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

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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. 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 ‘sustainment’ 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.

Furthermore, this work is an excellent example of a pragmatic approach to research. Pragmatism has been recently re-emphasized, particularly by implementation science leaders, 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.

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REFERENCES

