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Identifying Continence OptioNs after Stroke

Facilitation Manual

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ICONS – a brief overview

ICONS is a four year research study funded by the National Institute for Health Research which aims to develop and test the effectiveness of a systematic voiding programme for patients with urinary incontinence after stroke. The programme includes statements about what interventions should be provided to which patients, and when, and is based on a systematic review of the research evidence. The research is being led by Professor Caroline Watkins from the University of Central Lancashire, supported by a team representing different clinical and academic partners and stroke service users.

ICONS commenced with a series of evidence syntheses to construct the systematic voiding programme, and to identify potential factors that may inhibit or support the use of the systematic voiding programme in clinical practice.

A prototype systematic voiding programme has been evaluated within one stroke service in the north west of England. The outcomes of this feasibility study have been used to refine the systematic voiding programme, and to obtain further information about how the systematic voiding programme helps clinicians to improve continence care.

The systematic voiding programme is now being pilot tested in acute stroke services in England and Wales. A randomised controlled trial methodology is being used as this is the gold-standard method for answering questions about clinical effectiveness. Here new 'treatments' are allocated randomly (by chance) to participants in the trial. We will be comparing three different trial arms:

- Usual Care – these acute stroke services will act as a comparison
- Systematic voiding programme – these acute stroke services will be asked to use the new systematic voiding programme
- Systematic voiding programme plus 'supported implementation'- these acute stroke services will be provided with additional support to maximise the use of the systematic voiding programme in clinical practice.

As it would be impractical to have different patients receiving different treatments for incontinence whilst on the same acute stroke unit, we are randomising 'acute stroke

services' rather than individual patients.

The acute stroke services participating will be randomised (allocated by chance) to a 'supported implementation' arm. These services will be required to nominate an internal facilitator who will, with the support of external facilitators, work to embed the systematic voiding programme into routine clinical practice. The purpose of this handbook is to provide an overview of the facilitation approach and tools that will be used in this study.

WHAT IS SUPPORTED IMPLEMENTATION?

Implementation is about how we go about putting interventions into practice: how we do things in health care. Implementation research aims to close the gap between the evidence base for treatments and health care interventions and the reality of clinical practice experienced by patients. There are a range of additional terms which people use to describe implementation, including evidence-based practice, knowledge translation and research utilisation to name but a few. Implementation research focuses on developing an understanding about how we should think about this gap (for example, what are the barriers and enablers to implementation), as well as interventions or strategies to close this gap.

What is the thinking behind the form of implementation we are using in ICONS?

In ICONS, we are assuming that interventions are implemented as a result of **the individual and collective work that people do** as they engage in implementing the interventions. In other words, implementation is an active, collective or team process that requires effort on the part of those people involved. We are drawing on Normalisation Process Theory (NPT) which provides some suggestions about what this work involves. You can find a detailed overview of this at the following website: http://www.normalizationprocess.org/

NPT theory includes four mechanisms which comprise the 'work of implementation' that individuals and teams do together. The mechanisms are not sequential but work

together in explaining how and why a new practice, such as the systematic voiding programme, is adopted by staff and becomes ‘part of the usual routine’.

The following tables each provide an overview of one of the four mechanisms, together with some indications about how implementation of the systematic voiding programme may be affected. These indications are drawn from our earlier research in the feasibility (or case study) phase, where we introduced ICONS in one stroke service, and may help internal facilitators think about implementation within their own stroke service.

COHERENCE: the **sense making** work that people do when they are faced with using a new set of practices such as the systematic voiding programme	
Differentiation	How people perceive differences between old and new systems of continence work, and the consequences for how people operate in practice
Communal specification	There is collective agreement about the purpose and function of the systematic voiding programme
Individual specification	Individuals understand what the systematic voiding programme requires of them
Internalisation	People see the potential value of the systematic voiding programme

This work will be shaped by factors that influence whether people see the systematic voiding programme as meaningful and worthwhile. If we want practitioners to adopt new ways of working, then we need to consider how they make sense of this new way of working. Examples from the case study include:

The intervention could act as a focus for patients to work with staff toward a common goal, "*Plus it gives the patient the incentive as well doesn't it...*" (T4).

Staff could see the benefit of the intervention for some patients, and the importance of continence to the patient was recognised (T3). Success with the intervention could increase the priority of continence (2).

