Facilitating Academic Institutional Change: Redefining Scholarship

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**Background and Objectives:** Academic institutions are typically resistant to change. Redefining scholarship is an important issue for academic health care institutions. This study examines the change process at institutions that have attempted to change the definition of scholarship. **Methods:** Five medical schools were identified that had recently redesigned their promotion and tenure systems based on expanded definitions of scholarship. Interviews were conducted with a key leader in this effort. The interviews were designed to identify the forces and barriers involved in change, activities designed to secure faculty “buy-in,” factors needed to sustain change, and advice that would help others who might be considering such an effort at their academic health centers. We organized the results of the interviews within a change leadership and management model. **Results:** The responses to the survey questions fit well into the change model. Many of the responses were felt to be applicable to multiple stages of the change model. **Conclusions:** The leaders of change from the study institutions, either by intention or intuition, identified key factors of their change process that fit well with the study model. Change leaders should include plans that follow an established model for institutional change in their strategy to change the definition of scholarship at their institution.

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There is nothing more difficult to take in hand, more perilous to conduct, or more uncertain in its success, than to take the lead in the introduction of a new order of things, because the innovator has for enemies all those who have done well under the old conditions and lukewarm defenders in those who may do well under the new.1

Leading complex institutions through the process of significant change is a difficult task. Institutions of higher learning in particular have been noted to be resistant to change.2-6 As medical education institutions respond to internal and external forces affecting health care financing, many are seeking to redefine scholarship to encompass clinical and educational responsibilities of medical faculty.7-10 The survival of the values and missions of our academic medical centers may depend on our adopting creative, yet acceptable, strategies to renew and redefine scholarship.11-13

Knowledge is largely derived from experts, but wisdom is said to be derived from experience. To bridge the gap between theories of change and actual practice, we interviewed leaders from institutions who had attempted to change their definition of scholarship to learn about issues and processes encountered during the change endeavor.

**Methods**

After reviewing several change model theories,14-16 Kotter’s model for managing the change process was selected as the study model due to its popularity, widespread acceptance, and the appearance of adaptability to the academic health care institutional setting. Five medical schools were identified as having been involved in redesigning their promotion and tenure systems based on expanded definitions of scholarship.17-21 One individual from each of the schools, acknowledged as a leader in the change effort, participated in a structured telephone interview. The interview was worded to avoid leading the interviewees into responses based on the model. The interview was focused on five major areas of inquiry: (1) the forces behind the institutional change, (2) the barriers to implementation, (3) the efforts that were made to promote “buy-in” from the faculty,
(4) the actions necessary to sustain the change, and (5) the advice for others considering this type of change at their institution.

The responses (factors) were itemized according to the five areas of inquiry. Factors that were nearly identical in nature, in our judgment, were condensed into a single factor. We reviewed each of the factors for fit into the chosen model, and each factor was labeled for fit into one or more stages in the change process. Using this information, recommendations were subsequently developed for leading and managing change associated with redefining scholarship.

Results

The factors identified with each of the five areas of inquiry are noted in Appendix A. The stage(s) of the change model that were felt to be applicable are also noted for each factor. Those factors that fit poorly into any stage of change are also noted in the appendix.

All of the factors noted by the interviewees as forces for change fit well into Kotter’s Stage 1, “Establishing a sense of urgency.” Several of these factors could also be identified with Stage 3, “Develop a vision and a strategy.” Several themes were apparent or recurrent in the responses. These themes are shown in Table 1.

Identification of the model stage that best fit the factors in Table 1 that were identified as barriers was more difficult. Kotter’s model places obstacle identification in Stage 3 (“Develop a vision and a strategy”). It seemed intuitive that if an obstacle were identified, the vision to see beyond the obstacle and a strategy to overcome the obstacle would follow. Following this reasoning, all of the factors identified as barriers were felt to fit Stage 3 of the model.

Respondents described several types of barriers to fostering change, including perceived misconceptions, nonsupportive stakeholders, lack of resources, education not being viewed as scholarship, funding for education devalued compared with scientific grant funding, and inability to apply evaluation criteria to efforts.

The factors associated with achieving buy-in by the faculty and administration were felt to fit well in multiple phases of the model. The recurrent themes included involvement of the chairs in the steering process, practices of broad inclusion, collegial networking, involvement of critics in the process, and identifying champions within the faculty to promote the process.

The factors associated with sustaining change were also felt to be compatible with multiple stages of the change model. This area of inquiry had the greatest range of compatibility of fit, with many of these factors compatible in four or more stages. Common themes for this area included continuing reevaluation and education, continuous show of support by the institutional leadership, recognition of individual efforts and accomplishments, the development of education portfolios to support the new definition, and commitment of resources for faculty and infrastructure development.

