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EDITORIAL

Why Is It Taking So Long?

In Volume 14, Number 3 of this journal an article was published with the somewhat plaintive phrase, "why is it taking so long?" in the title (Guilbert, 2001). The question refers to the fact that while this journal (and its predecessor) does a good job of communicating the many needs of the medical curriculum, there is little change. Guilbert is thinking of three themes. They are: early clinical exposure, active learning, and student involvement in their own learning. To do injustice to his argument, Guilbert argues that we spend too much time on the "what" and too little on the "how" to do it or "how not" to do it. During my career I have had the remarkable experience of systematically studying the change processes of medical schools throughout the world from the point of view of deans who succeeded, or didn't, as the case may have been. In that very same issue of the journal I argue that change, unfortunately, takes a very long time (Richards, 2001). This is particularly the case because the changes we argue for are nothing short of a paradigm shift, to use an overused term, especially from the viewpoint of the very important work of the academic staff. I posit three stages of reform. They are: personalized reform; rediscovering the good of the old ways; and institutionalization of the changes. The problem is that many schools are stuck in phase one. The enthusiasm of the reformers in phase one gets played out over and over and we dwell on the "what" of reform more than the "how".

Many have said that the problem is that teaching, and therefore curriculum change, is not rewarded as much as other things are. However, as Bloom argues after looking at medical schools from the viewpoint of a sociologist, teaching is not the main reason why medical schools throughout the world exist, although one would think so. In his very analytic and seminal piece Bloom argues that because of financial considerations "... educational values become subordinate to the requisites of the organizational structure of the medical school ..." (Bloom, 1988). Thus, because everything that health professions schools do is connected to everything else, one can't expect to change curriculum without also looking at the money makers of research programs and especially tertiary patient care services. But the question remains, how is it done or how is it not done? In a good but small book, "Changing the essence", Beckhard and Pritchard argue that to change an organization one must change the culture of that organization (Beckhard & Pritchard, 1992). Easier said than done! I argue, in an earlier article, that we should essentially give up on the members of the organization and stress an outside-in approach. That is, forget that the faculty will ever change and stress strategies for linking with the environment of the faculty as

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the means to change the organizational culture (Richards, 1993). Later, however, with input from multiple sources, I tempered my harsh judgement to say that like it or not the members of a faculty still are the controlling factor of the organization and must be addressed. Besides, the argument goes, one does not change things by throwing rocks! Therefore, maybe the outside needs to be addressed first to change the rules, but the academic staff can't be ignored.

Let's look at Beckhard and Pritchard again. They say, "Probably the most important single process involved in effective change is the process of learning while doing". In other words, we must learn from our mistakes and keep on going, because the end is more important than the means of getting there. Clearly "learning while doing" would mean a major change in the culture of health professions schools. Later, in that same book, they present a formula which I find very useful. It is $C=(A+B+D)>X$ where C=the change, A=level of dissatisfaction with the status quo, B=desireability of the proposed state, D=practicality of the change and X=the cost of changing. Nothing in this formula is static. The change agent must, therefore, increase A, articulate B in very simple terms, make the change as doable as possible thus minimizing the disruption, and see to it that the duties of people in the organization are not changed too much.

Kouzes and Postner, in a book called "The leadership challenge", argue for the importance of vision, that is, in Beckhard and Pritchard's terms, element "B" of the change. We do that very well! As I have pointed out in my stages of change, we seem to be stuck in stage one and, in Guilbert's terms, we know the "why" and the "what", but no one seems to be listening, at least not the members of the faculties. And they are the ones that matter. Now we must get on to the "how", sharing lessons of what works and what doesn't or didn't. To me this "how" is so important that depending on responses I will devote a section of this journal to the "how" question. Actually, as I look back at earlier issues of this journal, the "how" question has been addressed. Observations, for example, on managing change from the viewpoint of a medical school dean (MacLeod, 1996) have been included. These efforts of the journal not withstanding, however, in future issues we will look not only at the successes of the what but also consider the lessons learned from trying unsuccessfully. This section of the journal, then, will be a major departure: we'll publish not only the successes from which we can all learn, but also the failures from which we can all learn as well. To make the point in this leading of fundamental change, we learn from our failures as well as our successes. Heifetz, in a book called "Leadership without easy answers", pointed out that we learn a lot from our failures (Heifetz, 1995).

So ... send in your manuscripts of successes and failures! We can learn something from both.

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