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Changing the Admin Model

One of the most challenging issues for many leaders within academic medicine is the strategic reorganization that seeks to consolidate similar work, thus eliminating positions or realigning work process and changing work roles. We believe that this will create efficiencies in our organizations by eliminating redundant processes. Under any circumstances, we can be certain that it will create tension and resistance in those whose work life is impacted.

The unfortunate economic realities of the past couple of years provided us with a place to lay the blame for making such changes necessary. In fact, advances in technology, along with the demand for more collaborative research models and the overwhelming health care needs of an aging population would have mandated this kind of change no matter the events of September 2008. What most of us agree about is this: medical schools and medical centers across the country are struggling with the need to provide new models of education and learning, improved clinical care delivery systems and more costly and expanded centers for critical research. Creating more efficient and effective ways of designing and delivering administrative management and oversight is crucial.

The change that has been demanded of all of us has energized many, challenged some, and frightened others. Which camp we find ourselves in depends on our willingness to accept if not to embrace change. Swift technological changes coupled with new and more stringent regulatory controls require us to be quick and nimble about changing. A Dean once said to me: “I’m all for change; I think change is good and this is the time for change. Just don’t try to change *me!*” Willingness to step out of that particular comfort zone is at the heart of the matter. Our perception of the acceptable risk in any change is deeply personal – and my years in HR have taught me that the individual’s perception directly impacts the organization’s reality.

When you combine the risk of institutional change with the threat of losing the personal concept that a person’s work is meaningful and satisfying, you threaten both economic and emotional satisfaction. As human resource professionals, we expect to deal with the feelings of loss and anger that such organizational changes bring. We are also acutely and often forcibly reminded that academic traditions and the force of historical practice can be overwhelming when planning and implementing change.

“The academy” has flourished from its roots in tradition and hierarchy. Little wonder that change is threatening and planning for it creates chaos before we even hit the “save” button on the proposal document. The roots of academia are medieval – literally so! In the forming of academic institutions, there was power in knowledge. We are engaged in using that knowledge as it continuously evolves to accelerate and enhance the teaching of medical science and art, the discovery of healing methods, and the delivery of care. Our institutions are powerful in the

wealth of knowledge. Little wonder that, grounded in tradition and history, we have come to comfortably assume that our basic methods, systems, processes and practices are working just fine. Change may mean anarchy at worst and disruption at best.

Into this mix come financial and business constraints that complicate the business of education, research and health care. Regulations and laws are being implemented at light speed and imposed on organizations. The fact is that these organizations have historically taken decades to implement even the most widely agreed upon innovations and strategic plans. Technology evolves so rapidly that we are hard pressed to keep up, even if we do all within our power (and authority) to move more quickly.

Changing the way in which we manage the processes and systems that support our mission has become an imperative. Recently, several of our schools and medical centers have found it necessary to consolidate executive or senior level administration or to combine similar departments in order to create efficiencies in administrative support. We may do everything possible to plan, communicate and authorize such necessary change but there is very little we can do about the resistance that comes with the mere suggestion of its imminence.

To be sure, there are many academic medical schools and more centers where the threat of change is mitigated by the expedience of the drivers. Financial crises, ethical dilemma, malpractice investigation, and leadership failure often bring people quickly to the acceptance that change is needed, and quickly. Thankfully, there are also organizations whose leadership is strong and confident, and whose academic and administrative deans' and directors' sense of purpose accepts and deals swiftly with dissent. Innovation and vision drive the culture, which helps the community to enable future success while dealing positively with whatever level of fear and doubt exist.

More often, though, we find ourselves dealing with the hierarchical tradition of resistance to the kind of change that directly impacts the work life – even the professional identity -- of the most important and influential administrative leaders within critical departments, centers, units and divisions. It can be difficult to remind ourselves that this is a normal, and even healthy, reaction to impending change. Yet it must be managed thoughtfully and with care. So, if ours is not yet a culture of innovation driven by future think, what are some of the things we can do to move the organization forward?

First, involve those people who will be most directly impacted in the decision making process as soon as possible. There are many reasons why we don't always do this. We might fear the strength of the resistance coupled as it usually is with the authoritative power of those whom we are certain will oppose it; we try to avoid a preemptive strike. There is also the need to protect the institution from the fear that any talk of reorganization always creates within the broad and the narrow communities in which we operate. We wonder what will be the reaction of the constituents – those who directly interact with the individuals involved. How will the changes impact co-workers who are not part of the change, but who will live with its consequences? These are all valid reasons to plan and design the change in secret and with as little input as possible, but they are also exactly the reasons why initial resistance may be more dramatic than we expect.

Communicate twice as much and twice as often as you think you should. What are you doing? Why? Will this save money, time, administrative effort? What will the savings do to benefit (fill in the blank – me, the department, some other department, the mission, the patients, the finance office)? Never underestimate self-interest, but unfailingly express the belief that the organization's benefit is good for all. Do be careful that those in your office delivering the message believe in the goal and support the plan.

This is a very important point: be as certain as possible that you are acting with the support and understanding of the dean(s), chief executive officer, department head, faculty chair, finance office, and senior administrator(s). Line up whatever hierarchy exists. We can do everything possible to manage change and to account for all of the attending organizational stress; if we do not have the power of authority, we may be simply wasting our time and energy.

That said, in many organizations a wholesale or widespread change in administrative management may be impossible, at least initially. The tradition of “taking it to the dean's office” is often the stone wall that cannot be breached. This is the time to find a well run department or two whose leadership is progressive and thoughtful, and whose understanding and cooperation more likely.

These “pilot” programs can be successful. Be aware, though that those who offer you this kind of participation and who are willing to test the challenge to status quo will be watching for the rest of the institution to climb on board. Many such departments and centers have had their carefully crafted changes derailed because they watched those who refused to participate continue to be rewarded or treated to the same perks, promotions and pay increases. The moral: tie some tangible reward system to the individuals who take the risk for you.

Publicize success **and** failure. Let the organization know how this is working. When it works well, shamelessly ask those involved to proselytize. Keep asking those who doubt to come on board. But be sure to report on what didn't work. Be quick to communicate that message, but only after a plan of positively addressing it has been made. Communicate that, too. Can you explain the failure without placing blame? This is not so easy when your support authorization simply fails to hold the line. Think about this ahead of time – it is probably the most likely contributing factor to a good plan that won't succeed.

It may be here that your own and your department's resistance to the proposal of change in administration manifests. You may feel strongly that there is not a good chance of successful implementation of even the best plan – for all the reasons outlined above. The decision to move ahead or to postpone a fine but unworkable plan for another time may sit just here. As Abraham Lincoln said, “When you have got an elephant by the hind leg, and he is trying to run away, it's best to let him run.”

This is an exciting time for us, though certainly not an easy time. We have the expertise, talent and commitment to move our institutions forward. Strength of purpose and sharing our successes is necessary; communicating and supporting one another through those rare failures is a gift.

Please let us know how you're doing, and what is on your mind. And, mindful of the upcoming gathering of human resources leaders in April just prior to the GBA/GIP annual meeting, please think about bringing your stories, ideas and opinions on this important subject to your colleagues! The meeting is April 26, in Philadelphia. Please check the AAMC meeting web site for details.

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