As might be anticipated, most of the factors identified as advice were found to fit into the stages dealing with vision and strategy and communication. Common factors and themes included the identification of change advocates, continued communication, broad inclusion in the process, and allocation of resources.

Discussion

The responses to the interview fit into the change management model selected for the study. Therefore, it would appear that either by intention or by intuition, the leaders from the studied institutions were either following or adapting Kotter’s established model of managing institutional change. These findings are consistent with other studies that examined the change process for other areas of change in an academic setting.22-26

The greatest difficulty we encountered was in fitting the respondents’ perceptions of barriers into the model. In this area, we concluded that identification of barriers implied identification of strategies to overcome the barriers. Only a few of the other factors did not easily fit into one of the eight stages of the model.

Our study does have a number of limitations. Only one leader from each institution was interviewed, and the perceptions of that individual may not reflect the

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**Table 1**

**Factors That Served as Forces for Change**

- The need for departments to retain and promote clinical faculty
- Inability of clinicians to achieve promotion (One of the forces in several of the institutions was the momentum within departments of family medicine where clinicians were teaching without being appropriately promoted.)
- Loss of faculty contribution to the institutional mission of teaching
- Mismatch of traditional definitions of scholarship with faculty job descriptions
- Lack of recognition for creative and innovative work
- Dissonance in the value of education versus research
- Lack of criteria or benchmarks for defining and evaluating excellence in education
- Need to create or elevate status of nontraditional tracks (Clinician and educator tracks were seen as default tracks or for second-class faculty.)
- Economic forces were creating time constraints that made education a lower priority
- Planned review of promotion, retention, and tenure policies
perceptions of others from the institution. The actual timing and emphasis that the respondents gave to each factor may have varied greatly among institutions. The effectiveness of the processes in creating a significant change in institutional culture is not known. The effect of each institution’s unique structure and culture on the change process was not considered.

Despite these shortcomings, it is likely that there are significant common lessons that can be learned from these institutions. Utilizing Kotter’s model and the responses from the study, we make the following recommendations for creating significant institutional change in general and for changing the definition of scholarship in particular:

**Stage 1: Establish a need for change and a sense of urgency.** The need for change must be rationally articulated and justified in the context of institutional problems and needs. Faculty needs must be assessed so that the rationale for change can be understood from their viewpoint and expressed in the form of solutions addressing the stated problems.

Establishing the rationale for change includes creating a sense of urgency to accomplish the change. For example, our respondents indicated their faculty’s concern that tenure often was not possible for clinical faculty unless they did basic science research. This was a dilemma because developing new criteria that defined scholarship as education appeared to be in stark contrast to the ease of counting publications and National Institutes of Health grants. With no recognition or reward system in place for teaching and less time to spend with residents and students, education became a “back-burner” job for those who enjoyed their teaching responsibilities.9 This growing dissatisfaction with tenure requirements and the time constraints of the tenure process can thus be used as the basis to create the need for change and the urgency to address the need.

A rough timeline is helpful to guide the change process. When urgency is low, complacency can occur, which makes it difficult to catapult a group with enough power into action or to convince key individuals to spend the time needed to achieve significant changes. Although the timeline must be reasonable, working at a leisurely pace typically results in perceptions of the task being of marginal importance and the commitment needed to implement and sustain change is lost. Meaningful change takes time and other resources. Timelines can be accelerated or delayed by the lack of financial and other resources. Too many significant culture changes initiated simultaneously can become intermeshed and then seen as “top down” with policies enacted but then rejected by the faculty.

**Stage 2: Form a powerful guiding coalition and equip it with resources.** The composition and leadership of the group charged to lead the change effort can make the difference between success and failure. The topic of scholarship can engender strong opinions and often evokes emotional responses. Change champions must recognize that some faculty members perceive change in the traditional concept of scholarship as an attack on their personal and professional value system. Those who worked hard to be successfully promoted and recognized under the traditional system may well resent any changes to the system. This requires an acute sensitivity to those who are most affected by any changes to the promotion and tenure process. Lewin strongly endorses the need for change leaders to fully understand those forces supporting change as well as those that will serve as barriers. The role of the dean and influential administrators in guiding the process, working behind the scenes, or selecting change leaders cannot be understated.3, 27, 28

**Stage 3: Create a clear vision and plan for achieving and evaluating achievement of vision.** The vision must be in synchrony with the organizational mission and values. The vision must be clear and unambiguous but not so general as to qualify as a “bumper sticker cliche.” A useful rule of thumb from Kotter states: “Whenever you cannot describe the vision driving a change initiative in 5 minutes or less and get a reaction that signifies both understanding and interest, you are in trouble.” A well-stated vision deflects narrow debates on related topics. To promote a new paradigm for scholarship, the vision for change needs to promote a shift in thinking that scholarship is not about research versus teaching but rather about advancing knowledge. This assumes critical peer review, innovation, and being creative in how to transfer, explore, and expand new knowledge.12, 13

It is essential that coalition members thoroughly understand the forces affecting change to create an effective strategy for achieving meaningful change.29 However the strategy is organized, it needs to be realistic in scope and time frame. It is also at this stage that consideration must be given to developing criteria and instruments for evaluating the reaction to and impact of the proposed changes.

