EXAMPLE - D&I PROJECT ADAPTATION WORKSHEET

Project Name: 5 A's Smoking Cessation Project

This is an exercise to help think through the aspects of your study and those of the selected model, to see what might need to be adapted, the implications of adaptations, and how to adapt.

Identifying examples
- Looking at the literature;
    - For what purpose was the D&I model originally designed?
    - Are there examples in the literature where the model has been applied and/or adapted for different contexts?
    - You can fine references to original publications and example applications under the [Select section of the D&I models webtool](#).

> Purpose was to guide both planning and evaluation of the smoking cessation program, specific to rural settings.
> Lots of studies on the 5 As approach but none I found in rural primary care settings

- How does your study differ from other studies where the model has been used, for example in terms of the intervention, setting, or population?

> The setting; and also using existing staff- not adding or using research staff to do the counseling

- If you can identify core components or key things that should NOT be adapted, please list them here.

> The following are core functions: Assessing smoking status and readiness to quit; advising to quit smoking; agreeing on a tailored stop smoking plan; assisting with strategies to resist temptation and enhance success; and arranging follow-up support using community resources

Dissemination and/or implementation focus
- What modifications to the model might help align the model with the study's emphasis on dissemination and/or implementation?

> This is both implementation and dissemination but might focus more specifically on health equity

Addition/deletion/modification of model constructs
Here are some things you might want to think about when you sit down with your team to modify your model.
- What constructs did you identify as important for your D&I project when you were completing the Select section of the D&I models webtool?

> Generalization
> Autonomy
> Fidelity
> Adaptation
> Cost

- What adaptations do you see as needed and beneficial?
  - Are there constructs missing?
  - Could constructs be changed to reflect the context of your D&I project (e.g. renaming a construct to align with the setting or a population; "organizational stakeholders" changed to specifically call out "providers and clinic leaders")?
  - What might be deleted?

> As above, stakeholders could be more specific to physicians and office staff
>
> Probably don't need maintenance since this is a pilot- but should plan for maintenance

- What is the purpose of the proposed adaptations (e.g. enhance Reach or Equity; simplify (drop non-essential constructs) to reduce burden; add other key constructs)?
  - It might be helpful to consider the evidence-based intervention, population, setting, levels, implementation strategy, and/or outcomes when thinking through the constructs.
  - Developing a table, to map the study components and the purpose of the adaptation might be helpful to guide this process. (see examples)

Original Construct	Proposed Change	Reason for Adaptation
Organizational stakeholders	Providers and clinic leaders	To specify who the stakeholders are in the D&I project
Professional norms	Delete	Does not seem essential in the D&I project
Organizational culture	Community culture	To adapt to setting of the D&I project
Nothing originally	Add Cost	To highlight critical missing construct

Original Construct	Proposed Change	Reason for Adaptation
Fidelity	Focus on the function	To clarify want fidelity to key purpose and goal not the form
External environment	Explicitly state taxes, reimbursement for services and smoking policies	To operationalize brad construct

Notes:
Overall model fits pretty well- mainly needs to be just more specific

Might want to add something about individual level (smoker) motivation

- What might be some possible implications of these changes?

> Might just use same figure but replace general terms with the above more specific ones

Re-organization of the relationships between constructs in D&I models
Reminder: many Figures describing the models are available in the Select section of the D&I models webtool.
- How are the constructs organized and hypothesized to interact in the model?
    - What might need to change about the organization?
    - It may help to sketch out these important study components, thinking about how they might be related (Reminder: You might have done this in the Plan section of the D&I models webtool.)
    - Also consider how these adaptations in relationships between constructs change the interpretations of your findings?

> Trying to decide if can stick with or modify the PRISM/RE-AIM framework, or if should just use my own logic model from the PLAN section- this works well and addresses exactly what I want, but concerned about reviewer reactions.
>
> Did not find another theory that fit better, but I am still thinking about creating a 2 level model

- How will you document these adaptations and monitor their impact in your D&I project?

> Using mixed methods- we will use both interviews and then having program managers record adaptations on an ongoing basis

Other Notes:

Work sheets were helpful in thinking about what my selected framework addressed well, and what was missing