

Leading Major Change in Graduate Medical Education: Initiate, Implement, and Sustain

Harm Peters , MD, MHPE

Dink Jardine , MD, FACS

Madeline Joseph , MD, FAAP, FACEP

The Challenge

Imagine that in your organization incidents of inappropriate, unethical, or disrespectful behavior by trainees and teachers have been reported more frequently. As professionalism sessions and discussions at the program and institutional levels have not had sufficient impact, a cultural change is needed. What are the essential skills needed for graduate medical education (GME) leaders to successfully navigate such a challenge and drive meaningful, lasting change?

What Is Known

Effectively leading change requires a systematic approach to managing individuals, teams, and organizations to transition from a current to a desired future status.¹ This involves a blend of the closely related concepts of project management (delivering the goal/project on time, budget, scope) and change management (human motivations and abilities).¹⁻³ Notably, there is no single change management framework, but most experts agree that major change goes through 3 distinct phases: initiating, implementing, and sustaining.¹ Yet change, including in GME, is rarely a linear sequence: Changes may occur in parallel or through iterative cycles, which reflects the complexity of managing change.¹

Two common frameworks have proven successful in leading the human side of organizational change. Kotter's iterative 8-step model emphasizes the need to

RIP OUT ACTION ITEMS

1. **Initiation phase:** Create the climate for change by establishing a common vision and an urgency for the change, identifying vital behaviors, and building a coalition.
2. **Implementation phase:** Engage and enable the organization by addressing motivation and ability at personal, social, and structural levels.
3. **Sustainability phase:** Institutionalize innovative approaches by measuring results and embedding vital behaviors into organizational culture and systems.

engage and involve others to sustain change across all change phases.² Grenny's 6 sources of influence focuses on identifying the vital behaviors that drive results during the change phases, by addressing motivation and ability at personal, social, and structural levels.³

How You Can Start TODAY

Initiation Phase: Creating the climate for the envisioned change.

1. **Make the urgency for change tangible and communicate the need for change.** Outline why the change is necessary, urgent, and must happen now to achieve the desired outcomes. Make the case that the risks of maintaining the status quo are greater than the risks of the change itself, to mobilize people to actively participate in the process.²

THE 6 SOURCES OF INFLUENCE WITH DIAGNOSTIC QUESTIONS³

	 MOTIVATION (Is it worth it?)	 ABILITY (Can I do it?)
 PERSONAL	 Is it pleasurable or meaningful? <i>Help them love what they hate by finding meaning</i>	 Can they do it? <i>Help them do what they can't</i>
 SOCIAL	 Are they encouraged to do it? <i>Provide encouragement</i>	 Are they enabled to do it? <i>Provide assistance</i>
 STRUCTURAL	 Are they rewarded for doing it, or punished for not doing it? <i>Change their economy</i>	 Does the environment (both physical and virtual) enable it? <i>Change their environment</i>

2. **Identify vital behaviors that drive results.** Successful change hinges on shifting people's behaviors. Identify 1 or 2 high-leverage actions that, if practiced consistently, will create a cascade of meaningful change. Focusing on specific behaviors rather than broad goals makes the change more tangible and actionable. For example, actively involving trainees in working groups can advance the goal of a learner-centered culture.
3. **Build an early supporting coalition.** Include key constituents and leaders who understand and support the vision for change. Identify and involve key influencers in the planning process and invite them to program director and department meetings. Convene town halls or informal gatherings and encourage open discussion to build a shared vision and understanding of the change process and to foster a sense of ownership among all parties.
4. **Create a clear and compelling vision.** The vision for the desired outcome must be vivid and motivational at the personal, social, and structural levels. This typically requires self-reflection and multiple iterations, based on feedback, to refine the vision and how it is communicated. Through practice, refine how you will articulate that vision. Your goal is a clear and embraceable vision that serves as a guiding star throughout the change process.

What You Can Do LONG TERM

Implementation Phase: Engaging and enabling the people and organization to change.

1. **Address motivation and ability at multiple levels.** Use Grenny's Crucial Influence Model to increase the likelihood of lasting change. Consider influencing motivation (*Do they want to do it?*) and ability (*Can they do it?*) at 3 levels: *Personal*: help stakeholders find meaning in the change and provide the necessary skills training; *Social*: engage opinion leaders to model and encourage new behaviors while creating peer support systems; and *Structural*: align reward systems with desired behaviors and modify the environment to make new behaviors easier to perform.
2. **Communicate through multiple channels.** Effective and transparent communication is critical to the successful implementation of change. Ensure that the message is consistent and addresses the "why" behind the change. Use multiple communication channels to reach all affected by the change and tailor your communication strategies to each audience. Establish continuous communication and feedback loops to listen to the experiences of faculty, staff, and trainees and their suggestions for improvement.
3. **Develop a detailed implementation plan.** Define clear and measurable goals that align with the overall vision and desired outcomes. The plan should break

down the overall goals into specific, actionable steps, with clear timelines and responsibilities assigned to each task. Engage key stakeholders in this goal-setting phase to ensure buy-in.

4. **Start with pilots and iterate.** Select a specific area or department where the changes can be tested and refined. Pilot projects can serve as proof of concept, allowing leaders to gain insights, identify potential challenges, and make necessary adjustments before scaling up.
5. **Monitor progress on a regular basis and adjust.** Measure what matters: focus on the desired results and the vital behaviors that can drive those results. Regularly review progress against metrics to measure progress and use these metrics to guide ongoing adjustments. Set up regular meetings with stakeholders to provide updates and gather feedback. Use surveys, focus groups, and informal discussions to measure the effectiveness of the change.

Sustainability Phase: Institutionalizing and embedding change.

6. **Establish a culture of continuous improvement.** Create an institutionalized framework that supports and sustains the change, which includes formal policies and governance structures at all levels of the organization. Establish oversight committees or working groups with regular review cycles. Embedding structures for continuous improvement into the organization culture will help to ensure that your education program remains responsive to evolving challenges and opportunities.

References and Resources for Further Reading

1. Maaz A, Hitzblech T, Arends P, et al. Moving a mountain: practical insights into mastering a major curriculum reform at a large European medical university. *Med Teach*. 2018; 40(5):453-460. doi:10.1080/0142159X.2018.1440077
2. Kotter J, Rathgeber H. *Our Iceberg Is Melting: Changing and Succeeding Under Any Conditions*. Penguin Random House; 2005.
3. Grenny J, Patterson K, Maxfield D, McMillan R, Switzler A. *Crucial Influence: Leadership Skills to Create Lasting Behavior Change*. 3rd ed. McGraw Hill Education; 2023.



Harm Peters, MD, MHPE, is a Professor of Medical Education, and Director, Dieter Scheffner Center for Medical Education, Charité-Universitätsmedizin, Berlin, Germany, and Associate Editor, *Journal of Graduate Medical Education*, Chicago, Illinois, USA; **Dink Jardine, MD, FACS**, is Designated Institutional Official, Vandalia Health/Charleston Area Medical Center, Charleston, West Virginia, USA; and **Madeline Joseph, MD, FAAP, FACEP**, is a Professor of Emergency Medicine and Pediatrics, and Senior Associate Dean for Faculty Advancement and Engagement, University of Florida College of Medicine-Jacksonville, Jacksonville, Florida, USA.

Corresponding author: Harm Peters, MD, Charité-Universitätsmedizin, Berlin, Germany, harm.peters@charite.de