Implementing change: the criticality of intervention development and feasibility testing/piloting

Reid et al. (1) outline a systematic, theory-based approach to implementation within Health Professions Education (HPE), and how to effectively communicate such efforts. We welcome their guidance but also feel that the importance of carefully developing and feasibility testing/piloting complex interventions before full implementation is essential (2, 3). We offer the below example to supplement the messages of the Reid et al. paper.

Consider the challenge of developing and delivering training programmes to tackle unconscious bias. One needs clarity about the aims and how change will be brought about (by using theory and existing evidence systematically and appropriately at the stage of intervention development). Questions to ask at this stage are: Will the proposed training be acceptable to stakeholders? Are there obstacles and facilitators to local implementation? Is training likely to be effective (i.e., meet its aims)? Is training likely to be widely implementable if the local results are favourable?

Moving onto piloting and feasibility, just as no one would carry out (or fund) a large-scale randomized controlled clinical trial without pilot work, why should educational interventions be any different? Pilot work can address issues identified in the development work. Sufficient piloting and feasibility work are necessary to be confident that the training to change behaviour around unconscious bias can be implemented as intended.

To quote Craig et al. (p.4): “neglecting adequate development and piloting work will result in weaker interventions, that are harder to evaluate, less likely to be implemented and less likely to be worth implementing”.

References