

## Changing a Medical Education Curriculum: Challenges of Change Communications

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### Abstract

This paper investigates organisational change management in a curriculum change project at an Australian higher education institution and, more specifically, analyses the human factors in this process: communication strategies, empowerment and involvement, and overall approach to change management. As communication is the life blood of an organisation and the oxygen of change within any organisation, this paper emphasises communications strategies to engage and inform the relevant stakeholders in the change project.

The study involves a specific case at the University of Sydney Medical School, where a change sizing survey was implemented. The findings reveal that for the change to be effective, stakeholders require involvement, empowerment and clear communications. This paper's goal is to successfully implement change – an objective of which is stakeholder buy-in.

**Keywords:** Change management, education, communication strategies, stakeholder empowerment and involvement.

### Introduction

Founded in 1850 by an Act of the legislature of New South Wales, the University of Sydney is the oldest university in Australasia and the university has a global reputation for providing quality education. The Sydney Medical School at University of Sydney formally came into being on 13 June 1856. This case study focuses on the Sydney Medical Program (SMP), which is a graduate entry medicine course (MD) with an annual intake of approximately 300 students, made up of 73–76% domestic and 24–27% international enrolments. The medical program is delivered at nine clinical schools: seven in metropolitan Sydney plus the School of Rural Health in Dubbo and Orange and the University Departments of Rural Health in Broken Hill and Lismore. The medical degree offered by the University of Sydney has undergone several changes over the last two decades. In line with the University of Sydney's strategic plan for education 2016–2020, the SMP is now planning a revised curriculum to be implemented in 2020, with the new iteration due to take enrolments in 2020. It will remain a graduate entry MD program but there will be significant changes in the curriculum including the structure and method of teaching delivery and assessments.

According to Calvin Coolidge, "Changing a college curriculum is like moving a graveyard—you never know how many friends the dead have until you try to move them" (1985). As noted by Coolidge and other researchers (Verhulst & Lambrechts, 2015; Ngirwa et al, 2014; Mumford et al, 2000), changing a university curriculum can be a difficult process, as most people do not like

change. This is why in this approach on this project was unique and has incorporated change management. The goal with this project was to ensure that as many stakeholders as possible took part in the MD curriculum update. This was done by establishing working parties, committees and workshops, running town hall meetings, having a Yammer (an enterprise social networking platform used for private communication within organisations) page for the new MD curriculum, having a specific new MD project staff newsletter, holding regular meetings with all stakeholders (sometimes one on one, other times meeting as a whole team) and conducting regular clinical school visits. As part of our stockholder involvement, we conducted a change sizing survey in order to examine whether the changes were being embraced and implemented by the both academic and professional staff and whether clear and ongoing communication, stakeholder involvement and empowerment are the key to making this change, smooth, efficient, accepted and implemented. The overall goal of the change management strategy is to have all stakeholders fully brought into the new MD curriculum program before the 2020 launch of the new MD curriculum, so that they are ready, willing and able to adapt to the new environment.

This paper particularly focuses on how the project management team engaged and brought stakeholders into the new MD curriculum project and how we approached change communications. The paper also investigates participants' views on change related issues, for example whether there is a need to change, ways to improve the change and the stakeholders' willingness to be involved in the project.

## **Background**

Change is an ever-present feature of organisational life, both at an operational and strategic level (Burnes, 2004; Balogun & Hope Hailey, 2004; Burnes, 2004; Carnall, 2003; Kotter, 1996; Luecke, 2003; Moran & Brightman, 2001; Okumus & Hemmington, 1998; Paton & McCalman, 2000; Senior, 2002). Systemic change, which occurs when transitioning educational curriculum, is often a challenge to all concerned and, in some instances, may even create a negative, divisive environment (Beyer & Liston, 1996) and without acceptance and buy-in by all major constituencies, long-lasting systemic change cannot occur. MacDonald (1975) suggests that "in many ways, all curriculum design and development is political in nature." Other researchers have similarly acknowledged that curriculum development and design initiatives will sustain many challenges, as curriculum change is political in nature and can be influenced by political factors (Nousiainen et al., 2017; Gornitzka et al, 2005). Change management has been defined as "the process of continually renewing an organization's direction, structure, and capabilities to serve the ever-changing needs of external and internal customers" (Moran & Brightman, 2001: 111).

