Managing change in a medical context: guidelines for action

AMEE Medical Education Guide No 10

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The full text of this guide comprises 17 pages and 15 references, and was first published in Medical Teacher:

Gale R and Grant J (1997) AMEE Medical Education Guide No 10: Managing change in a medical context: guidelines for action. Medical Teacher 19, 4, pp 239-249

The guide incorporates a Forward:

Harden R (1998) Change – building windmills not walls. Medical Teacher 20, 3, pp 189-191

Guide Overview:

The guide has been produced to make the essence of current good practice in change management available to everyone involved in changing medicine, particularly medical education at undergraduate, postgraduate and continuing levels. Its use can help facilitate change, with more effective use of scarce resources, including time. A framework is provided in which to think about the change being contemplated and the issues that should be considered.

1 Introduction

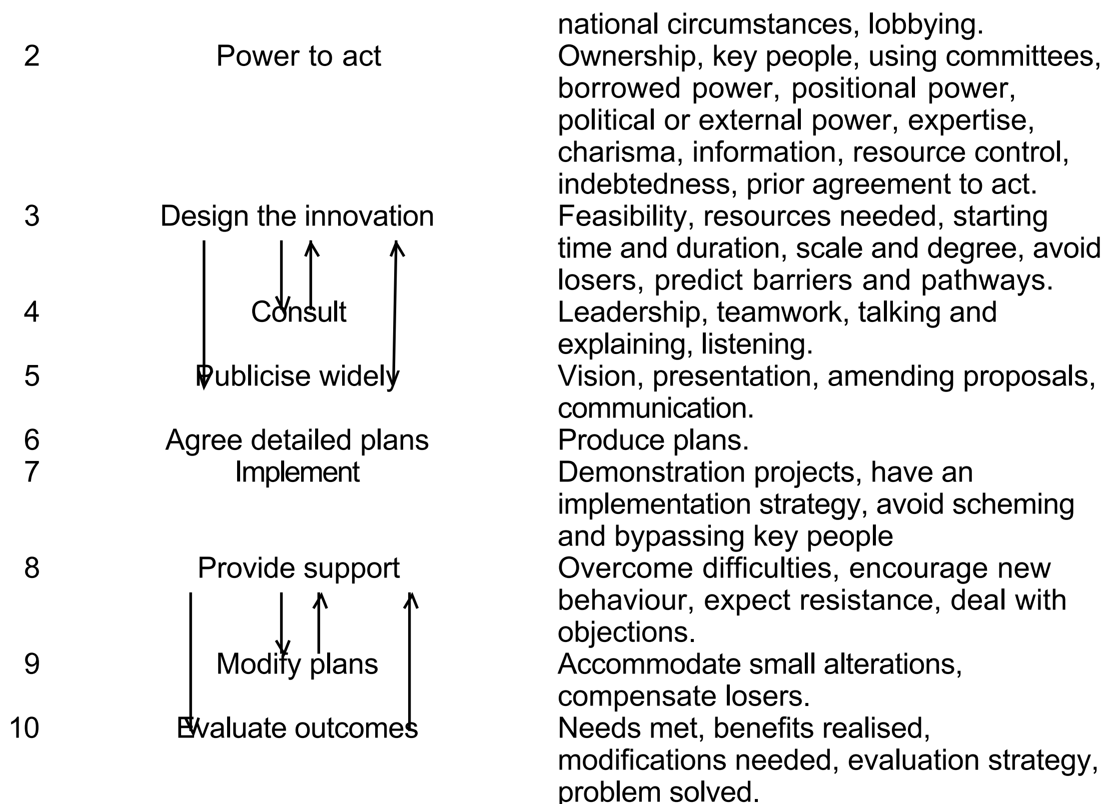
The data for this guide were taken from a research project designed to take what was known about the management of change in industry and in education and to adapt it to the medical context. A hypothetical framework, of the change process in medicine was proposed and from it was derived a format for semi-structured interviews with a sample of 55 doctors, focused on particular episodes of change with which they had been involved. A list of the most frequently cited important factors in change management was compiled: thorough consultation (69% of sample); talking to people and explaining the changes (56%); and teamwork (55%) were at the top of the list.

2 A model of medical change

The rank order of factors was used to derive a model of medical change, based on core activities and tactical choices, relating to:

- the professional characteristics and styles
- the essential steps or core activities in a change programme
- the tactical or style choices that must be made (Figure 1)

	Core Activity	Tactical Choices
1	Identify a shared problem, establish the need or benefit	Seek solutions do not sell them, consultation, conjunction of local or



		national circumstances, lobbying.
2	Power to act	Ownership, key people, using committees, borrowed power, positional power, political or external power, expertise, charisma, information, resource control, indebtedness, prior agreement to act.
3	Design the innovation	Feasibility, resources needed, starting time and duration, scale and degree, avoid losers, predict barriers and pathways.
4	Consult	Leadership, teamwork, talking and explaining, listening.
5	Publicise widely	Vision, presentation, amending proposals, communication.
6	Agree detailed plans	Produce plans.
7	Implement	Demonstration projects, have an implementation strategy, avoid scheming and bypassing key people
8	Provide support	Overcome difficulties, encourage new behaviour, expect resistance, deal with objections.
9	Modify plans	Accommodate small alterations, compensate losers.
10	Evaluate outcomes	Needs met, benefits realised, modifications needed, evaluation strategy, problem solved.