COGNITIVE PARTICIPATION: the **organising work** that people do to build and sustain the systematic voiding programme	
Initiation	Key individuals drive the new practice forward
Legitimation	People believe that the systematic voiding programme should be part of their work
Enrolment	People agree how the systematic voiding programme should become part of their work
Activation	People work together to develop and maintain the new work processes associated with the systematic voiding programme

This work will be influenced by factors that promote or inhibit whether people get involved in developing the procedures and routines needed to deliver the systematic voiding programme as part of the day's work on the ward. If we want practitioners to adopt new ways of working, then we need to consider how practitioners can work together to develop these new way of working. Examples from the case study include:

Health Care Assistants funded by ICONS reported taking responsibility for making sure the paperwork was available, and informing other staff (HCA2).

Qualified staff were also involved in inducting new staff, and ensuring that everyone was aware of ICONS on the morning hand over (T1).

A link nurse for continence and the ward manager were also involved in increasing awareness of the ICONS programme.

COLLECTIVE ACTION: the **operational work** that people do to enact the systematic voiding programme	
Interactional workability	People can perform the tasks required by the new practice
Relational integration	People trust each other's work and expertise in the new practice
Skill set workability	The work involved in the systematic voiding programme is appropriately allocated
Contextual integration	The systematic voiding programme is adequately resourced and supported by the host organisation in policies and procedures

This implementation work will be influenced by factors that promote or inhibit the clinical and organisational work associated with the new practice. If we want practitioners to adopt new ways of working, then we need to consider the knowledge, skills and resources they need to perform the new practice, and importantly that they know and trust 'who is doing what'. In ICONS we are including education and training of staff to help develop the knowledge and skills relevant to the systematic voiding programme, but we need to ensure that staff are able to put these into use. An example from the case study phase is shown below:

There were a number of actions staff were taking so that people knew about and were doing what they were supposed to do, including: meetings to sort things out, checks that the work was being done when it was supposed to be done, clarifying roles and responsibilities between teams, writing on the front of the Kardex that ICONS was everyone's responsibility, and systems for communicating between staff, for example. at discharge. There was also some acknowledgement that things weren't always followed through, and that people forget and need reminding when they are introducing a new way of working.

REFLEXIVE MONITORING: the **appraisal work** that people do to assess and understand how a new practice affects them and others	
Systematization	People access information about the effects of the systematic voiding programme
Communal appraisal	People collectively evaluate the new practice as worthwhile
Individual appraisal	Individuals evaluate the new practice as worthwhile
Reconfiguration	People modify their work in response to their evaluation of the systematic voiding programme

This work will be influenced by factors that promote or inhibit the work associated with the evaluating the systematic voiding programme. This may be done individually or as a team, and will likely influence how well the systematic voiding programme is used by staff. If we want practitioners to adopt new ways of working, then we need to consider how we can support them to evaluate and adapt the new practice over time. Examples from the case study include:

Staff could appreciate the benefits of the programme for patients, including improved self esteem, quality of life, and independence; and less complications, anxiety, agitation, and embarrassment. Staff thought the programme gave patients a goal, and that patients could see improvement, which was a boost to morale.

Staff commented about possible benefits for them in terms of “saving effort later” (HCA6), such as less washing, changing beds and less treatment of pressure sores. Their main benefit was seeing improvement in patients, and the satisfaction of seeing the documentation completed well. There was also the benefit of having a goal, and learning.

What factors influence how this implementation work progresses?

At any stage, the work of implementation may be constrained by norms (views about how beliefs, behaviours and actions should be accomplished) and conventions (how beliefs, behaviours and actions are accomplished) that are part of the culture of the unit or organisation. These norms and conventions may relate to ***both*** the systematic voiding programme which we are trying to implement, and the ways in which it is implemented. For example, some new practices may be similar to current work, and some may be very different ways of working. In the same way, some clinical settings may be used to change, and some may be resistant to change.

Norms and conventions will be influenced by factors both within (such as history, workload, culture and team-working) and outside (such as policy, resources, requirement for change) the place where the new practice is implemented. Typically, these factors are defined as 'organisational context'. Organisational context can act as an enabler of, or barrier to, implementation, and to be successful the process of implementation has to address the specific organisational context.

What is the process of implementation?

We have described four mechanisms, each of which comprises the 'work of implementation' that individuals and teams do together. However the people involved in this work of implementation are only part of the story. These people will be using tools (such as documents) to support implementation, and will be working within organisational structures (another element of organisational context). The theory we are using to think about implementation suggests that it is the interplay between people, tools and context that shape the work and success of implementation.

Thinking about the work of implementation in this way can provide us with insights about the ways in which the systematic voiding programme may become part of the usual pattern of care. It also enables us to think about how we can make this work easier for staff, and/or more successful in terms of the extent to which the systematic voiding programme is introduced into practice.

