

Perspective/Opinion

Shared Change is a Rigorous Process

by Jeffrey Amundson, PhD; Travis Webb, MD, MHPE; Amy J. Prunuske, PhD; Adina Kalat, MD, MPH

Change is hard. However, when change is a shared experience, many of the stakeholder concerns and expectations can be attenuated by communicating and demonstrating conscientious and prudent planning. The process of curriculum change is a large-scale change that requires thoughtful organization of various stakeholders into manageable and effective teams.

MCW is currently transforming our traditional 2 + 2 curriculum into one that integrates foundational science with clinical knowledge and skills through casebased, inquiry focused, individualized learning with an emphasis on inclusion and wellness. To achieve this transformation, various change management strategies have been used including Kotter's 8 Step process of change and components of Implementation Science to create a rigorous process of communication and structuring with stakeholders.

Envisioning and building the team

A common starting point in most models of change management is to communicate a vision of the most important reasons for change. In Kotter's 8

<u>Step process</u> and similar models (e.g., <u>ADKAR</u>), shared vision is the foundational concept for change.

This first step at MCW began when all course directors, chairs, education deans from all campuses, Curriculum and Evaluation Committee (CEC) members, selected education staff, and student representatives from all campuses were invited to a Curriculum Exploration retreat held on October 2, 2019. This involved approximately 100 stakeholders who began an iterative process that developed principles to provide a foundation for medical school curriculum redesign at MCW.

The next step was to create a team of representative stakeholders responsible for coordinating and guiding teams through effective communication and activities. The Curriculum Exploration Steering Committee became this coalition, and included basic science and clinical chairs, course directors, administrative leaders, and Curriculum and Evaluation Committee (CEC) representatives. These same individuals were dispersed throughout the subcommittees to promote contiguity for effective communication and activities. Please see the steering committee and subcommittee rosters at the end of this article.

Exploring the five principles

After ratifying the new curriculum principles, the steering committee charged subcommittees of key stakeholders to consider how to implement these principles into a comprehensive curriculum considering the complexity of the three–campus institution. Subcommittee members were recruited via email, InfoScope postings, and verbal communication. The kick–off meetings of the "Principle Groups" occurred September 9th and 10th, 2020.

A Principle Group subcommittee took charge of each of the following:

 Principle 1: Integration of foundational and clinical science learning throughout all years of curriculum.

- Principle 2: A systematic approach and focus on assessment that drives learning and assures that students achieve desired competencies.
- Principle 3: Individualized approaches to learning that are ultimately tailored to student interest and career goals.
- Principle 4: A student-centered, inclusive culture with a focus on wellness.
- Principle 5: An evidence-based instructional approach that is inquiry driven and utilizes active learning.

The subcommittees provided monthly progress reports starting in September 2020 which culminated in final reports on January 1, 2021 (a link to the five principle group reports is available here from an MCW computer or through InfoScope). Additionally, as Lindsey Bowman, Senior Administrative Assistant for Curriculum noted, the guiding coalition efforts were a standing CEC agenda item during the 2020–2021 academic year. These updates provided opportunities for discussion at seven curriculum meetings over the 2020–21 academic year. The coalition communicated monthly with the CEC, its M1–2 subcommittee, its M3–4 subcommittee, and the executive committee. In addition, there were also quarterly meetings with the Directors of Medical Student Education, the M1–2 Course Directors and Coordinators, the Advanced Clinical Experience Committee, and the Clerkship Directors. It is important to emphasize most of this rigorous process was undertaken while adapting to the impact of the pandemic.

These individuals have done an outstanding job through the first steps and generated numerous short-term wins (another common component of "models of change"), including formulating a set of design principles from the final Principle Group reports (i.e., Core Content, Instructional Approaches, Assessment, and Faculty and Student Support). These principles served as the next piece of the process to create a larger team of volunteers. Additionally, as in many models of change, the next steps will include establishing reasonable targets and, in MCW's case, using competencies, learning objectives, and suitable governance frameworks to reduce barriers for stakeholders to work across silos.