A major component of the strategy is to attain the necessary financial support and resources to effectively and efficiently initiate change. Without institutional resources and commitment there will be change failure, regardless of the merit of the change.

Another component of the strategy should be to ensure that anyone adversely affected by the new system is cared for. Some faculty members may need to be “grandfathered” in to new titles. The new system must be fair to those already titled and tenured so no one who had been previously promoted or given certain titles is forced into demotion.

An evaluation plan for assessing selected aspects of the changes should be established before the new system is implemented and not treated as an afterthought.
**Stage 4: Communicate the vision.** Effectively communicating the vision and strategy for change is of paramount importance in the process. The information to be communicated must be consistent and unambiguous. Unclear information or misinformation will create significant confusion and/or mistrust. It is important to use terms that are understandable and to avoid jargon. Present the vision and goals as well as the plan for achieving the goals in as many forums as possible. Presentations should explain the problems that the new plan is designed to solve. Multiple faculty members should be responsible for disseminating the information so that ownership of the proposed changes are shared and not viewed as “Dr Leader’s plans.”

Two-way communication is essential. Change leaders must remain open-minded and flexible enough to incorporate reasonable improvements to the plan. Opposition opinions must be viewed with respect and debated openly. This requires leaders to be able to distinguish between sincere concerns about proposed changes and political dissent. Conversts can become the most effective proselytizers. Clear communication throughout the process will establish a sense of trust and faculty ownership. It will dissuade feelings of threat, secrecy, and subversion.

**Stage 5: Empower others for broad-based action.** Consensus was clear among respondents that faculty buy-in was of paramount importance. Faculty development has been recognized as a vital and effective means of empowering the faculty to proactively bring about institutional change. For example, one institution created faculty development programs designed to equip faculty with the knowledge and skills needed to enhance their teaching skills. They created centralized evaluation systems with reports that could be used as measures of teaching effort by clerkship and program directors. The message was that individuals, departments, and offices of medical education need to be given license to provide faculty members with the information and guidance needed to assist in their efforts to successfully operate under the new promotion and tenure systems.

Mintzberg, in studying the way a symphony orchestra conductor exerts leadership, notes that professionals require little direction and supervision. What they do require is protection and support.

**Stage 6: Plan for and create short-term wins.** Faculty will likely view the proposed changes more positively if they see evidence that the changes are having a positive impact. One respondent explained that a short-term win was accomplished when manuscripts describing their efforts were published in peer-reviewed journals. This demonstrated to faculty that other institutions were interested in their proceedings and that others may be looking to their program for leadership in a similar process.

One respondent recommended that change leaders create their own promotion dossiers using the proposed new promotion criteria to model the process and to show a before-and-after comparison of the new system. This information could serve as an excellent springboard for discussion and illustration. It was suggested that education should be carefully provided to those preparing and those evaluating dossiers.

**Stage 7: Consolidate gains and produce more change.** Continuous monitoring and fine-tuning will keep the new system dynamic as well as demonstrating commitment to ongoing improvement of the system. Leaders should inform the faculty of the effectiveness of the new plan in addressing the problems it was intended to solve. This enables leaders to identify new problems that were not anticipated, while demonstrating to the faculty that such problems will not be ignored.

One respondent felt the change would be better anchored in the culture when a “star” faculty member was actually hired on the newly established faculty track, which might have previously been considered a second-rate pathway.

It was felt critical that during this stage the committee formally solidify the dean’s, Board’s, and senior leadership’s support for the proposed changes. Their support should be a part of the overall message.

**Stage 8: Anchor new changes in the culture.** A change is not considered anchored until it becomes “the way we do things around here.” It takes significant time for organizational cultural change to occur. Until such time, it is critical that system changes are reinforced to prevent return to the status quo. This requires having the infrastructure and the necessary resources to support the changes. New faculty orientation programs to ensure that faculty members are informed accurately of the new system and faculty professional development programs are examples of mechanisms to anchor the changes into the culture.

**Conclusions**

The traditional definition of scholarship is changing in many academic medical institutions. In the process of facilitating the change process, it appears that the change leaders in the five study institutions are purposefully or intuitively following an established and proven change model. Our findings are consistent with previous studies that have evaluated the change process for other issues in academic institutions. We recommend that faculty and administrators of academic institutions incorporate a planned and purposeful process of change, based on established institutional change models and theory, as they lead their institutions through the process of changing the definition of scholarship.
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## Appendix A

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<th>Stages of Change</th>
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