

Implementation science in action: national organization of an ambitious first responder training program

Lacey LaGrone 

To cite: LaGrone L. Implementation science in action: national organization of an ambitious first responder training program. *Trauma Surg Acute Care Open* 2023;0:e001292. doi:10.1136/tsaco-2023-001292

Received 30 October 2023
Accepted 16 November 2023

I read with pleasure Methodological Analysis of a Community-based Training Initiative using the EPIS Framework – An Ongoing Initiative to Empower 10 Million Bystanders in CPR and Bleeding Control.¹ The work described exceeds the vast majority of published articles with regard to human resource deployment and potential for lives saved. The authors are also applauded for using an implementation science framework to ensure that their efforts may be understood and applied in other settings. This piece may serve as an example to anyone pursuing large-scale interventions—while implementation science can be daunting and jargon-laden, a simple framework, such as EPIS as selected in this case, can provide structure and direction to an intervention. This then increases effectiveness in the local context and generalizability to other contexts. As highlights of how use of an implementation science framework allows these authors to truly inform the reader of the ‘how’ and not just the ‘what’, the authors have clarified details such as who talked to who to engage community partners. The authors clarified who was financially compensated and who was not, which particular elements were essential for credibility and leverage in which partnership. Ultimately, knowledge is power, and in the era of open access to information, implementation science empowered these authors to rigorously describe a herculean effort, including how they reproduced previously costly interventions (eg, CPR training, hemostasis campaigns), at no or low cost, with high fidelity. The EPIS framework, which is anchored in a continuous cycle of ‘exploration’ to ‘preparation’ to ‘implementation’ to ‘sustainability’ and then back again, was an excellent fit for the authors’ efforts, and other practitioners may follow their excellent example, with aid of EPIS web resources.²

Furthermore, this work is an excellent example of a pragmatic approach to research. Pragmatism has been recently re-emphasized, particularly by implementation science leaders,³ and this work is an excellent example of why. The authors’ thorough description of methodology allows us to appreciate the adaptations which were necessary and fruitful, showcasing that ultimately health services interventions are about making it work for the patient,

not adhering to an inflexible pre-defined protocol. Finally, although sustainability is usually the weak point of any type of intervention or research, this team strategically leveraged alumni resources, government support, and policy, integrating their training into the single national curriculum, making sustainability of their efforts all but certain.

I look forward to reading the authors’ future work, anticipating descriptions of meeting their targeted training goals, and quantifying the associated lives saved. Furthermore, I am keen to see how this passionate, competent, organized group may tackle the next link in the ‘chain of survival’—which will generate lessons learnt applicable well beyond their native Pakistan.

Contributors I am the sole author, completed all relevant elements.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent for publication Not applicable.

Ethics approval Not applicable.

Provenance and peer review Commissioned; internally peer reviewed.

Data availability statement There are no data in this work.

Open access This is an open access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited, appropriate credit is given, any changes made indicated, and the use is non-commercial. See: <http://creativecommons.org/licenses/by-nc/4.0/>.

ORCID iD

Lacey LaGrone <http://orcid.org/0000-0003-4749-969X>

REFERENCES

- 1 Merchant AAH, Hassan S, Baig N, Atiq H, Mahmood S, Doll A, Naseer R, Haq ZU, Shehnaz D, Haider AH, *et al*. Methodological analysis of a community-based training initiative using the EPIS framework: an ongoing initiative to empower 10 million bystanders in CPR and bleeding control. *Trauma Surg Acute Care Open* 2023;8:e001132.
- 2 EPIS framework. Available: <https://episframework.com> [Accessed 14 Nov 2023].
- 3 Holtrop JS, Glasgow RE. Pragmatic research: an introduction for clinical practitioners. *Fam Pract* 2020;37:424–8.



► <http://dx.doi.org/10.1136/tsaco-2023-001132>

© Author(s) (or their employer(s)) 2023. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.

Medical Center of the Rockies; University of Colorado Health, Loveland, Colorado, USA

Correspondence to
Dr Lacey LaGrone; Lacey.LaGrone@uchealth.org