Figure 1: A model of change management

2.1 Professional characteristics and styles

The context of medicine must be recognised and taken into account if change is to be successful and lasting. Characteristics and styles which must be considered are as follows:

2.1.1 Consultation: the first step in change;

2.1.2 Demonstration Projects: reference to similar changes implemented elsewhere;

2.1.3 Evolution: gradual change is preferred to radical or gross change;

2.1.4 Ownership: without ownership there will be little enthusiasm and progress;

2.1.5 Power to hinder: doctors' autonomy means fewer consequences for lack of cooperation;

2.1.6 Commitment, energy and enthusiasm, and motives: these attributes of leaders can influence success.

2.2 Core activities and associated tactical choices and styles

2.2.1 Establish the need or benefit: It is important to establish the need or benefit for change separate from the potential solutions or developments. It is also important to ensure the widest possible sharing of the need for change by consulting with all who can influence the outcome of a change initiative right from the beginning.

2.2.2 Power to act: Change is a political process and depends on power. Power can come from personal sources or from position. Power can be borrowed in the form of authority to take action or by using the good offices of a powerful person.

2.2.3 Design the innovation: When proposing change it pays to look forward and analyse the positive and negative effects of a proposal. Action can then be taken to improve the design or to weaken the case against the proposal.

2.2.4 Consult: When a solution to the problem or a response to the opportunity has been designed, it is essential to consult widely with all those touched in any way by the changes and to gain feedback. Consultation is a verbal skill and must be done face-to-face.

2.2.5 Publicise the change widely: The act of publicising, reaching a wider audience, can uncover unforeseen consequences of proposed actions and can thus allow the plans to be modified. The choice of communication is dependent on local factors and resources.

2.2.6 Agree detailed plans: The drawing up of detailed plans of what will be done signifies the end of the acceptance phase and heralds the actual implementation stage. The detailed plans inform all individuals of their roles in the new order and provide a chronicle of events which is of great value in the intensive stages to follow.

2.2.7 Implement: Implementation has to be managed in order to make the adoption of the new system as painless as possible. Adequate support systems must be in place. At this stage, any residual problems or unforeseen routes to success will become apparent and active. Many change efforts fail at the implementation stage because of rushed preparation or the desire to implement the parts of a programme that have been agreed without regard for the consequences.

2.2.8 Provide support: People need help to assume new roles and relationships; they need support and encouragement. Even after the most exhaustive consultation there may still be some who resist the changes. Sometimes when people are genuinely trying to implement change, they come across insurmountable difficulties, items in the plan which do not work and cannot fit in. Such difficulties must be addressed speedily and steps must be taken to sort them out lest they should become a focus for opposition and attempts to reverse the course of change. Once the new system is in place, there may be those who have genuine objections to it when they realise what is actually involved for them. The change leader needs to hear the objections and try to be conciliatory. New methods of working are still vulnerable to regression unless the change leaders show interest and offer rewards and encouragement to those operating in the new ways.

2.2.9 Modify plans: Sometimes it will be necessary to redesign a system in the light of practical experience, in order to overcome difficulties or remove objections. It may be that plans are being held up by the attitudes and actions of one or a small number of people. If these people are significant and influential, it may be prudent to consider some form of extra compensation, in a form available to the change leader, in order for the change to proceed and the majority to enjoy the benefits. Compensation is best attempted as a private negotiation and is actually best discouraged altogether because the informal networks have a habit of making private deals public knowledge.

2.2.10 Evaluate outcomes: Once the changes have had a chance to settle in, it is prudent to evaluate their effectiveness in meeting the stated purpose. It is important to evaluate the degree to which the actual changes met the perceived needs to take into account the viewpoints and feelings of the recipients of the change as well as those who led the process.

3 Conclusion

Armed with a reasonable understanding of this model of change in a medical context, there should be less fear of the process. Every effort has been made to present information in a clear and user friendly way with the intention of encouraging people to be bolder in attempting change. This model of change is not a blueprint. The person contemplating change will still need to exercise considerable judgement concerning the strengths with which local factors apply and the optimal style and tactical choices to be made. The need for change should be widely perceived and accepted. Change is a complex process, particularly where large numbers of people and processes are involved, and it is easy to underestimate the difficulties. When contemplating major changes that touch many people and processes, it may be prudent to seek professional advice to help steer a fruitful path through the complexities.

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