Many implementation studies include an additional component of support to help the work of implementation happen smoothly. The additional component we are using in the ICONS research study is 'facilitation'. We are hoping to discover if by providing 'supported implementation' sites with facilitation, then they will be better able to engage in the 'work of implementation', and successfully integrate the systematic voiding programme into routine clinical practice.

WHAT IS FACILITATION?

Facilitation is broadly defined as 'a technique by which one person makes things easier for others' (Kitson *et al.,* 1998). Implicit in this definition is the idea that implementation can be challenging, with problems to overcome, or solutions to be found. The role of the facilitator is to help those who are implementing something to resolve problems, or find new solutions which enhance implementation.

Generally, the focus of facilitation is that of a helping process, on a continuum between a technical 'doing-for' approach, and one that is enabling and transformational (Harvey *et al.,* 2002), either internally or externally to the implementation challenge. As such, facilitation can mix goal-directed activity with the development of individuals, teams, processes and systems. Reflecting the literature on transactional and transformational theories of leadership, it is likely that some facilitation approaches and processes will be better suited to some implementation situations or challenges. Indeed, some theoretical frameworks highlight the complex interplay between levels of evidence, context and facilitation to explain successful implementation (Rycroft Malone *et al.,* 2004), suggesting that facilitation approaches should be tailored to challenges presented by the type and strength of evidence and organisational contextual factors. More recently, studies have investigated the impacts of different approaches to facilitation in more detail. Stetler *et al.* (2006) examined the role of external facilitation in implementation programmes within the US Veterans Health Administration. Here, the key facilitation mechanisms which appeared to explain success were developing an in-depth understanding of the local context, the formative use of implementation data, and the development of supportive relationships between programme staff and facilitators.

Success was mitigated by poor motivation, a lack of supportive leadership, little contact with facilitators, little understanding of the facilitator role, and poor facilitator skills and attributes. We have borne these findings in mind when planning our approach to facilitation.

WHAT IS OUR APPROACH TO FACILITATION?

Our approach to facilitation is eclectic, reflecting the interplay between evidence (in this case the systematic voiding programme), organisational context (norms, conventions and other factors that may limit or enhance implementation), and facilitation which characterises successful implementation. Facilitators work in a planned way, in the following role domains:

- Planning for change – which includes increasing awareness of the change, and developing a plan to support change
- Leading and managing change – which includes addressing knowledge gaps, project management, recognising the importance of context, supporting teams and providing support
- Monitoring progress – which includes problem-solving, providing support and ensuring good communication, and
- Evaluating change – assessing the impacts of implementation activity.

There are a number of activities associated with each of these role domains, and we will be asking you to complete a diary of which activities you have undertaken in your role as an internal facilitator.

To help you facilitate the implementation of the ICONS systematic voiding programme, we have considered how the facilitator role can be informed by our understanding of implementation described earlier. The following tables show facilitation issues arising in each of the four mechanisms comprising Normalisation Process Theory.

COHERENCE: the **sense making** work that people do when they are faced with using a new set of practices such as the systematic voiding programme	
Differentiation	Perceived differences between old and new systems of continence work, that have consequences for how people

	operate in practice
Communal specification	There is collective agreement about the purpose and function of the systematic voiding programme
Individual specification	Individuals understand what the systematic voiding programme requires of them
Internalisation	People see the potential value of the systematic voiding programme
FACILITATION ISSUES	
Planning for change – what sense do staff have of the systematic voiding programme? How do staff think these interventions differ from current practice? What factors will influence how people see the value of the systematic voiding programme? ***Leading and managing change*** – what can we do to help people make sense of the change? How can we get staff to share expectations and experience? How can facilitators raise the importance of continence care in the minds of key staff? ***Monitoring progress*** – how can we evaluate how people make sense of the systematic voiding programme? Is a collective agreement about the systematic voiding programme developing? What disagreement is there? ***Evaluating change*** – do people see the potential value of the systematic voiding programme? How do we need to adapt facilitation to enhance how people value the systematic voiding programme?	

COGNITIVE PARTICIPATION: the **organising work** that people do to build and sustain the systematic voiding programme	
Initiation	Key individuals drive the new practice forward
Legitimation	People believe that the systematic voiding programme should be part of their work
Enrolment	People agree how the systematic voiding programme should become part of their work
Activation	People work together to develop and maintain the new work processes associated with the systematic voiding programme
FACILITATION ISSUES	
Planning for change – what staff members are likely to play a role in implementing the systematic voiding programme? What are the actual and potential barriers and enablers of staff involvement? ***Leading and managing change*** – how can we encourage staff to work together in planning work to implement the systematic voiding programme? How can those with leadership roles be supported? ***Monitoring progress*** – are key people involved? How can facilitators influence staff engagement? How can teamwork around the systematic voiding programme be promoted? ***Evaluating change*** – has consensus developed about how the systematic voiding programme should be implemented? Are there other activities we can use to support change? Who else do we need to involve, and how should we do this?	

