Journal of Interprofessional Education & Practice 2 (2016) 33–38

Contents lists available at ScienceDirect

Journal of Interprofessional Education & Practice

journal homepage: http://www.jieponline.com

Facilitating the dissemination of interprofessional education and practice using an innovative conference approach to engage stakeholders

Margo L. Brewer*

Faculty of Health Sciences, Curtin University, Pro Vice-Chancellor's Office, G.P.O. Box U1987, Perth, Western Australia 6845, Australia

ARTICLE INFO

Article history:
Received 29 April 2015
Received in revised form
29 November 2015
Accepted 1 December 2015

Keywords:
Leadership
Conference
Interprofessional education
Dissemination
Diffusion of innovation

ABSTRACT

Significant change is needed to successfully embed interprofessional education (IPE) and interprofessional practice (IPP) within health systems. Change such as this requires effective leadership, yet leadership is an underdeveloped area in IPE and IPP. To address this gap Curtin University drew on organizational change literature, particularly Kotter's (1995) [8] eight-stage change process, to inform the implementation of its large scale IPE curriculum. This paper describes the University's dissemination strategy which is informed by Roger's (2003) [9] 'diffusion of innovation' theory. The success of this strategy was tested on a local IPE conference. Two thirds of the 2014 conference participants (n = 100) completed a short post-conference questionnaire. Seventy-seven to 93 per cent of participants agreed that the conference was informative, applicable, and increased their knowledge of IPE and IPP. The results of this study suggest that 'diffusion of innovation' is a useful theory to inform the dissemination of IPE and IPP.

Introduction

The international commission titled Education for Health Professionals for the 21st Century called for a shared vision and strategy for health professional education [1]. To achieve the goals identified by the commission, transformational changes are required at the system, organization and individual levels. The question arises though as to how this change will occur. According to Barr (2011) [2], the leadership needed to transform health systems is not currently being exercised. Barr's stance has been supported by others including the Institute of Healthcare Improvement [3] which stated that fundamental changes in leadership and a steady stream of innovative solutions to problems is required to achieve the desired improvements within health care organizations. It appears that the time is right for health educators and practitioners to carefully consider how the fundamental changes will occur and what role leadership will play in embedding innovative solutions such as interprofessional education (IPE) and interprofessional practice (IPP).

Current studies of leadership for IPE and IPP, however, are not well developed. Similarly, the form of leadership and the capabilities required to successfully lead interprofessional change have not been clearly identified [4]. To achieve the transformations required it seems appropriate to consider the application of successful change leadership theories from fields beyond health [5–7]. This paper describes the evaluation of an innovative conference that was designed by an Australian university to engage stakeholders as part of a broader change management process to embed IPE and IPP. The approach to the conference—as well as the change process—was underpinned by theories of change and diffusion [8,9]. Key learnings from the experience are provided as well as the theories that were adopted, as they provided a useful structure to consciously consider how the desired changes would occur.

Curtin University's context

Curtin University in Western Australia has over 12,000 students enrolled within 24 diverse health courses including nursing, midwifery, physiotherapy, occupational therapy, social work, psychology, speech pathology, health information management, laboratory medicine, and molecular genetics. Interprofessional education was included in the Faculty of Health Sciences teaching and learning

Declaration of interest: The author reports no declarations of interest. The author is responsible for the writing and content of this paper.

* Tel.: +61 892669288.
E-mail address: m.brewer@curtin.edu.au.

http://dx.doi.org/10.1016/j.xjep.2015.12.001

plan for the first time in 2008 [10]. Since then IPE has increased in importance and scale with our current IPE curriculum providing learning experiences for over 3700 undergraduate students. This includes tutorials, simulations, case-based workshops, and clinical training placements [11]. The implementation of this curriculum required an effective change leadership framework that optimized the enablers for IPE whilst overcoming the barriers frequently cited in the literature [12]. This leadership framework, as described by Brewer and Jones (2014) [10]; was based on Kotter's (1995) [8] eight-stage process for leading change. One of the most cited leadership theories in business, Kotter' work remains relevant today [13].

Increasing the adoption of IPE

Curtin University's leadership framework included the development of a vision for IPE and IPP and a strategy to achieve this [10]. In keeping with Kotter's (1995) [8] change process a critical step in this process was dissemination to garner the broad-based support required to embed IPE within the culture of the University. Dissemination was broadened to include the key organizations within the state of Western Australia, the context within which many of Curtin's students undertake clinical training and employment.