To achieve the desired change, efficient and effective communications is vital (Kotter 1996; Moran et al., 2001). Internal communication on change is identified as a human factor that influences change process in higher education (Verhulst & Lambrechts, 2015) Historically,

organisational communication scholars have been fascinated by the connection between communication and change. The work done by communication scholars regarding issues of participation in decision-making (Seibold & Shea, 2001), emotion (Zorn, 2002), identity (Chreim, 2002) and vision (Fairhurst, 1993, 2008; Russ, 2008) have identified some of the ways communication may impact the design of change processes as well as their adoption and acceptance. Research has focused on developing change strategies for managing multiple stakeholders' needs, concerns and participation during the implementation of planned change initiatives (Lewis, 2007; Lewis & Seibold, 2009). Kotter (1996) highlights that communicating to employees the need for change and how it can be achieved is critical to the successful management of change. According to many other researchers (Keesing-Styles et al, 2014; Ngirwa et al, 2014; Peters and Waterman, 1982; Porter, 1985; Kanter, 1983; Heller, 1998; Clarke & Clegg, 1998; Peterson, 2000; Kitchen & Daly, 2002), the determining factor in whether or not organisational change is achieved is employees and how they are engaged in the change process.

Communication is key to effective implementation of change programmes as it is used as a tool for announcing, explaining and preparing people for change, including the anticipated positive and negative effects (Verhulst & Lambrechts, 2015; Spike & Lesser, 1995). Lippitt (1997) argues that internal communication can increase understanding of the commitment to change as well as reducing confusion and resistance to it. Grunig (1992) extends this idea further, stating that "internal communication...is the catalyst if not the key to organisational excellence and effectiveness."

In organisational change management literature, there is a strong focus placed on human factors, such as the human commitment to what needs to be changed, which are indicated as success factors (Struckman & Yammarino, 2003). Other human factors are the empowerment and the involvement of employees, commitment to what needs to get implemented, inductive learning, the adaptation of the organisational culture and clear communication (Verhulst & Lambrechts, 2015; Barge, Lee, Maddux, Nabring and Townsend, 2008).

As stated by the literature above, clear communication and strong support among all relevant stakeholders involved in the change process is necessary to ensure the effectual implementation of a new curriculum.

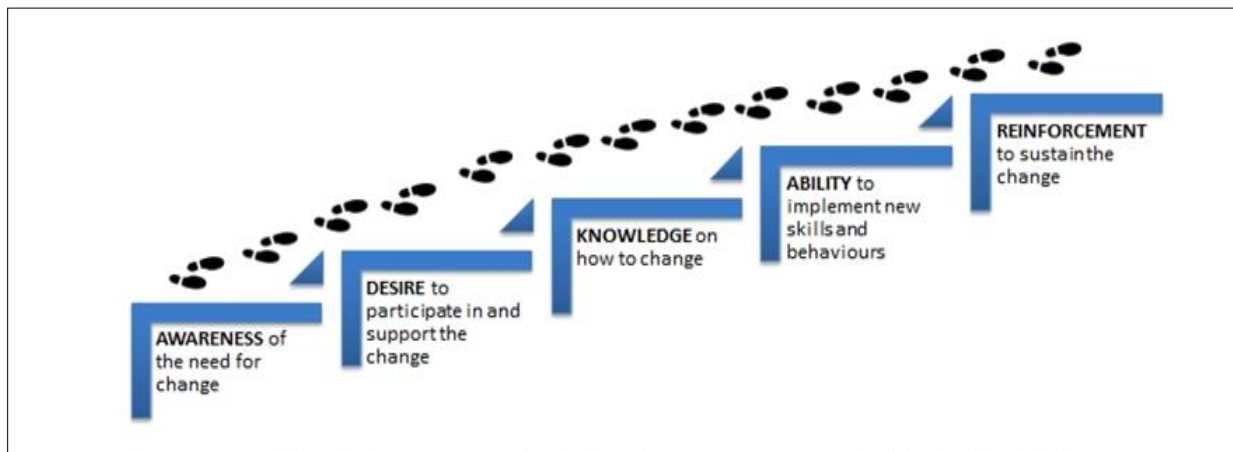
## Research Methods

Change in an organisation interacts strongly with the transformation processes that affect the sectors and environments with which it has important well-consolidated or potential links. There is widespread conviction that case studies are useful when studying change (Johnson- Cramer, Cross & Yan, 2003; Muratbekova-Touron, 2005; Van de Ven & Poole, 2005). Therefore, this paper uses a case study approach to focus on the University of Sydney's new MD curriculum review project. As stated earlier, it can be difficult to understand whether an institution is ready to