COLLECTIVE ACTION: the **operational work** that people do to enact the systematic voiding programme	
Interactional workability	People can perform the tasks required by the new practice
Relational integration	People trust each other's work and expertise in the new practice
Skill set workability	The work involved in the systematic voiding programme is appropriately allocated
Contextual integration	The systematic voiding programme is adequately resourced and supported by the host organisation in policies and procedures
FACILITATION ISSUES	
Planning for change – do relevant staff have the knowledge and skills to implement the systematic voiding programme? Are the necessary resources in place? ***Leading and managing change*** – how can we support staff to act on the education and training provided? How can we support these staff to understand their own role, and the roles of others? ***Monitoring progress*** – have staff developed the appropriate knowledge and skills? Are staff clear of their own and others' roles? ***Evaluating change*** – are there any resource issues limiting the implementation of the systematic voiding programme? What else can we do to help staff perform the systematic voiding programme together?	

REFLEXIVE MONITORING: the **appraisal work** that people do to assess and understand how a new practice affects them and others	
Systematization	People access information about the effects of the systematic voiding programme
Communal appraisal	People collectively evaluate the new practice as worthwhile
Individual appraisal	Individuals evaluate the new practice as worthwhile
Reconfiguration	People modify their work in response to their evaluation of the systematic voiding programme

FACILITATION ISSUES

Planning for change – what information would be helpful for staff to use in evaluating the impacts of implementing the systematic voiding programme? How can this information be collected and reviewed by staff?

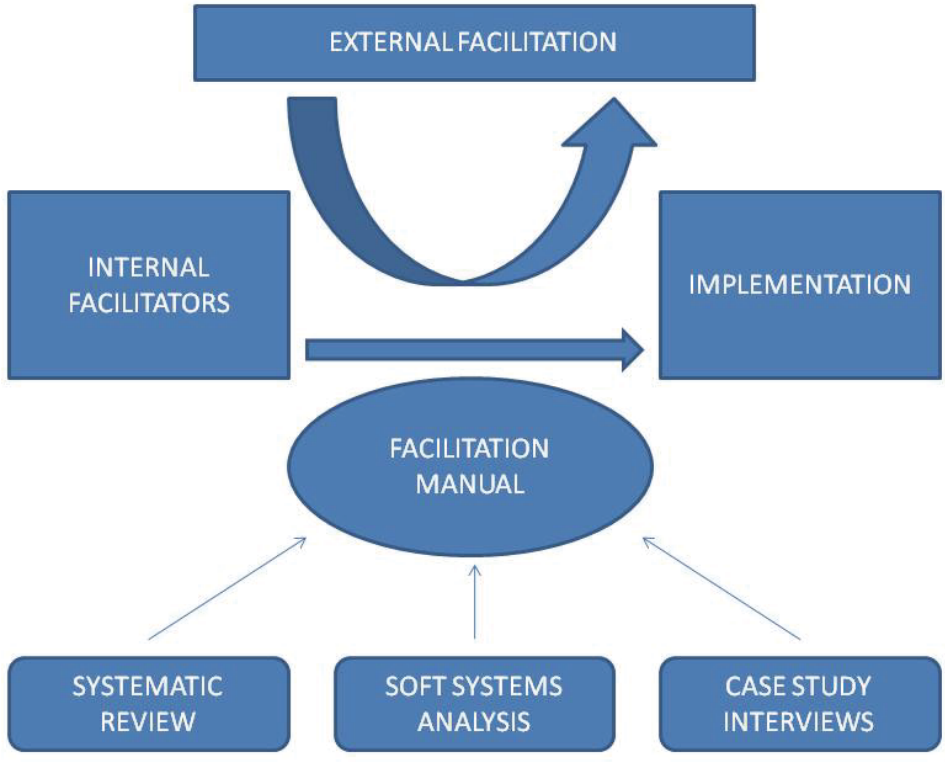
Leading and managing change – who should appraisal information be provided to and how? What reporting mechanisms are required? What communication channels should be used to share appraisal information?

Monitoring progress – what constitutes good progress with implementation? What might explain how implementation of the systematic voiding programme is progressing? How can we let key staff know how they are doing?

