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## #147 - How do we prepare local “change champions” for implementation trials?: A rapid review

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### Objectives/aims

Change champions are commonly used as part of an implementation intervention approach to facilitate the uptake of programs or evidence-based practices in healthcare. Despite the various terms used to refer to this role (i.e. facilitator, implementation support practitioner, knowledge broker) it remains unclear how local champions are trained and prepared to take on this role. This rapid review aims to explore how education, training and other capacity-building strategies are provided to local (site-based) “change champions”, the components of these strategies, and how these preparation activities map to both an implementation framework (ERIC taxonomy) and an adult learning model.

### Methods

Four published systematic reviews were examined (2020-2023), plus a search conducted after the date of the last systemic review to identify implementation RCTs (and cluster RCTs) conducted in healthcare settings. Trials that engaged a change champions either as a sole strategy or in combination with other implementation strategies to support behaviour change within a clinical setting were included. Data were extracted by one reviewer (LJ), and a second reviewer (EL) independently reviewed extracted data for accuracy. Findings were synthesised using narrative descriptions from the extracted data.



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## Main findings

In total, 66 potential trials were extracted from four systematic reviews (data sources). In total, 10 studies met the inclusion criteria. All were cluster RCTs, with randomization occurring at the site or ward level. Studies were conducted in Australia (n=3 studies), the United Kingdom (n=3), the USA (n=2), Kenya (n=1) and Malawi (n=1). Five studies measured process outcomes only, two studies measured only patient outcomes and three studies measured both process and patient outcomes. All implementation interventions used additional strategies alongside the change champion, were delivered on at least two occasions, and support (such as telephone advice or site visits) was provided by the research team on an ad-hoc or regular basis in all but one study. Most studies (n=8, 80%) engaged 1-2 champions per site, and champions were mostly site-selected with desired attributes recommended by the research team. Three studies did not report how the site champions were selected.

Champions participated in preparation activities delivered by research team members considered experts in implementation in six studies. Preparation activities ranged from 1-day to a 5.5-day program. Limited detail was provided about the components of the champion preparation programs, however most included education on topic content (e.g. current evidence base and best practice), guidance on working with the team (e.g. behaviour change principles and champions as leaders), and training in process related activities (e.g. use of study-developed resources and action planning for team change). Insufficient detail on how training was delivered, to map content to an adult learning model. In study sites where effective championing was present, elements of *cascade training* and *emergent champions* featured.

Our review suggests that variability remains for the selection and preparation of change champions within implementation trials. Strategies to prepare and support change champions need to be reported in more detail.