accept change. Consequently, as part of the new MD curriculum renewal project, we conducted a change sizing and readiness survey to define approaches for the required change and to set goals and strategies to achieve the necessary changes. This type of change sizing survey has been successful used at the Universities of British Columbia, Toronto and Washington to assist them with their medical school curriculum renewal initiatives (AMBiT Consulting Inc., 2017). This research uses a change sizing was specifically designed for our needs and it was run in December 2016 for the group made up of academic and senior staff and in March 2017 for the group made up of professional and clinical school staff.

The change sizing and readiness survey developed was based on the ADKAR (awareness, desire, knowledge, ability and reinforcement) model, which is a set of key concepts of change management. A change sizing survey can be useful for helping change leaders and stakeholders understand the magnitude of change. In this case, it helped us to identify what was necessary to ensure the change was accepted, embraced and then implemented.

The ADKAR model works by assessing individuals and organisations on five building blocks in consecutive order to measure their readiness to deliver successful change (Figure 1). By rating each phase of change “element” with a score between 1 (the lowest) and 5 (the highest), an ADKAR “profile” is created. The first element to score three or less is defined as a “barrier point.”



**Figure 1: Key processes and five building blocks of the ADKAR model (Lad, 2014)**

The survey participants were asked 17 multiple-choice questions and three open-ended questions. The survey was developed using LimeSurvey, which is a web server-based software that enables users using a web interface to develop and publish on-line surveys, collect responses, create statistics and export the resulting data to other applications. For the multiple-choice questions, participants were given a Likert scale spectrum (strongly disagree; disagree; neither agree nor disagree; agree or strongly agree) to choose from.

We predicted that the two groups, academic and professional staff, would have different concerns and needs. Since many of our senior staff are part of the project committees and working parties, we consulted and communicated with them heavily. It was therefore logical to ask our senior academic staff to participate and complete the survey conducted in December 2016. The project manager and project officer visited all metropolitan and rural clinical schools and consulted with professional staff before the professional staff were asked to complete the survey in March 2017. The researchers contacted 52 senior academic staff (i.e. heads of schools, block chairs and professors) by sending the LimeSurvey via email. 34 (65%) participants completed the change sizing survey.

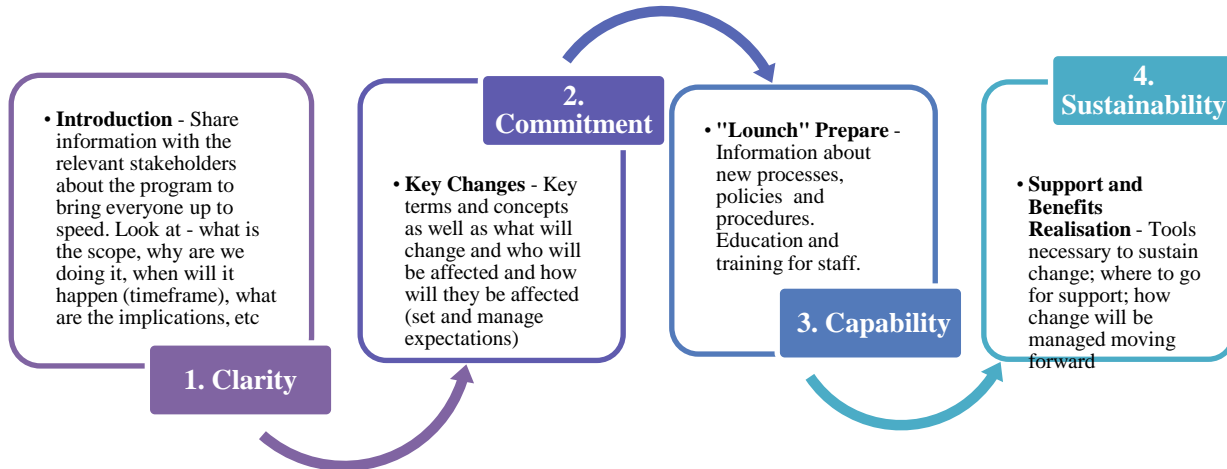
The professional staff and clinical school staff were also asked to complete the change sizing survey. 85 professional staff members were contacted using the same method as for senior academics and 44 (45%) completed the survey.