Evaluating change – how do people feel their work around continence has changed? How can we support staff to refine ways of working to maximise implementation?

Facilitation Design

Our analysis of implementation and facilitation has been used to design a programme of support for facilitators within our study sites. The facilitation design includes a combination of both internal and external facilitation as outlined in the Figure below.



The model highlights that internal facilitators have a key responsibility for implementation, drawing on a range of resources (from our systematic review and earlier research) with the support of external facilitators.

The Internal Facilitator

The role of the internal facilitator is to identify and support an action plan that aims to ensure the systematic voiding programme is implemented successfully. Broadly speaking, this will focus on resolving actual and potential barriers to implementation, and maximising any enablers of implementation. In addition to addressing any implementation barriers and enablers, the action plan will help all those involved in

implementing the systematic voiding programme to participate in the four mechanisms outlined earlier.

Tips for success

- Nominate a deputy to help share the work and ensure cover for annual leave or sickness
- Think about the experience, skills and support you have for your facilitator role – what challenges do you think you will face in being a facilitator?
- Can you align your work as a facilitator to your personal professional development or job evaluation?

External facilitators will provide support and advice to help internal facilitators develop and implement their action plans. Broadly speaking their support will help you to:

- Identify and clarify any problems or challenges you are facing
- Explore alternative approaches to resolving problems or consolidating successes
- Assist in developing and refining the action plan

External facilitators

The external facilitators are Dr Chris Burton from Bangor University and Dr Jane Williams from Portsmouth Hospitals NHS Trust. Jane and Chris have been running a successful leadership programme for stroke service managers for several years for the Department of Health. Many of the tools and techniques that have been developed in that programme have helped staff close the gap between (in this case) policy and practice, and may be useful for facilitators in this study. We are keen to work flexibly with internal facilitators to help them in their role, recognising the other demands on their time.

External facilitators will be keen to establish clear and flexible lines of communication with internal facilitators, including email, telephone and some face-to-face contact. We do plan to have a minimum of a monthly meeting with internal facilitators. In addition to the activities listed earlier, our task is to provide both high support and high

challenge. We will draw on our experience of facilitating change to help you think creatively about the challenges and successes you will face**.**

Facilitation plan

We have developed a programme of support for facilitators that reflects the facilitator role domains outlined earlier:

- Planning for change – which includes increasing awareness of the change, and developing a plan to support change
- Leading and managing change – which includes addressing knowledge gaps, project management, recognising the importance of context, supporting teams and providing support
- Monitoring progress – which includes problem-solving, providing support and ensuring good communication, and
- Evaluating change – assessing the impacts of implementation activity.

Drawing on the four mechanisms from the Normalisation Process Theory which comprise the 'work of implementation' that individuals and teams do together, we have identified key questions or issues for internal facilitators with some potential facilitation tools and techniques that they may use in their work. The potential tools and techniques are summarised in the following table. There may be many other tools or techniques that you can identify, and it would be helpful to discuss these with the external facilitator. External and internal facilitators will work together to refine a plan for these activities to fit the local situation, and to agree how they will work together to maximise impact on implementation.

	Coherence	Cognitive Participation	Collective Action	Reflexive Monitoring	Norms, conventions structures
Planning for change	What sense do staff members have of the systematic voiding programme? How do staff members think this differs from current practice? What factors will influence how people see the value of the systematic voiding programme?	What staff members are likely to play a role in implementing the systematic voiding programme? What are the actual and potential barriers and enablers of staff involvement?	Do relevant staff have the knowledge and skills to implement the systematic voiding programme? Are the necessary resources in place?	What information would be helpful for staff to use in evaluating the impacts of implementing the systematic voiding programme? How can this information be collected and reviewed by staff?	How conducive is the clinical setting to change? What are the actual and potential barriers and enablers of implementation?
Leading and managing change	What can we do to help people make sense of the change? How can we get staff to share expectations and experience? How can facilitators raise the importance of continence care in the minds of key staff?	How can we encourage staff to work together in planning work to implement the systematic voiding programme? How can those with leadership roles be supported?	How can we support staff to act on the education and training provided? How can we support these staff to understand their own role, and the roles of others?	Who should appraisal information be provided to and how? What reporting mechanisms are required? What communication channels should be used to share appraisal information?	Where will clinical leadership for implementation be found? How can this be bolstered?
Monitoring progress	How can we evaluate how people make sense of the systematic voiding programme?	Are key people involved? How can facilitators influence staff engagement?	Have staff developed the appropriate knowledge and skills? Are staff clear of their own and others' roles?	What constitutes good progress with implementation? What might explain	What formal and informal opportunities are there to raise and maintain the profile of the systematic voiding

