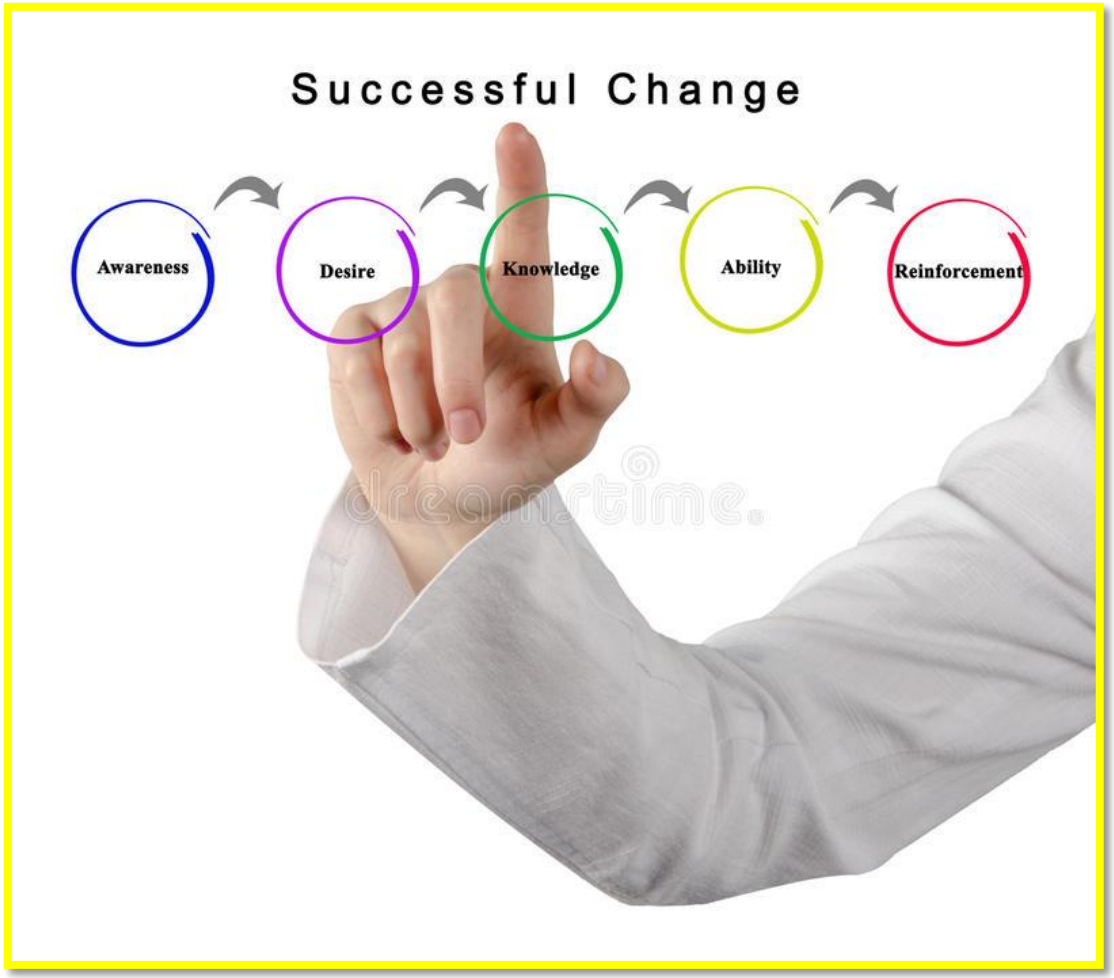


DHPE WORK SHOP

Thursday 10 SEP 2020

YELLOW TEAM

1. Prof. Ali Turki
2. Dr Noha Noufal
3. Dr Noha Mitwally
4. Prof Mervat Khorshied
5. Prof. Abd El Aziz Hussein
6. Dr Eman El Masry
7. Dr Noha Mahmoud
8. Dr Marwa Shakweer

Introduction

Most organizational changes that fail are focusing on the organizational factors and neglect the people-oriented issues. During the change processes, two groups of people can be classified: those who initiate, implement and support the change (Change agents) and those who may be affected by or affect the change (stakeholders) either within the organization or outside it. In our yellow group, we will use the next steps of the ADKAR model (**Awareness, Desire, Knowledge, Ability, and Reinforcement**) to manage the people in our selected change projects.

