

First Report on a Novel Dissemination Strategy for Medical Innovations

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Despite the substantial accumulation of new medical knowledge every year, very little of this information is translated into clinical practice in a timely fashion. To address this delay, the Author in the Room (AIR) initiative was developed [1]. A collaborative effort between the Institute for Healthcare Improvement and the *Journal of the American Medical Association* (JAMA), the program consists of monthly conference calls in which the author of a study recently published in JAMA discusses the pertinent findings of the study, and, facilitated by a clinical improvement expert, discusses strategies to incorporate the findings into practice. A question and answer session follows. Our research sought to document the characteristics of individuals participating on the calls as well as to explore the feasibility of such a strategy for informing and preparing individuals to initiate change in clinical practice.

Methods

The study design consisted of pre and post surveys of individuals participating in 5 sequential AIR conference calls between October 2005 and February 2006 [2–6]. The survey questions were designed to address the aims of the study through expert agreement and interviews with key informants. The 2 surveys were administered electronically to all participants on each call. The pre-AIR survey was administered at the time of registration for the call and collected demographic information in addition to participants' experience with and knowledge regarding implementing changes in their practice. The postcall survey was e-mailed to all registered participants immediately at the conclusion of the AIR call and asked about participants' intent to change practice as well as knowledge and attitude related to implementing a change in their practice. Three reminder e-mails were sent to nonrespondents in the week following the conference call.

Results

There were a total of 336 participants in the 5 AIR conference calls, with substantial variation in participation depending on the topic. All 336 participants (100%) completed the initial registration survey, and 207 (62%) of the participants

completed the second, postcall survey. Most participants (64%) were employed by hospitals, half provided direct patient care, and many had administrative responsibilities as executives (15%), program managers (19%), and quality professionals (31%). The participants tended to have considerable experience related to the topic being discussed, with 70% describing themselves as "very" or "somewhat" experienced. Similarly, most participants (83%) considered themselves to be "very" or "somewhat" experienced in quality initiatives.

The majority of participants felt that the AIR initiative improved their knowledge of the topic being discussed as well as their understanding of how to initiate the changes being proposed during the discussion into their clinical practice (Table). Participants felt significantly more prepared to initiate change after participating in the call as compared with before the call ($P < 0.02$). Of the participants, 43% indicated that they planned to make changes based on the recommendations made during the call. Of those planning on making changes, 53% were prepared to implement the proposed changes within 4 weeks.

Discussion

The AIR series was perceived by participants as a motivator to initiate new evidence-based changes into their practice. While only about half of participants indicated that they planned on implementing the proposed changes, this may reflect the self-selected nature of the participants, as some may have already implemented changes or were not involved in direct patient care. The variations in attendance and plans to make changes between the 5 AIR calls suggest that the topic selection and target audience requires careful consideration. Further study is necessary to determine whether the ongoing AIR strategy leads to actual implementation of the changes and what

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Table. Author in the Room (AIR) Postcall Survey Responses

	No. of Participants Endorsing Response (%)					
	October n = 9	November n = 84	December n = 51	January n = 54	February n = 9	Total n = 207
Relevance of AIR topic to practice						
Very/somewhat relevant*	6 (75)	78 (95)	43 (90)	49 (91)	7 (78)	183 (91)
Extent AIR improved understanding of topic						
Great/some extent*	8 (89)	80 (95)	38 (79)	52 (98)	8 (89)	186 (91)
Extent AIR improved understanding of how to change						
Great/some extent*	8 (89)	77 (92)	36 (77)	47 (89)	7 (78)	175 (87)
Priority of changing practice						
Moderate/high/highest priority [†]	6 (86)	65 (84)	37 (80)	47 (92)	8 (89)	163 (85)
How prepared to change professional practice						
Very/somewhat prepared*	6 (86)	68 (90)	38 (83)	40 (77)	9 (100)	161 (85)
Plan to change						
Yes	4 (57)	30 (38)	20 (43)	25 (48)	5 (56)	84 (43)
No	2 (29)	15 (19)	9 (20)	5 (10)	4 (44)	35 (18)
Not sure	1 (14)	34 (43)	17 (37)	22 (42)	0	74 (38)
If yes, how soon						
1 week	2 (40)	5 (14)	3 (12)	4 (12)	3 (60)	17 (16)
1–4 weeks	1 (20)	15 (42)	12 (46)	9 (27)	2 (40)	39 (37)
More than 4 weeks	2 (40)	16 (44)	11 (42)	20 (60)	0	49 (47)

*Responses obtained on a 4-point scale.

[†]Responses obtained on a 5-point scale.

strategies are necessary to lead to successful incorporation of new knowledge.

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