“Dragon’s Den! How to get buy-in for your innovations or change ideas”
Department of Family Medicine Retreat  Jan 11 2020
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Objectives
1. Describe outcomes-based change management proposals.
2. Anticipate who needs to be consulted to get ‘buy in’, and help your project move ahead
3. Write a simple ‘elevator pitch’ and frame your work and ideas in the context of the existing literature
4. Describe the difference between ideas that will be funded (and not)

STEP 1: Outline / describe your proposed innovation/change:

a) Why should this project be undertaken?

b) What important primary care or education issue is the project addressing?

c) What motivates YOU to make this change? See also needs assessment (Step 2) below

d) Where (context) is the innovation to take place?

e) Participants/ Adopters: Who will be adopting the innovation?
**STEP 2:** Flesh out your proposal. What sort of NEEDS assessment (perceived, unperceived needs) will you conduct?

**Perceived needs (potential attendees)**
- Surveys
- Interviews
- Focus groups
- Test results
- Practice review or reflection
- Others:

**Un-Perceived needs (often secondary sources)**
- Observations of performance,
  - pt feedback, complaints
- Literature reviews
- CPGs, Professional organizations,
  - Trends in public health
- Models (eg CBME models, CanMEDS-FM, Redbook)
  - M&M rounds
  - Records reviews
- Others


**STEP 3:** Who else should you get involved?
- Administrators?
- Other faculty?
- Leaders/chair (eg re funding)? UG director
- Librarian?
- Methods/Stats help?
- Learners? (not about me, without me)
- REB?
- Others?
- Consider that you may need to change your question / intervention
STEP 4: Detailed intervention plan
WHEN (time): When will the change start? How long should the time take? Will there be a gradual role out? Eg Pilot?

Write a PICO statement:
- Participants:
- Intervention:
- Comparison/Control (if applicable):
- Outcome: HOW will you know the change has happened?

FINER criteria:
F Feasible: adequate number of subjects, adequate technical expertise, affordable in time and money, manageable in scope
I Interesting: getting the answer intrigues investigator, peers and community
N Novel: confirms, refutes or extends previous findings
E Ethical: amenable to a study that institutional research ethics board will approve
R Relevant: to scientific knowledge, to clinical and health policy, to future research

What level are your learning outcomes?

- Base level: “I came. I saw. I delivered a session”
- Aka: “I survived” \rightarrow Aim for base level and you will achieve it

What is your topic of interest?
What is the problem you are addressing?
Why is this problem interesting and important?
How does your innovation connect with a broader disciplinary conversation?

My elevator pitch:

**STEP 5: Other considerations**
- Any change barriers? Organizational strengths/ challenges you can anticipate?

- Any negative impacts? Burnout?

- Communication approach / plan for your change?

- Plan for “member checking” of surveys etc.

- Ethics required?

- Funding: How much? What for? Make a preliminary budget: Outline any personnel, equipment, material & supplies, and other expenses.

- Apply for funding. A great Youtube video on how to prepare a PRIME grant is available: https://youtu.be/RwlLAhjgpos

- How will you disseminate the results?

**Other suggestions from Dr Liddy:**

Returning to Roger’s Theory of the Diffusion of Innovation: (Rogers, 2003)

- 5 key elements to consider, 5 steps where innovations / changes can fail
References:
CASES

Follow the handout, an use the example of your own innovation (or one of someone at your table)

OR use the handout with one of the following cases

Case 1: Patient Access

The problem: A primary care office had concerns that patients were complaining there is inadequate access to their primary care physicians. What innovation do you propose?

Case 2: CaRMS

The Problem: A university postgraduate program had a drop in the number of matched positions in one year. What innovation do you propose?

Case 3: Curriculum Change

The problem: You perceive that residents are not competent in women’s health knowledge or skills/procedures in your setting. What innovation do you propose?