The next steps

The next stakeholder teams will clarify medical school learning objectives around:

- Patient Care and the Health Care System
- Knowledge for Practice
- Communication
- Personal and Professional Identity

In models of change, this represents the transition from preparation to initiation of change.

Importantly, these *proposed* changes rely heavily on stakeholder input so stakeholders can learn from mistakes and adjust the process as it moves from planning to implementation (as well as adjusting during implementation).

MCW, with help from the Kern Institute's <u>Human Centered Design Lab</u>, will capitalize on this input in the next steps. Human–Centered Design is a teambased approach to problem–solving that uses empathy to develop a deep understanding of any problem. This allows the problem to be clearly articulated, paving the way for the brainstorming of solutions, followed by prototyping the solution that is most impactful. This will lead to a process of continuous and intentional short–cycle iterative improvement to the solutions design.

Much work is yet to be done, and we hope that all faculty, staff, residents, fellows, and students will engage in this exciting process to achieve sustained acceleration (a very important component of change). Given the efforts put forth so far and with a continued rigorous process, the shared experience of change can achieve a fruitful transformation.

Jeffrey Amundson, PhD, is a Postdoctoral Fellow in the Robert D. and Patricia E. Kern Institute for the Transformation of Medical Education. Travis Webb, MD, MHPE, is a Professor in the Department of Surgery and Associate Dean for Curriculum at MCW. Amy J. Prunuske, PhD, is an Associate Professor at MCW–Central Wisconsin. Adina Kalet, MD, MPH, is the Director of the Robert D. and Patricia E. Kern Institute for the Transformation of Medical Education and holder of the Stephen and Shelagh Roell Endowed Chair.

COMMITTEE AND SUBCOMMITTEE ROSTERS

Curriculum Exploration Steering Committee:

Amy Prunuske, Travis Webb, José Franco, John Hayes, Alexandra Harrington, Malika Siker, Jonathan Marchant, Bill Hueston, Matthew Hunsaker, Lisa Dodson, Adina Kalet, Jon Lehrmann, Marty Muntz, Melinda Dwinell

Subcommittee Members (Faculty and Staff):

Jennifer Hinrichs, Joe Budovec, Marty Muntz, Mindy Dwinell, Jonathan Marchant, Craig Hanke Sandra Pfister, Lisa Cirillo, Joe Brand, Hershel Raff, Steve Hargarten, Bipin Thapa, Beth Krippendorf, Marika Wroszek, Teresa Patitucci, Allen Last, Craig Young, Jeff Fritz, Maria Hintzke, Megan Waelti, Terra Pearson, Kathlyn Fletcher, Karen Marcdante, Brian Lewis, Lisa Dodson, John Meurer, Monica Shukla, Kerry J. Grosse, Catherine Thuruthumaly, Ankur Segon, Alan Bloom, Ellen Schuman, Karin Swartz, Carley Sauter, Leslie Ruffalo, Robert Treat, Erin Green, Mary Ann Gilligan, Tavinder Ark, José Franco, John Hayes, Paul Knudson, Elizabeth Hopp, Bill Hueston, Jules Blank, Roy Long, David Brousseau, Pat Foy, Kathleen Beckmann, Brian Law, Jordan Cannon, Johnny Neist, Dan Stein, Jon Lehrman, Malika Siker, Cassie Ferguson, Himanshu Agrawal, Theresa Maatman, Kurt Pfeifer, Kristina Kaljo, Linda Meurer, Anita Bublik-Anderson, Becky Bernstein, Jean Mallett, Adrienne German, Nicholas Yunez, Travis Webb, Ali Harrington, Ashley Cunningham, Amy Prunuske, Patrick McCarthy, Adina Kalet, Ellen Sayed, Ashley Zeidler, Art Derse, Jacob Prunuske, Erica Chou, Megan Schultz, Jay Patel, Joe Barbieri, Curt Sigmund, Matt Hodges

Subcommittee Members (Students):

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