	Is a collective agreement about the systematic voiding programme developing? What disagreement is there?	How can teamwork around the systematic voiding programme be promoted?		how implementation is progressing? How can we let key staff know how they are doing?	programme?
Evaluating change	Do people see the potential value of the systematic voiding programme? How do we need to adapt facilitation to enhance how people value the systematic voiding programme?	Has consensus developed about how the systematic voiding programme should be implemented? Are there other activities we can use to support change? Who else do we need to involve, and how should we do this?	Are there any resource issues limiting the implementation of the systematic voiding programme? What else can we do to help staff perform the systematic voiding programme together?	How do people feel their work around continence has changed? How can we support staff to refine ways of working to maximise implementation?	What systems and processes can be used to monitor and highlight progress with implementation?

This table provides an opportunity to suggest tools and techniques that facilitators may use to maximise implementation within the ICONS study.

Action planning, review and refinement

Internal facilitators will be supported to develop an implementation action plan which will be a focus for their activities during the implementation phase. The action plan format will mirror that developed within the stroke leadership programme, integrating an analysis of barriers and enablers from both individual facilitator and organisational perspectives.

Planning for change

Planning for change focuses on two key activities: Increasing Awareness and Developing a Plan.

Increasing awareness

To help people understand what's required of them in terms of continence care, education and training is being provided. A key role of the internal facilitator will be to ensure that staff members are able to access this education and training, and helping staff to apply new knowledge and skills in clinical practice. This might be as simple as discussing course content with staff or providing 'refreshers' within team meetings, or alongside patient care.

Developing a plan

An action plan will highlight enablers for change (positive aspects which can be strengthened) and barriers (those aspects which hinder implementation and which need to be resolved or managed). 'Intelligence' to inform the action plan can be drawn from the following sources:

- Analysing the context for implementation
- Drawing on 'insider information' about potential barriers and enablers
- Drawing on earlier findings from other settings

Our thinking around implementation has identified that norms and conventions related

to ***both*** the new practice and the ways in which new practices are implemented will be important factors in the ICONS study. Norms and conventions of both work and implementation are varied and complex, and will be influenced by factors both within (such as history, workload, culture and team-working) and outside the place where the new practice is implemented. Typically, these factors are defined as 'organisational context'. This may be considered in terms of enablers of, or barriers to implementation.

Context of the new practice - The Incontinence System

Identifying barriers and enablers to implementation assumes we know where they may occur. Lack of resources at the bed-side is one obvious example of a barrier that may inhibit implementation. However there may be other barriers or enablers which are not so obvious, and whose impact is more distant to the bedside. For example, the ways in which equipment is ordered may influence how that equipment is used (or not) at the bedside.

In preparation for ICONS we have mapped out the systems of continence care at participating sites. Drawing on this work, external facilitators will be able to help you identify your 'continence system' and consider any barriers and enablers. You can then include these in the action plan, with ideas about how these can be addressed.

Context of implementation - The Absorptive and Receptive Capacity Scale (ARCS)

We have also considered how other features of the workplace may inhibit or help implementation. Whilst there are many frameworks and tools to help us understand these features, we are proposing the ARCS as a composite framework which was developed to provide health care services with an assessment of the degree to which their systems enable the assimilation of new knowledge into routine practice. The ARCS is a comprehensive framework which synthesises research utilisation, evidence-based practice, knowledge management and organisational learning perspectives on implementation (French *et al.,* 2009). Use of the ARCS across supported implementation sites will provide internal facilitators with feedback on how they can make system changes that may better enable implementation.

Leading and managing change

This facilitation activity encompasses a range of activities, including helping people to understand and apply the systematic voiding programme, and enabling teams to work together to implement the programme. Therefore facilitators' activities may include:

- Working with staff to define implementation in this context
- Role modelling the importance of the systematic voiding programme
- Evaluating stroke team processes and outcomes
- Supporting team development around continence care

Working with staff to define implementation in this context

Implementation requires that staff members are able to develop an understanding of what is required of them and how it relates to their current practice and ways of working. Helping them to develop this understanding is something internal facilitators can help with. In the leadership programme we have successfully used 'rich pictures' as a visual strategy to help people develop a shared vision of a new system of care. External facilitators can help with this activity, exploring how a rich picture can be accomplished, and how as many key staff as possible can be engaged in this. A range of tools are available for you to use to help with this.