As IPE is still viewed by many as an innovation in health education, Rogers' 'diffusion of innovation' (2003) was selected to inform our strategy. The application of this theory to IPE is supported by the literature [14].

Rogers first proposed his theory in 1962, however it continues to be commonly cited with approximately 5000 publications in the social science literature by 2004 [15]. Rogers (2003) [9] defined diffusion as the process by which an innovation is communicated among members of a social system. This process involves participants creating and sharing information with one another to ensure mutual understanding is established. This process involves five stages: knowledge, persuasion, decision (to adopt or reject), implementation, and confirmation [9].

Whilst both Kotter's (1995) [8] and Rogers' (2003) [9] theories describe a linear process (Table 1) the complex nature of change is likely to result in several stages occurring simultaneously [16].

A key learning from Curtin's experience developing a leadership approach for IPE was that it is essential to foreground the innovative characteristics of an interprofessional approach. The five characteristics of an innovation are relative advantage, compatibility, complexity, trialability, and observability [9]. Rogers describes these as follows:

- relative advantage is the degree to which the innovation is perceived to be better than what it supersedes;
- compatibility is how consistent the innovation is with existing values, past experiences and needs;
- complexity, as the name implies, is the level of difficulty in understanding and using the innovation;
- trialability is degree to which the innovation can be tested or trialed; and
- observability is visibility of the innovation's results.

Table 1
Theories underpinning Curtin University's leadership for IPE framework.

Eight-stage change process [8]	Diffusion of innovation process [9]
1. Establish a sense of urgency	1. Knowledge
2. Create a guiding coalition	
3. Develop a vision and strategy	
4. Communicate the vision	2. Persuasion
5. Empower broad-based action	3. Decision (adopt or reject)
6. Generate short term wins	4. Implementation
7. Consolidate gains and produce more change	
8. Anchor new approaches in the culture	5. Confirmation

The key dissemination event

An important element of Curtin's dissemination strategy for IPE and IPP is the Health Interprofessional Education (HIPE) conference. This began as an annual event in 2009 and in 2012 changed to a biannual event. The objective of the conference since inception has been to communicate widely Curtin's vision for IPE and IPP (step 4 in Kotter's change process), and to facilitate the sharing of successful IPE and IPP innovations ('wins' in step 6 of Kotter's process). It wasn't until the 2014 that the conference was grounded in the diffusion of innovation theory.

The 2014 HIPE conference ran over 4 hours. The event was promoted to students and staff at all five universities in Western Australia and to other related organizations in an effort to empower broad-based action (step 5 in Kotter's process). In keeping with the necessity for a framework to inform change leadership, the conference program was designed to optimize the adoption of innovation through incorporating the key diffusion characteristics identified by Rogers (2003) [9]. For example, the Pro Vice-Chancellor of health sciences presented the *relative advantage* of IPE and IPP in his opening address. This was followed by a panel comprised of international experts sharing their opinions on the state of IPE and IPP within their country (Canada, United States and Australia) and a local panel comprised of a senior academic, a senior health industry leader, and two final year health science students. The panel members reinforced the relative advantage of an interprofessional approach and highlighted how IPE aligned with their personal and professional values, experiences and the needs of key stakeholders in their particular context. The inclusion of opinion leaders such as this has been shown to play a key role in the diffusion process [17]. The conference program then changed to multiple parallel oral paper sessions. Pre-conference instructions for these presenters were designed to encourage consideration of the diffusion of innovation characteristics, particularly complexity, trialability and observability. Presenters were asked to include examples to illustrate pertinent points, specific ideas or information that the audience could benefit from and a key interprofessional message(s) that they wanted to audience to take home.

To address the lack of literature critically evaluating interprofessional events [18] this paper reports on the evaluating data for the 2014 conference. Data collected from 100 students, academics and local health practitioners who participated in the conference is analyzed according to Rogers (2003) [9] theory to determine whether the conference assisted in the diffusion (dissemination) of IPE and IPP.

Method

Study design

All conference attendees were invited to participate in the research via an information sheet included with the conference program. Return of a short questionnaire at the conclusion of the event was taken as consent to participate. Ethics approval to conduct the research was obtained from the University's Human Research Ethics Committee.

The questionnaire consisted of two sections. The qualitative section featured three open ended questions to ascertain their conference experience and the likely impact of this dissemination event: (1) "What sessions had the most impact on you and why?,"