## Results

Survey participants were asked if they believed that there is a need to change the current MD curriculum.

- Academic staff: 85% of the survey participants stated that they believed there is a need for the renewal of the current MD curriculum.
- Professional staff: Just over 70% of the survey participants stated that they believed that there is a need for the renewal of the current MD curriculum.
- In the open-ended questions, we asked the both categories of survey participants (academic and professional staff) to provide us with feedback on how the change project can be improved.
- Most (88%) of the participants said that clear and timely communication was necessary.
- Just over 75% said that they would like to be involved in the project and 78% said that they would like to be consulted.
- This survey findings are also reinforced by several scholars (Adams, 2003; Kegan & Lahey, 2001; Lewis et al., 2006; Verhulst & Lambrechts, 2015) who studied staff empowerment, involvement and communication during a change project. This survey results highlighted staff's need for empowerment, involvement and the need for frequent, constant and clear communication during a change project.
- Additionally, the majority (89%) of the participants reported that this survey was the first time that they had been consulted and asked for feedback.

**Communication Processes Used for Preparing Curriculum Change**

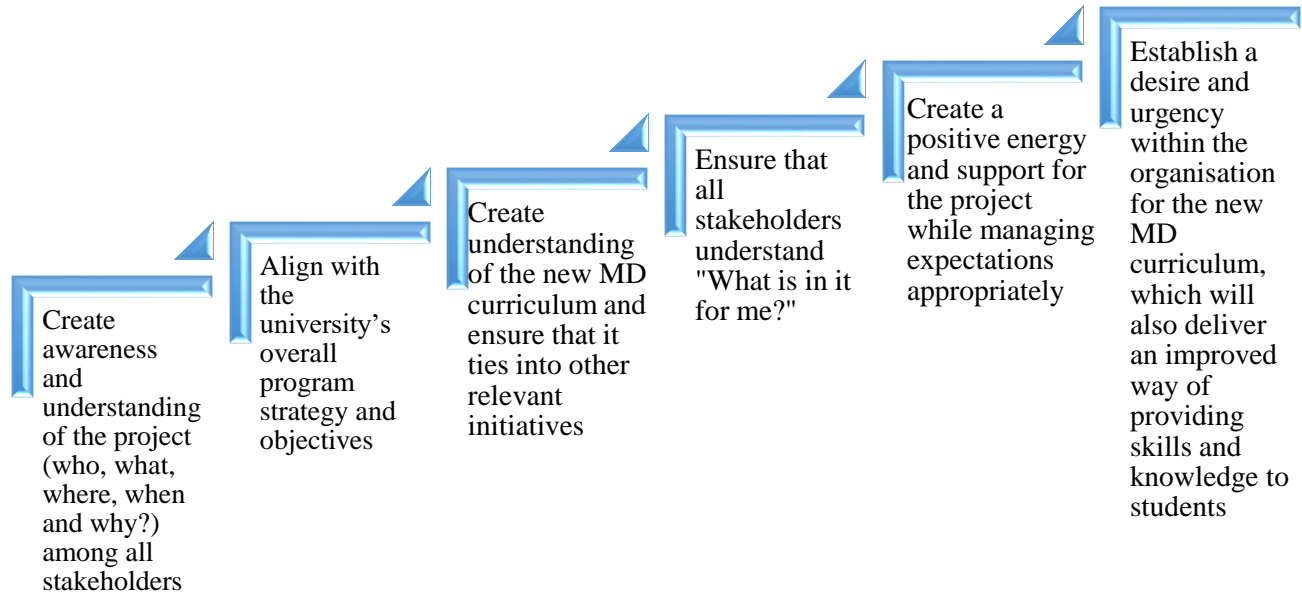


**Figure 2: Elements and process model used for project communication in the MD curriculum change, adapted from Sustaining Change (2017)**

As highlighted in Figure 2, the aim of all project communications is to keep everyone on board and supporting the project schedule as the organisation works towards the end goal. Hiatt and Creasey (2003) confirm the importance of engagement, especially within the change team. Kotter (1995) states that the more people get involved, the better the outcome of the change will be, under the condition that the actions performed by the people fit within the broad parameters of the overall vision on the change.

