Supplementary File 9. Dissemination and knowledge-translation plan

Audiences, products, sequence, responsibilities and data sharing

Version 1.4 - 17 August 2026

Companion to: Implementing a competency-based Advanced Field Epidemiology Training Programme in Sierra Leone: protocol for a mixed-methods pilot evaluation (JIEPH-D-26-00266).

1. Principles

- Findings return to the people who generated them before they reach an external audience. Residents, mentors and host sites see the results first.
- All reporting is authored by the independent research team. The programme may comment on a draft and cannot require a change to a finding, and any unresolved disagreement is reported alongside the finding it concerns.
- The empirical pilot is published whether or not progression criteria are met. A protocol that only reports success would make the fidelity measurement pointless.
- Negative and equivocal findings are reported with the same prominence as favourable ones, including components that failed and residents whose requirements were met only through corrective placement.
- All research reporting is led by the Independent Research and Evaluation Team (IRET). Programme and institutional reviewers may correct facts and identify confidentiality, legal or third-party-rights concerns; they cannot alter locked findings, require a preferred conclusion or veto scientific submission.
- No dissemination product identifies an individual resident, mentor or assessor. Site identification requires site consent.
- Dissemination products state what the pilot cannot show, so that a readiness finding is not read as evidence of effectiveness.

2. Audiences and what each needs

Audience	What they need from the results	Primary product
Residents and alumni	Whether the programme delivered what it promised them, and what changes follow	Cohort feedback session and a two-page summary
Mentors, supervisors and faculty	Where delivery held and where it failed, and what is being asked of them next	Faculty debrief and the fidelity component table
Field sites and host institutions	Site-level delivery, workload borne, and the value returned to their service	Site letters with site-specific delivery and contribution findings
NPHA leadership and the steering committee	The scale-up decision, its evidence, its cost and its conditions	Decision brief with the progression classification and corrective actions
Ministry of Health and national partners	Workforce implications, financing requirements and system contribution	Policy brief and national dissemination meeting
Regional and international FETP community	Transferable fidelity components, thresholds and instruments	Peer-reviewed empirical paper; conference presentation; instrument release
Funders and technical partners	Whether the investment produced deliverable capacity and at what unit cost	Costing annex and final report
Research and evaluation community	Reproducible methods and the open instruments	Repository deposit of protocol, plans, code and de-identified outputs

3. Products, sequence and responsibilities

When	Product	Audience	Lead	Review/decision boundary
Quarterly	Fidelity and progress dashboard	Steering committee, safeguarding function	Independent principal investigator	Safeguarding and evaluation oversight receives the report; programme response is separate and cannot change the locked fidelity record.
Months 6, 12, 18	Interim feedback note after each survey and qualitative wave	Residents, mentors, sites	Independent research team	Factual and confidentiality review only; voluntary individual responses remain outside programme supervision and progression.
Month 24, week 1	Cohort feedback session and two-page resident summary	Residents and alumni	Independent research team	Participants may correct factual misunderstandings and protect quotations; they do not select or suppress findings.
Month 24, week 2	Faculty and site debriefs; site-specific letters	Mentors, supervisors, host institutions	Independent research team	Sites may correct facts and propose corrective action; the IRET retains scoring and interpretation.
Month 24, week 4	Decision brief carrying the progression classification	NPHA leadership, steering committee	Independent principal investigator	NPHA and the steering committee record the programme decision; they do not alter the evidence or analysis.
Month 25 to 26	National dissemination meeting and policy brief	Ministry of Health, national partners	Independent principal investigator	Factual, confidentiality, legal and third-party-rights review within 15 working days; no change to locked findings.
Month 26 to 30	Peer-reviewed empirical paper on the pilot	Scientific community	Independent principal investigator	Contribution-based authors approve authorship and scientific accountability; institutions hold no publication veto.
Month 26 to 30	Instruments, fidelity manual and analysis code released under an open licence	Other programmes and evaluators	Independent research team	Contribution-based authors approve authorship and scientific accountability; institutions hold no publication veto.
Month 30	Conference presentation to the regional FETP community	Regional programmes	Nominated resident or faculty member	Presentation receives disclosure and factual review; unfavourable findings remain intact.
Month 30 to 33	Final report with reporting checklists and repository deposit	All audiences	Independent principal investigator	Steering and NPHA receive the final report and record action; they do not revise locked analysis or block repository deposit.

Review period and no-veto rule: authors, programme leaders and institutions receive 15 working days to identify factual errors, confidentiality risks, legal restrictions and third-party rights. The IRET records every comment and response. Reviewers cannot change locked analyses, remove unfavourable findings, require a green classification or prevent journal submission. Urgent safety reporting follows immediate duties and does not wait for this period.

4. Resident participation in dissemination

Residents are the subject of the evaluation and its intended beneficiaries, so they are given a role in reporting rather than only a summary of it.

- At least one resident is nominated to co-present the regional conference presentation, with preparation and support provided.
- Residents may comment on the draft cohort summary and on any quotation attributed to their role before release, and may request removal of a quotation that they judge identifying.
- Authorship on the empirical paper follows documented contribution criteria. Participation in the programme does not by itself confer authorship, and this is stated to residents at consent so the expectation is set early.
- Resident field products, theses and their own publications carry separate authorship decisions that this evaluation does not affect.

5. Data, code and instrument sharing

- The registered protocol, its amendments, this plan and the statistical plan are public at the point of registration, before results exist.
- Analytic code, reporting checklists, the fidelity manual and the data-collection instruments are deposited in a stable repository under an open licence.
- De-identified aggregate outputs are shared where ethics, national law, confidentiality and third-party rights permit. Individual-level data are not shared, because a cohort of 15 in eight named sites cannot be de-identified against reasonable re-identification effort.
- Qualitative extracts are reviewed for deductive disclosure before any release, and site names are removed unless the site consents.
- Requests for further access are considered by the safeguarding and evaluation function against a documented data-sharing procedure, and are decided independently of the programme.

6. Reporting negative and unfavourable findings

Three findings are named here in advance because they are the ones most likely to be softened at reporting time, and stating the commitment now removes the discretion.

- Fidelity components that failed are named individually rather than absorbed into an overall percentage.
- The number of residents who met the outbreak requirement only through a programme-led corrective placement is reported, since it measures how far authentic opportunity fell short.
- If the progression decision is amber or red, the decision brief and the empirical paper report it as such, together with the corrective actions and their estimated cost.

7. Accessibility and language

- The resident summary, site letters and policy brief are written in plain language, avoiding implementation science terminology that would not survive translation into practice.
- Products intended for national audiences are prepared in English and, where the audience requires it, in the working language of the meeting.
- The national dissemination meeting is held in a venue and format that district staff can attend, including remote participation, since findings about district capacity that only reach the capital have failed their purpose.

8. Evaluating dissemination

Dissemination is tracked as a study output rather than assumed. The team records which products were delivered on time, which audiences received them, which recommendations were taken up and by whom, and where a decision

changed as a result. Recommendation uptake and verified system contribution are already outcomes of the pilot, so this record feeds the contribution analysis rather than sitting apart from it.

9. Version record

1.4 - 17 August 2026: final dissemination and knowledge-translation plan. The revision assigns research reporting to the IRET, limits institutional review to facts, confidentiality, law and third-party rights, fixes a 15-working-day review period, removes publication veto, and preserves reporting of amber, red, null, harmful and unfavorable findings.