In this quantitative article by Mohammadi et al. (2021), the researchers conducted a randomized control trial to determine the effectiveness of multimedia education utilizing the patient teach-back method to reduce cardiac anxiety and improve the quality of life for heart failure patients. Heart failure (HF) is a syndrome defined as the new onset or worsening of symptoms and signs of HF, mostly related to systemic congestion (Arrigo et al., 2020).

- **Identify the outcomes specific to the intervention measured by the research team.** The outcomes specific to the intervention within the study showed multimedia education only versus multimedia education with the teach-back method to improve patients' quality of life and reduce cardiac anxiety (Mohammadi et al., 2021). Three groups of patients, 120 total and 40 patients in each group, were divided to test each intervention. Group A: (educated only screened four sessions, 45 minutes long, discussing prevention, signs and symptoms, diet, and complications of heart failure) Group B: (education + teach-back method (group discussions) Control group:(education provided by nurses in the hospital day-day basis). Based on an intervention for each group involved in the study, the means of score and quality of life were examined via follow-up immediately, 1 month, and 3 months after the educational intervention. The study outcomes showed that multimedia education with a teach-back method effectively promotes quality of life and reduces cardiac anxiety. An even more effective way was multimedia education with reflective learning. The study also utilized other studies with similar results to support intervention. The significance level amongst groups per intervention was $P< 0.05$. This can be implemented into practice by managers and policymakers to educate and promote quality of life for patients with cardiac disease.

- **Considering implementation fidelity, identify the steps you would take during the design phase to translate/ implement this intervention in a practice setting.**

Implementation fidelity assesses the degree to which an intervention is delivered as it should be. Fidelity helps to determine if an intervention's outcome(s) are attributed to the intervention itself or a failure of its implementation (Guerbaai et al., 2023). Researching advances our understanding of the processes needed to maintain implementation fidelity will be critical to creating sustainable interventions (Breitenstein et al., 2010). Implementing infidelity must be continuously evaluated because it is the best implementation evaluation. The primary step is observing the suitable intervention for heart failure patients in that setting and involving stakeholders to assist in the patient's ongoing care. Implementation fidelity evaluation is needed to understand better how a complex intervention reaches clinical effectiveness. It helps practitioners, policymakers, and other vital stakeholders know if an intervention is being replicated as it should be.