Fellow: Prof Ali Turki Question: (1)
ADKAR Model: A K D A

A successful change is contingent greatly on the leadership style of the change agent. Transformational leaders are *role models*. They generate the sense of a common vision within the groups, stimulate, empower, and encourage the people to reconsider their practice and ideas and give attention to individuals to be familiar with their needs (Bass, 1999)**.**

Our change process started in 2012, based on **a real-life experience** which is "*Establishment of a medical education department in my medical school"*. Throughout the change cycle to establish the department, ***we provide support*** as internal change agents as follow; ***in the denial stage,*** 1) we tried to explain to the faculty members the need for change, 2) bring the change closer to them by making a medical education conference and invite ME' specialists to it as speakers, and 3) involved the faculty top administration for support but, the reaction was resistance. During the ***resistance stage***, 1) we listened carefully to the other stakeholders' opinions with respect, 2) absorb their negative energy, and 3) discuss with them the necessary need for this new change and its benefits for them, for students, and for our medical school. In 2016, the ***exploration stage*** started with the application for accreditation, when the stakeholders found themselves confused, disparate with total chaos due to the lack of information and uncertainty about the requirements for accreditation. 1) We reassured them and inspired & motivated every individual to work hard. 2) We included the faculty top administration and promised them that everything will go perfect with the *change efforts* until the school gets accreditation. 3) We held also training workshops to all stakeholders to learn them the different methods, techniques, and strategies of modern medical education and 4) included them in all activities with a promise that they will have a place in the new change. With the ***commitment stage***, our school was accredited and our dream started to come true again. Our medical education department was established by the end of 2019 *with* the help of the faculty and university top administrations and convince of the faculty members with ***no set-back stage.*** Now, we started a new cycle of change to lunch a professional diploma in medical education, and the diploma program was approved recently by the faculty postgraduate council in July 2020.

In providing our support during this change cycle, we adopted the ***transformational leadership*** which is highly ethical and depends upon influence, not authority and inspiration, not dictation to excite the minds of our stakeholders and empower them to do the required change. Transformational leadership is a suitable leadership style for managing organizational change. In addition, it has the ability to assist followers to understand how to cope with change. An effective leader should also be in possession of certain characteristics of the role model such as passion, consistency, trust, and vision, to be able to build trust in employees (Talaat, 2010 & Mansaray, 2019).

Fellow: Dr Noha Noufal Question: (2)
ADKAR Model: A & D

A changing process can be a big challenge for any organization. On March 2015, the current working place of my medical college, decided to shift its program from "traditional" discipline-based to Competency-Based Medical Education "CBME". CBME is an integrated, student-centered, and clinical simulation-based program. During this changing cycle, we faced many obstacles, like the resistance of staff members and difficult to motivate them for change.

Resistance to change within an organization is as common as the need for change. After taking the decision to change the program from traditional to CBME, we faced some resistance in the beginning from the staff members who are graduates of the traditional system, they ask why a curriculum reform and change to CBME if the traditional change means actively support and participate in change. **To match the goals with people intrinsic desire**, members of the medical education department including me started to think about how to **motivate and increase the desire** of the faculty staff to participate in the change process. We started our **awareness** campaign to increase the staff and other stakeholders' knowledge about the benefits of CBME. We engaged them in discussion about the disadvantages of the current situation and the need for change, meanwhile we recognized the obstacles, defined the main goals and plan for improvement.

On analysis of our situation, we found many obstacles should be overcome before the implementation of CBME. The first is to increase the administration requirements. Second, the need for faculty development program, the third is curriculum reforming, and finally, change the assessment methods. We identified the responsibilities of all stakeholder. The administration provided financial support for improvement of the college infrastructures. The Faculty Development Program (FDP) was designed to prepare teachers to play new roles in helping the students to acquire multiple competencies. FDP was a great challenge because the medical teachers needed first to understand the new medical education paradigm based on competencies and to recognize the competency-based clinical practice outside the contents of the medical curriculum, and also to develop strategies for teaching and assessment of competencies in other domains of practice. Our medical education department did train of the faculty members how to learn these competencies in addition to the selection of the appropriate assessment tools, the expert curriculum designers were engaged and the working environment became more motivated due to inserting meaningful, and challenging change.

Fellow: Dr Noha Mitwally Question: (3)
ADKAR Model: K

In our Journey to shift the curriculum from the traditional learning to competency-based learning in my educational organization, it started On March 2015 and as a member in the medical education committee of the college, I was responsible for conveying the "knowledge of change" to the other faculties and stakeholders in the college, In the beginning, I spent most of the time struggling with the minds of the people to convince them about the need for change "awareness" and asking them for support due its benefits for all "desire". I think I was a good information provider as I used different methods to provide the knowledge, train, educate and work closely with the people and coaching them to acquire the ability to perform effectively.