It was clear from the onset that we needed to identify the project’s communication objectives to facilitate change. As the first step to do this, we developed a communication plan. A communication plan is a document that acts as a guide for the direction of the project. This plan should be updated regularly and it works as both a project management tool and a communication directive. Possibly the most important function of the plan is that it aligns all of the stakeholders involved in the project, thereby minimising the chances of going down minimising wasted time and effort.

Clear communication and strong support among all stakeholders involved in the change process is necessary to ensure an effective transition. Figure 3 highlights the steps that were taken to define change needs and better understand what communication methods would be necessary to ensure clear and timely communications.



**Figure 3: The steps to define change needs and better understand what communication methods would be necessary**

In order to for the communication to be effective, the following items were taken into account:

- Stakeholder communication requirements
- Information to be communicated
- Reasons, time frame and frequency of distributing the communication
- Methods and mediums for sharing the information
- Person(s) responsible for communicating the information
- Person(s) responsible for authorising release of confidential information
- Person or group that will receive that information

### **Communication Strategy Developed for Implementing Curriculum Change**

Once there was a deep understanding of what changes were necessary and that communications, stakeholder involvement and empowerment were the key to the success of the required change, we developed a communications strategy. This had four key elements.

*a) Communicate via manager/supervisor as well as directly with the clinical schools and university staff*

- Communication has the best chance of changing behaviour if it comes from the most trusted source; for example, an employee's immediate supervisor may be the person most trusted to disseminate information.
- Some supervisors are better at communication than others and some may not pass on the information to their staff, which means that communication is lost. Consequently, we cannot rely on communication trickling down through to relevant clinical schools

and university staff. Instead, changes should be communicated directly to clinical school and university staff (as well as their managers).

*b) Target influential people – have them become change champions*

- Ensure the buy-in of key people in each clinical school so that they can help us lead change.
- Develop a summary document on the overall changes and implications of the new MD curriculum, which our change champions can use when talking to their staff

*c) Establish two-way communication so employees know that their involvement is important and valued; this will create buy-in and support*

- Solicit employee input whenever feasible. This can be done through various working parties and committees.
- Establish a way for all employees to be able to submit questions and provide the project team with feedback. This could be done via meetings and working groups, question and answer sessions, town hall meetings and lunch and learn events.

*d) Meet the information needs of the various stakeholders*

- Strategically build awareness acceptance of the new MD curriculum.
- Satisfy people’s curiosity so they know what is in it for them
- Ensure that people’s expectations are managed.



**Figure 4: Change strategy objectives (Stebly, 2014)**

Effective change communication is resource intensive and is characterised by a high degree of interaction and face-to face meetings. The greater the change, the greater the need for “in person” communication (Stebly, 2014). Some effective mediums that should be used as much as possible to ensure effective change communication are one-to-one meetings, department and staff meetings, workshops and specialised committee meetings. The following mediums should



only be used to create general awareness: emails, intranet, staff newsletters and executive briefings (Stebly, 2014). In addition to communicating our message, we also need to foster engagement with our stakeholders by engaging them in dynamic interactions. The types of communication and engagement activities are presented in Table 1.

**Table 1: Communication and Engagement Activities in Change Project**

Communication activities	Engagement activities
Emails	Committees and working parties
Newsletters	Question and answer sessions
Videos	Town hall meetings
Posters and flyers	Learn and lunch sessions
Presentation material (for e.g., PowerPoint slides and posters)	Interviews and focus groups
Internal postings – e.g., Yammer	Informal hallway conversations and unscheduled office drop-bys

## Conclusion

This research has shown that some of the most important factors in achieving curriculum change is clear communication and the involvement and empowerment of staff. There is no doubt that if we do not consult widely with our stakeholders, if we did not get them involved via the working parties and committees and if we did not let them have a say, make decisions and listen to their feedback, this curricular change would simply not be possible.

The effort to initiate and sustain this new MD curriculum will be significant, despite the trials and tribulations that will undoubtedly occur. This change to the Sydney Medical School’s curriculum will lead to developing compassionate, diverse and innovative lifelong learners who work in partnership with individuals and communities to improve health through clinical care, education and research.

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