Introducing change management education program for family medicine residents: a demonstration project

Introduction d'un programme de formation en gestion du changement pour les résidents en médecine familiale : un projet de démonstration

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Implication Statement

The project presents an innovative mixed learning approach program to provide basic change management training for family medicine residents. Developed by a team of faculty experts in the Department of Family Medicine at the University of Manitoba, this three-to-four-hour training program provided residents an understanding of an approach to change management that systematically plans, implements, and evaluates new initiatives in healthcare settings. Students reported that change management is important for their success as healthcare professionals. This program could easily be replicated.

Énoncé des implications de la recherche

Ce projet consiste en programme novateur fondé sur une approche d'apprentissage mixte visant à offrir une formation de base en gestion du changement aux résidents en médecine familiale. Élaborée par une équipe de professeurs experts du département de médecine familiale de l'Université du Manitoba, cette formation d'une durée de trois à quatre heures a permis aux résidents de se familiariser avec une approche de la gestion du changement qui consiste à planifier, à mettre en œuvre et à évaluer systématiquement de nouvelles initiatives en milieu clinique. Les étudiants estiment que la gestion du changement est un facteur important pour leur réussite en tant que professionnels de la santé. Ce programme peut aisément être reproduit ailleurs.

Introduction

To improve quality and safety of healthcare, understanding of how to change is needed to successfully lead a system change.[1,2] As a change leader/agent physicians engage with other team members and work towards establishing high-quality health care system to deliver quality care to patients and families. A change management approach enhances planning, presenting, and implementing change initiatives.[3] These approaches can help clinicians identify barriers and offer effective solutions to overcome these barriers to facilitate change.[3] Limited training on change management methodology leaves physicians with sub-optimal skills to lead real-world projects and be effective change agents.[4] Consequently, the objective of this project was to create, deliver, and evaluate a program focused on educating residents in change management in healthcare organizations.

Innovation

The program was developed by a team of faculty with academic and practical experience in change management. Bruner's spiral learning framework was utilized while designing and delivering the program.[5] Instructors visited/revisited important, increasingly complex topics multiple times throughout the program. Relationships between concepts and previously learned information were emphasized. For example, pre-training material was created and sent to students a few weeks prior to the online class meeting. This included an instructor

orientation video, content on Kotter's Change Management approach, change management application, and reasons for failure of change initiatives. Kotter's model was selected because it helps in creating a climate for change, identifying errors, create a better plan/process to implement and sustain change. While Kotter's approach has been widely used in business organizations, there is still scarcity of work that demonstration of application of Kotter's approach in healthcare organization. In a virtually delivered session, major concepts and themes were explored in greater depth using a variety of methods (See Appendix A).

We received approval from the University of Manitoba Research Ethics board to conduct an evaluation of this teaching program prior to beginning the project. The program was designed for 20 family medicine residents. An evaluation survey, based on Kirkpatrick model (Level 1) was administered to eight residents who successfully completed the program; four residents completed the survey, for a response rate of 50%. Results of survey indicate that half the residents responded favorably to (a) program content (b) application to clinical settings/practice, (c) teaching methods, and (d) method of instruction. All respondents agreed that the training material was easy to follow, and online delivery was effective. Most respondents (75%) felt that the pre-training materials prepared them for the actual program and that materials utilized during the program helped them understand real world transference of the material.

In order to continue the program, faculty leaders are evaluating operational feasibility such as staffing and technology requirements and need for organizational resources (time, money and skills) to continue offering the program. The program content has been shared with educational and quality improvement leaders in the Family Medicine Department who wish to integrate the curriculum in educational offerings for residents.

Next steps

Going forward, we hope to offer the program in person, hybrid, and virtual methods of instruction to more Family Medicine residents and potentially those in other disciplines. We also intend to conduct robust evaluation using higher level of Kirkpatrick model. This will allow us to examine practical side of the training and how well residents are able to apply the concepts learned during educational session. While this program was offered to residents working in urban settings, our next round of program delivery will focus on Family Medicine residents working in rural and remote clinics across Manitoba. Residents will be encouraged to include change management approach in their quality improvement projects and other clinical work they complete as part of their practice/training. We also intend to explore whether residents are able to use change management principles and methods in their future practices. This will inform future educational/program offerings on change management.

References

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Appendix A. Brief description of course material and methods

Pre-Training Material – provided to students 20 days and two days prior to the online program.	**Instructor's and Orientation Video (10 minute video) -** Instructor's Introduction Overview of the material What is change and why is change important? **Review Article and Video** Kotter's Change Management Approach https://www.youtube.com/watch?v=22coAwMD9M0 https://www.youtube.com/watch?v=jKXuTMfcO5c Application of Change Management Approach Article - A change management approach to improving safety and preventing needle stick injuries (Author – Ann-Marie Aziz) Why Change Fails? https://www.youtube.com/watch?v=mfCykvFWmB8
Training Program	*Discussion of Learning Objectives and Live Poll* **After completion of the module/training/educational session, the students will:** Demonstrate an understanding of the language, tools, and methodology used to implement and evaluate change initiatives in healthcare organizations. Demonstrate ability to use Kotter's Eight Step Change methodology in healthcare environments. Identify and describe common errors in organizational change. **Live Poll via zoom** – focused on getting to know students. *Section 1 – Introduction to Change Management* What is Change Management? Who should be involved in Change Management? When should we think about Change Management? Why should we change? Change Management in Healthcare Initial Description of Kotter's 8 Step Change approach Demonstration of Kotter's Approach through Medical Supply Room Project Case Presentation, Use of Before/After pictures, and survey of staff post change management approach implementation. *Quiz – focused on Section I* *Break* *Section 2 – Deep Dive into Kotter's 8 Step Change Management Approach* Description and discussion of Kotter's 8 Step Approach Case of COVID-19 pandemic to explain each step Strength-Weakness-Opportunities-Threats (SWOT) of COVID- 19 pandemic Discussion of Creating a Sense of Urgency How to build a Guiding Coalition? – People, Qualities/Skill Set, Senior Leadership Strategic Vision and Initiative How to create a simple and concise vision? Volunteer Army Communication and volunteer army Removing Barriers How can we work towards removing barriers? Short team wins during COVID crisis Generating Short term wins - Short term wins during COVID crisis. How to Build on Change? – How to Build on Change during COVID crisis? How to Make Change Stick? – Discussion of strategies to make change stick. *Break – 10 minutes* *Case Study focused on Implementing a Change Management Approach – Team Project (30 minutes)* *Team Presentation (5-7 minutes each)* *Section 3 – Discussion of Common Errors in Change Management (using previous case study)* Allowing for Complacency A Lack of Buy In A Lack of Revision Ignoring Short Term Wins Not Anchoring Change *Wrap up – Information about Evaluation Survey*