Providing knowledge in our change project runs in two phases:

1. **KNOWLEDGE TO LUNCH THE CHANGE:**

In this phase, we informed the team what to do during the transition, how to prepare themselves to competency- based learning. As a part of the information providing team, I contacted all the faculties by emails and invited them to attend workshops and forums in series. Our workshops and forums started from the definition of competency based learning and ascending gradually on how to be an excellent problem based medical teacher. We also sent the faculties' presentations, videos, papers, and reports to experts for more information providing about the way to change. After 2 months of hard working in transferring knowledge, coaching, mentoring, formal training, and peer teaching, we reached the second phase.

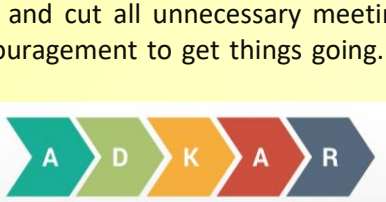
2. **KNOWLEDGE TO IMPLEMENT THE CHANGE:**

We emphasizes that it is not possible to achieve success in unless the previous action has been addressed. We used different strategies to implement the change. Initially, we reformed the vision and mission of the college by involving some members of the faculties in this task to raise their awareness of the change. Then we performed many simulation PBL sessions and sent surveys to all members to gather more ideas about their satisfaction. Further, we involved a member from each department in the curriculum committee to get benefits from their experience and knowledge in specific subjects. Moreover, we trained, coached, and monitored the staff on how to use the new skill labs effectively. By the beginning of the academic year 2016-2017, we started new successful era of competency based medical learning.

Fellow: Dr Mervat Khorshied
Question: (4) ADKAR Model: ALL

The task of leading a team of people in a transformation at any level will often require an ability to create an atmosphere of urgency that can be embraced, and in turn bring about an atmosphere of achievement. In a business context, to have a sense of urgency is to act promptly and with intention to make things happen efficiently and effectively. While sense of urgency often 'gets the job done' faster and successfully, there are lessons to be learned: Sense of urgency doesn't mean faster is better. It means operating towards the priority or end goal in sight to achieve results or success. "**Sense of urgency**" is made up of two parts: i) the extent to which our sense powers (like sight, sound, touch, etc.) perceive a situation or problem is important; and, ii) whether that situation or problem requires deliberate versus swift or urgent action. Fostering a sense of urgency is more difficult when teams fail to fully grasp the real consequences of poor performance. Teams that lack a healthy sense of urgency require new habits of thinking, perceiving and acting.

Finding opportunity in crises as a well-leveraged crisis can be a valuable tool to break through complacency. COVID-19 pandemic was a potent external stimulus for change in teaching and examination modalities in my institute "Reactive change". We were obliged to transform it from the traditional on-campus form to online form. Need for change was mandatory and time restricted. Reflecting our situation on ADKAR model, our change agent succeeded to transmit the sense of urgency to most of staff members. This was achieved through several axes; the first and most important axis was engaging them in the task through open discussions, brain storming, suggestions and conclusions to put our plan on paper and is ready for implementation. Task clarification facilitates communications in the leader/follower relationship. Other approaches included building his own strategy for increasing a sense of urgency, making smart decisions with confidence and acted on them quickly, identifying obstacles and removing them fast, establishment of a team culture that is focused on outcomes, not individual tasks evangelize the importance of establishing a sense of urgency, clarifying the consequences of inaction, identifying what works and remove all that doesn't, identifying causes of complacency and how to eradicate them, avoiding nag, bully or threaten, exhibiting panic, stress or loss of control, putting his emotional intelligence to work, defining deadlines for action and keeping meetings short, frequent, agenda-driven and cut all unnecessary meetings as well as providing initial guidance and encouragement to get things going. Finally, we did it and in time and successfully.



Fellow: Prof Abd AL Aziz Question: (5)
ADKAR Model: D K A R

Training is a structured process that provides participants with the knowledge and skills to perform job tasks, and the desire to use them. The main characteristics of the good trainer include professionalism, good communications skills, rapport (demonstrate interpersonal skills), have good organizational skills (balance his responsibilities and manage his time), patience, flexibility, empathy and creativity. **Change management is an umbrella term that covers all types of processes implemented to prepare and support organizational change. Several models of** change management described in details how to do successful institution change such as Kotter's 8-step model, Lewin's model and ADKAR model.

