFIR

**Study design:** A mixed methods process evaluation that was completed alongside a preliminary effectiveness study of ‘Responsive CARE’ (an interactive, web-based training package for health practitioners to increase knowledge about Trauma Informed Care). The process evaluation was conducted using The Consolidated Framework for Implementation Research (CFIR) and a logic model, considering feasibility of both the intervention and implementation strategy. Qualitative interview data (from health practitioners and caregivers) and quantitative metadata were collected and the implementation outcomes evaluated included adoption, acceptability, fidelity, feasibility and preliminary effectiveness. Other outcomes examined included child pain and distress and cost (using a pretest-posttest design). See the paper for more details.

**Innovation (intervention, ‘the thing’):** an interactive, web-based training package for health practitioners (Responsive CARE) to increase staff knowledge about Trauma Informed Care (TIC) in a paediatric healthcare setting. The package includes four modules and takes up to one hour to complete.

**Outer setting:** the broader organisational setting (the paediatric hospital).

**Inner setting:** the burns outpatients department within the paediatric hospital.

**Individuals:** health practitioners (including senior managers) involved in the management of children with burns during the study period and children and caregivers attending the burns outpatient clinic for a change of burn wound dressing or for burn scar management were included in the study.

**Implementation process domain:** implementation strategies reported included educational meetings, educational material, clinical champions, audit and feedback (research team) to inform if changes required to improve adoption during implementation phase.

**Link to research paper:** <https://www.sciencedirect.com/science/article/pii/S0305417924001104?via%3Dihub>

**Link to CFIR:** <https://cfirguide.org/constructs/>

**Activity:** Complete the table below by allocating the provided quote to a domain and construct of the CFIR framework. If time permits, use the final column to explore other concepts including:

* consider how the quote would affect implementation as either a barrier or enabler to implementation; or
* choose an implementation strategy to suit the context; or
* explore how you might measure implementation and other outcomes.

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| --- | --- | --- | --- | --- |
| Index | Quote | Domain | Construct | Other:  Implementation outcomes |
| 1 | “(…) don’t think we have much role conflict in this environment because we all know that it’s a team effort.” [Nurse] |  |  | Acceptability (mixed perceptions) |
| 2 | “(…) you need (someone) to explain it to you properly. One to one. You know, face to face, give you examples, do a practice.” [Nurse] |  |  | Acceptability (mixed perceptions) |
| 3 | “It’s very relatable on what we do every day, and it’s…easy tools that you can apply…to what we do every day. (…) I think I’d be more confident. (…) very easy concepts that we can absolutely apply.” [Allied Health Professional] |  |  | Acceptability |
| 4 | “I think it’s probably easier to talk about it, just in my experience. Yeah, it just makes it easier and you can summarise it probably better in your own words when you’re talking to someone rather than having to write it down (…) and it flows easier.” [Parent] |  |  | Also relates to Acceptability (mixed perceptions) |
| 5 | “I think what you’re doing is for the long-term benefit of certainly patients but you know probably helps the nursing staff and doctors as well understand these there’s a huge dynamic with just you know, it’s not just the – it’s the as you said it’s the emotional care as well as the physical care that we have to look at.” [Parent] | Innovation | Innovation relative advantage |  |
| 6 | “The bit that is missing is how we bring that into a whole of organization coherent view, which allows us as a paediatric centre to lead and provide a clear focus around how do we make sense of this for our whole workforce. What is critical for everybody to know? And then where is and how do we intertwine that with an interprofessional framework? And then how do we build beyond that? I think that’s the part…the building beyond that is the component that’s missing.” [Manager] | Outer setting | Local attitudes |  |
| 7 | “Probably essentially all the staff [providing trauma-informed care] because you’ve got a referral capacity and then like you know if they’re in contact and identify those things.” [Parent] | Innovation | Innovation relative advantage | Also relates to acceptability by caregivers for the innovation (e.g. viewing all HPs should engage in the Trauma Informed Care training) |
| 8 | “That’s really good that you guys do that [screening] cause some people don’t realize it’s affecting them as much as it is, or the child.” [Parent] | Innovation | Innovation relative advantage | Also relates to acceptability by caregivers |
| 9 | “(…) that is my responsibility to THINK about those issues. The problem is that I may not always SEE whose involved and especially I may not see how they are affected. That’s where the organization needs to come in and say here’s the mechanism that they can have support for that. And even to make improvements in care. And that’s…this initiative [Responsive CARE] is one of those things.” [Medical Practitioner] | Outer setting | Local Conditions | Also links to feasibility |
| 10 | “My biggest barrier has been time. (…) So fitting that in on top of all my other jobs has been…tricky. (…) That’s probably the biggest barrier.” [Allied Health Professional] | Inner Setting | Work Infrastructure | Also links to feasibility |
| 11 | “…it took the amount of time to get that dressing off what not um., wasn’t working like, it wouldn’t work for – for every child. It’s just, it would be too costly. Yeah, for the healthcare system there’s no way.” [Student] | Outer Setting | Financing | Also links to cost |
| 12 | “I feel like it’s a very important part of my role (…) to contribute to that picture.” [Allied Health Professional] | Inner Setting | Culture - Recipient-Centeredness |  |
| 13 | “I think it should be mandatory. Like I really do. Like if you’re entering into this space where you are working predominantly with trauma, there should be a basic level of expectation around your knowledge of trauma-informed care.” [Allied Health Professional] |  |  | Acceptability |
| 14 | “(…) we do poorly. Assess support systems and emotional needs and implement own self care if affected by situation. That, I’ve seen time and time again. Where suddenly the wheels fall off in teams when there’s just…one situation, one patient, that tips them over info being very, very distressed themselves. And it’s just that…you know, trauma by drip feed. That it’s not one situation, it’s that constant, you know, managing traumatic situations.” [Manager] | Innovation | Innovation Relative Advantage |  |
| 15 | “But within our framework, we need to be able to point to…a clear understanding of trauma-informed principles because it’s contemporary, because it’s relevant to that holistic approach [integrated medical and psychosocial] which is part of what we do, and it provides a basis, including a science basis, that will (…) support a critique and understanding more broadly across our organization. Unless we do that, I think we maintain a stronger biological focus which really doesn’t do a whole service or justice to our families.” [Manager] | Outer Setting | Local Attitudes |  |