Role modelling importance of systematic voiding programme

Helping people visualise what is required of them, and to understand the importance of the change that is required, requires consistent reinforcement. Drawing on how leaders develop new ways of working in their organisations, role modelling is a good example of how internal facilitators can reinforce what they are hoping staff can achieve. External facilitators will help you to evaluate your own role modelling (and other leadership) behaviours, and how others see them if you so wish. This can be both challenging and insightful, and you can discuss with the external facilitator whether you'd like to access this opportunity.

Evaluating team processes and outcomes

We have seen that people need to work together to implement the systematic voiding programme. It will be important to evaluate how team working processes may help or hinder implementation. In the leadership programme, we have found that observation of processes helps people gain a more realistic view of how their own teams operate, and to identify opportunities for development. External facilitators will help you consider how you can use observation and feedback to enhance team working around the systematic voiding programme, and share good practice within your own stroke service.

Monitoring progress

Action plans provide facilitators with an opportunity to systematically monitor progress. As a result of this monitoring, they can problem-solve, provide support, and ensure effective communication about the implementation of the systematic voiding programme. Some activities which can assist with this include:

- Ensuring uptake of ICONS education and training
- Holding Q&A sessions with key staff
- Providing information updates

Evaluating change

Action plans and monitoring progress provide facilitators with the opportunity to evaluate how well things are going, and whether action plans need to be tweaked. This evaluation can be both informal and formal as follows:

- Organising informal review of progress with implementation
- Undertaking audit and feedback

Informal review of progress

An action plan for implementation will include a strategy for reviewing progress towards key milestones. The four mechanisms which comprise the 'work of implementation' highlight the complexity of change that is required in how people work together, act and think about their contribution to the required change in practice.

Informal opportunities to explore this complexity are important, and can help shape a deeper understanding of how things are going.

In our leadership programme we developed a technique called 'critical conversations' which provided a systematic approach to (in our case) thinking about discussions with patients and family members. A series of questions helped people to think more critically about casual comments to identify perhaps hidden meaning. This was a useful addition to other, more formal sources of information on the service user experience such as surveys and discovery interviews.

In your work as an internal facilitator, you will hear all sorts of information about progress and how staff members are thinking about what they are doing. The critical conversation technique will help you consider this in a systematic way, and may provide suggestions for how the action plan needs to change.

Audit and feedback

The action plan will include milestones and timelines to help you and the external facilitator evaluate progress. You may however wish to consider developing an informal audit and feedback mechanisms for key components of the systematic voiding programme. This will help to maintain the visibility of the trial, and give staff an indication of how things are going.

Facilitation Timetable

Depending on how many patients are admitted to each stroke unit, the systematic voiding programme will be delivered for a period of nine or 12 months. The activities planned for each phase are as follows:

Phase	**Internal Facilitators**	**External facilitators**
Action planning (1-2 months pre-intervention)	Review of 'Internal Facilitation Manual' Assessment of organisational learning context using ARCS Introducing mapping of continence system and work	Site visit Introduce Facilitation Manual Establish ways of working and communication Supporting the development of the action plan
Delivery (months 1-9/12)	Delivering facilitation action plan interventions Supporting personal development with facilitation Monitoring progress	Providing monthly supervision to the internal facilitator Ongoing problem-solving / trouble shooting
Evaluation (month 9/12)	Self evaluation of facilitation and implementation	Peer evaluation of facilitation

RECORD KEEPING

We have developed three ways of keeping a record of your work as an internal facilitator. This information will be useful to us to help make sense of the research findings we generate. However, we have organised these to minimise any burden on your time.

Firstly, the **action plan proforma** includes a list of actions that you intend to complete in your role as facilitator. We recognise these actions may change over time, and there is space on the proforma to enable you to do this. The proforma enables you to identify easily which actions have been completed as you review the action plan.

This manual also includes a **week-by-week diary** in the form of a checklist of facilitator activities, such as 'encouraging team working' or 'highlighting a need for practice change'. We ask that each you week you indicate which facilitator activities you have undertaken. It may be easier for you to complete this or add new activities at the end of each day (it will only take a minute or two to complete). However, we are only asking for information each week to limit any burden on you.

Each month, the external facilitator will provide you with the **opportunity to review progress**, or any additional challenges you have identified in the implementation of the systematic voiding programme. This will also include the review of something you feel has been significant, such as a 'critical incident'. External facilitators will use a 'critical incident analysis' framework to help make sense of the incident. The sorts of questions we will ask include:

Description of the critical incident:
- when and where it happened (time of day, location and social and organisational context)?
- what you were doing and why?
- what else happened (who said or did what)?
- what else was going on that influenced what happened?