COVID-19 Pandemic and Teaching Practical Physiology

During COVID-19 Pandemic the physical attendance of undergraduate and postgraduate students to our labs is reduced to avoid the spread of infection. That is why we should make a change in the teaching of practical physiology from face-face learning into online or blended or hybrid learning. We used management of this changing conditions ADKAR model for change management. With extensive knowledge about the continuity of this problem, the me and our department staff became aware about need for changing the teaching methods of practical physiology. We designed to record all practical sections with a brief presentation for students to help them to understand the tricks of the practical skills and to use the Softwares of virtual labs in teaching practical physiology. All staff including demonstrators, assistant lecturers have the desire to participate and fully support this change. We made changes in the infrastructures of the labs to allow online recording of the practical sections with webcam to allow the students to directly contact with the demonstrator or the lecturer to help him to understand the steps of each experiment. All demonstrators prepared a PowerPoint presentation about the steps of each experiments and this presentation was revised by a professor and lecturer and checking the scientific contents and its presentation. Moreover, I did a workshop in which all staff participate about how to use these softwares in teaching practical physiology. After doing the change we checked the performance of the demonstrators in sections and the feedback of students for doing the experiments of physiology by using this virtual lab software.

Fellow: Dr Eman El Masry
Question: (5) ADKAR Model: ALL

Change Management has become a go-to term for most organizational problems, so much so that it loses its real meaning in some situations. It is the process of preparing and supporting individuals to adopt change successfully in order to drive organizational success. Going by the book, there are a lot of change management models (i.e. Kotter's 8-step model, Lewin's model, ADKAR model, etc.) that act as a step-by-step guide to a successful organizational transition.

In my institution, during the academic years, clinical exam (OSPE) for pathology or microbiology for example was in the form of data show presentation of questions such as a photo and questions, and oral for clinical years like medicine. When I join the exam committee, we tried to make a change in this way of assignment. Frist, we discussed the advantage and disadvantage of both assessment methods and their benefit for students to be aware of this problem and of the importance of change. All committee members have a great desire to change as this way help in suitable assessment of students especially in practical yeas. We collected data and knowledge from each department about how to apply, available slides and stations, models to know the ability to apply. We requested the lab and instrument committee to provide the infrastructures needed. We changed the examination hall to be suitable, asked for more microscopes more models for anatomy. We prepared workshops for the staff and technicians about how to practices. We arranged work after the first trial, feedback from students and block organizers and each department were collected to put our hands on the week points to be avoided later on. This change achieves a great benefit for the students as it allows for actual practical assessment of students in the preclinical and clinical years.

Fellow: Dr Noha Mahmoud
Question: (6) ADKAR Model: A D K R

Although reforming curricula is a gathering momentum world-wide, still, there are several medical schools find it hard to change their existing curriculum because of lack of understanding the process of managing change. Based on my takeaways from my personal experience in evaluating Undergraduate Integrated Medical Education Program at my school (AFM), I would assert that there are 5 practices to sustain curriculum reforms. These practices are institutionalization of reform; creating internal incentives; diffuse reform beyond early adopters and innovators; involving stakeholders in decision making and, finally securing leaders to continue the reform if the old one leaves.

In terms **of institutionalization of reform**, this could happen through making change part of the day to day activities of people within the organization. Institutionalization of reform would help stakeholders to "buy-in" change. **Diffusing the reform beyond early adopters** could be another way for making reform part of the institutional culture and reach to all the faculty members within the institutions. Moreover**, creating internal incentives** would keep the initiative of curriculum reform going. Rewarding could be in the form of compensation for workload or developing new criteria for faculty recognition of best teaching practice. Further, **engaging faculty in decision making** would provide them with opportunities to feel the sense of ownership and the buy-in of the change. Lastly, **securing a leader when the original leader leaves** is crucial practice for sustaining innovation in educational program. The new leader should believe in the change and has the desire to build on it, innovate it and sustain it if it is successful.

Fellow: Dr Marwa Shakweer
Question: (7) ADKAR Model: A K A R

How to raise competence during change management

In my field of work "department of pathology", I was the manager of students' microscopic pathology lab and responsible for practical curriculum reform according to the new program applied "integrated problem based learning". We had to train the teaching assistants and help them raising their competence through practical labs teaching according to the new system requirements. We applied **ADKAR model** to enable them practice their skills and help them grow their competence:

Regularly scheduled meetings were planned before the start of academic year to raise **Awareness** of the dimensions of the new program, the concept of integration, how different departments will interact to achieve the process, and what the difference between the old traditional program and the new integrated program as regards objectives, teaching methods, and assessment techniques. We **reinforced** them by engaging them by providing their suggestions and ideas for planning practical lessons through case based learning.

After taking inputs and open communications with TAs: we adopted two approaches for raising the competence of teaching assistants; first, the **filling Gaps approach** (raise their **Knowledge)** through arranging training workshops for teaching assistants with the following titles "interactive learning, competency based learning, quality assurance in teaching, communication skills". And second is the **developing approach** (raise their **Ability**) through asking them to design lab sessions based on a case scenarios and providing them with text books including cases provided with pathology pictures in a clinical context.

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Dear DHPE Fellows

Thanks for the incredible learning journey

Yellow team…