

Selling Spread

More Game Resources: [CQII.org](https://www.cqii.org)

Fun Scale ● ● ○ ○ ○

Ease of Play Online ● ● ● ○ ○

Connection to QI ● ● ● ○ ○

Type of Game: An interactive demonstration about spreading new innovations and how others adopt new ideas

How Long: 15-25 minutes

Learning Objectives

- Understand the factors that may affect how quickly people will adopt a change
- Understand the realistic challenges in implementing a change
- Learn how to present a change so more people are willing to try it out

Suggested Audiences

Staff and QI team members who are planning to adopt changes or are ready to take changes they have developed to the rest of the organization. You may also involve the people to whom the changes are being “spread.”

History and More Information

Sarah Fraser, a scholar on spreading good practices in healthcare, uses this demonstration in her teaching and led the demonstration at a learning session sponsored by the Institute for Healthcare Improvement. This game was previously described in the NQC Game Guide (Interactive Exercises for Trainers to Teach Quality Improvement in HIV Care) developed by the New York Department of

Health in August 2006 ([CQII.org](https://www.cqii.org)). CQII has incorporated this game in its advanced QI training program: Training on Coaching Basics (TCB).

Materials

For this game, you will need:

- Ideas to be ‘sold’ to participants (see instructions below)
- Paper and a writing utensil to vote
- CQII instructional slides and additional resources (targethiv.org/virtual-game-guide)
- Zoom account (or other video conferencing platform)
- Access to a computer and/or handheld mobile device, and internet connection

Preparation

To prepare for this session:

- Familiarize yourself with the session’s structure and content:
 - Read through the game instructions and key teaching points in its entirety
 - Practice the game itself
 - Practice presenting the key teaching points
 - Determine the ideas that you want to ‘sell;’ see ideas below as a reference

This game is a demonstration to illustrate the research of Everett M. Rogers about how innovation gets transmitted through a population. In very simple terms, Rogers says that people adapt to something new at different rates. Some people are true innovators — those who are most venturesome about taking on a change. They are followed by early adopters, the early majority, the late majority and last by the laggards. The distribution of these groups in a population roughly mimics the bell curve, with most falling into the early majority or late majority categories. As the game is designed to show, many factors about a change affect which category a person will fall into for any given change. Rogers has identified five attributes of a change that may affect how a person feels about change. Explain these briefly to your audience, primarily to help your “sellers” design effective pitches for their ideas.

Rogers introduces each attribute as follows:

1. **Relative advantage of the proposed change:** “the degree to which an innovation is perceived as being better than the idea it supersedes.”
2. **Compatibility with the current system:** “the degree to which an innovation is perceived as consistent with existing values, past experiences, and needs of potential adopters.”
3. **Simplicity of the change and transition:** “the degree to which an innovation is perceived as relatively difficult [or simple] to understand and use.”
4. **Trialability/Testability:** “the degree to which an innovation may be experimented with on a limited basis.”
5. **Observability** [ability to observe the change and its impact]: “the degree to which the results of an innovation are visible to others.”

Research also shows that those in the “early adopter” category are most able and helpful to influence the majority to warm up to a change. As you do your improvement work, think about who might be an “early adopter” on whom you can rely for help.

Playing the Game

Welcome and Introductions

To begin the game, welcome participants and thank them for their participation. If necessary, ask individuals to introduce themselves to the group.

Agenda

Provide a brief description of the game’s primary components:

1. Setting the stage for the interactive exercise
2. Play the Selling Spread game
3. Debrief and discussion on what lessons are learned and how they apply to HIV care
4. Feedback and close

The Game

Step 1: Prepare ideas that you want to ‘sell’ to the audience; be as creative as possible, potential ideas are:

- A texting program to remind patients of their upcoming appointments that is fully integrated into the medical record system to document all texts
- A subcutaneous ‘ART pump’ that provides continuous ARV medications for one year
- Providing iPads in waiting rooms so patients can update their own medical records
- Allowing patients access to the program’s scheduling system so they can schedule their own visits and email their doctor

Step 2: Instruct participants to prepare five pieces of paper with 1, 2, 3, 4, 5 on it; explain that “1” indicates a high likelihood of adopting the presented idea right away (innovators/early adopters) and along the continuum, “5” indicates that the likelihood of not adopting the idea at all (late adopters)

Step 3: Give the “pitch” to the audience for 5-7 minutes and try them to adopt your idea. Have fun and use an ‘informercial’ approach. Keep Rogers’ attributes of the change that affect the rate of adoption in mind.

Step 4: While listening, ask participants to determine their own level of enthusiasm and likely “adoption” of the proposed idea during the presentation by showing their numbers (from 1-very likely to 5-not likely at all) to indicate their likelihood to adopt the idea. At the beginning of listening to the idea, participants display the number 3 to indicate that they are not likely or unlikely to adopt the idea. Ask participants to change the score whenever new information is presented.

Step 5: After the game, reflect on scores provided during the game; expect a roughly bell-shaped curve. Have people at each end of the distribution explain why they did or did not “buy” the idea. People who scored themselves in the middle of the distribution (numbers 2, 3, or 4) can be asked what it would take for them to adopt the idea.

- Ask participants how they might apply what they learned from this game to their HIV programs.
 - What does this way of thinking about change tell us about how to make change happen in our program?
 - How can we better address Rogers’ attributes of change in what we do?

Feedback and Close

- Ask your audience for feedback on whether this session met its objectives; take note of their responses and keep it for your use in the future
- Schedule an informal follow-up session with any audience member who wants clarification or more information on the game or the concepts you discussed
- Thank your audience and congratulate them on their hard work and success

Debrief and Discussion

- Ask the participants, what did they observe? Any trends? Thoughtful comments?
- Key points to elicit from the discussion include:
 - Different changes are easier or harder to sell than others, so we need to tailor our communication about the change accordingly
 - Not everyone will adopt a change quickly (be an “early adopter”)
 - Some people are more likely to accept one type of change versus another; some are innovators or laggards depending on the different type of ideas or changes proposed; it is important not to stereotype people as always being innovative or not