Feelings about the critical incident:
- what were you thinking and feeling at the time and just after the incident?
- what were you hoping to achieve?
- what led up to the incident?
- how did you deal with the incident?

Evaluation:
- what was the problem?
- why was it a problem?
- who would you ask for help?
- why does this incident stand out?

Analysis:
- can you explain things that are going on?
- did a particular mindset/bias lead to the event?

Conclusion:
- could you have interpreted this event differently from another point of view?
- what can you learn from this episode?

Action plan:
- how could you avoid the problem in the future?
- how could you now solve the problem?
- How can you prepare yourself to handle such problems?
- What would be your preferred (ideal) option/choice?

This information will really help us understand the practical issues involved in facilitation, and so we would like, with your consent, to audio record that part of the discussion for future use. Obviously the recording will be kept confidential to the research team, but we may use anonymous quotations in reports or journal articles. If you do not want us to record this, external facilitators will take notes of the conversation.

A final word

We hope very much that you enjoy your time as a facilitator on the ICONS programme. We certainly value the time and energy you will put into this role, and making the research a success. You will be aware that developing effective new strategies to help reduce the impact of urinary incontinence is very important. We know little about 'what works' in addressing an issue associated with considerable misery on the part of patients and families.

External facilitators are there to help you – please do not hesitate to ask for support or advice. Every implementation challenge is different, and we will be as keen as you are to explore these challenges and think creatively about how they may be addressed.

We look forward to working with you over the coming months.

Jane and Chris

References

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INTERNAL FACILITATOR WEEKLY DIARY OF ACTIVITIES

This diary is composed of 'week-to-view' pages which will enable you to indicate the sorts of activities you have engaged in as an internal facilitator. We recognise that you will not undertake all activities each week, and some will not be undertaken at all. It may be helpful to tick activities off each week, or you may prefer to complete once a week.

We ask you to complete a page for each week, inserting the date of the Monday in the box provided.

The diary is organised into the key facilitator role domains identified earlier: Planning for Change; Leading and Managing Change; Monitoring Progress and Ongoing Implementation; and Evaluating Change.

Each domain is broken down into a number of activities with examples to guide you. You can indicate which activities you have undertaken by deleting the Yes / No box accordingly.

There is a space for notes if you want to add any detail or clarification to the information you record.

Please return completed diary sheets to external facilitators prior to your monthly discussion or meeting as, along with your action plan, they can help you review how things are going.

Please feel free to discuss any aspect of the diary with your external facilitator.

Week commencing Monday (please insert date):	Internal Facilitator:

Activity	**Description**	**YES / NO (please delete)**	**Notes**
PLANNING FOR CHANGE			
Increasing awareness	***Highlighting need for change to SVP***; stimulating enquiry and questions about SVP; evaluating baseline continence practice; providing insight; emphasizing benefits of SVP	**YES / NO**	
Developing a plan	Developing action plan; ***helping identify solutions to barriers to implementing SVP***; setting goals and establishing consensus about SVP	**YES / NO**	
LEADING AND MANAGING CHANGE			
Knowledge and data management	Disseminating evidence underpinning SVP; ***helping people interpret evidence underpinning SVP***; providing tools / resources for SVP	**YES / NO**	
Project management	Identifying leadership; ***establishing and allocating roles and responsibilities within the SVP and its implementation***; advocating for resources and change in practice	**YES / NO**	
Recognising importance of context	Creating an environment conducive to change; ***helping staff to overcome obstacles to using the SVP***; creating local ownership; fitting SVP with local systems	**YES / NO**	
Team building	Relationship building; ***encouraging effective team work around SVP***; enabling group and individual development; encouraging participation; overcoming resistance to change;	**YES / NO**	
Administrative or project support	Organising meetings; participating in meetings; gathering information and compiling reports; planning; training; ***providing practical assistance to staff***	**YES / NO**	
MONITORING PROGRESS AND ONGOING IMPLEMENTATION			
Problem solving	Addressing specific issues / problems; ***making changes to the action plan***; networking.	**YES / NO**	
Providing support	Mentoring and role modelling implementation of the SVP; ***maintaining momentum and enthusiasm***; acknowledging ideas and efforts; providing advice, support and reassurance	**YES / NO**	
Effective communication	***Providing regular communication***; keeping staff members informed.	**YES / NO**	
EVALUATING CHANGE			
Assessment	Performing / assisting with evaluation; liking implementation to improved processes and outcomes; ***acknowledging success and celebrating achievement***.	**YES / NO**	