



*Hedwig van Ameringen*

**EXECUTIVE LEADERSHIP IN  
ACADEMIC MEDICINE**

*Program for Women*

**2004 FORUM ON EMERGING ISSUES**

**DIAGNOSING AND  
OVERTURNING THE IMMUNITY  
TO CHANGE**

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## ADVANCING WOMEN'S LEADERSHIP IN ACADEMIC MEDICINE AN OVERVIEW OF THE ELAM PROGRAM

Founded in 1995, ELAM is the only in-depth national program that focuses on preparing senior women faculty at academic health centers (AHCs) to move into positions of institutional leadership. ELAM is a core program of the Institute for Women's Health and Leadership (IWHL) at Drexel University College of Medicine. Together, ELAM and the IWHL continue the long legacy of advancing women in medicine that began in 1850 with the founding of the Female Medical College of Pennsylvania. FMCP, the nation's first women's medical school, is a predecessor of today's Drexel College of Medicine.

ELAM's year-long fellowship program mixes traditional executive seminars and workshops on topics pertinent to AHC management with group and individual projects aimed at developing personal leadership. Throughout the year, there are opportunities to meet with nationally recognized leaders in academic medicine, healthcare, government and industry and to interact with peers from different disciplines and institutions. The program year culminates in a 1½ day Forum, when the Fellows, their Deans, and other invited guests gather with top experts to explore a new methodology or strategy for addressing a timely issue facing AHC leadership.

Recognition of ELAM's importance and the leadership potential of its graduates is evidenced in the following statistics: nearly 90% of U.S. medical schools and 50% of U.S. dental schools have sponsored ELAM Fellows. ELAM participants now hold senior posts (Department Chair or higher) at close to 100 U.S. academic institutions, including 10 deanships.

ELAM has been honored in every facet of its work. In higher education, it has received the American Council on Education's Office of Women in Higher Education Network Leadership Award; in medicine, the Association of American Medical Colleges' Women in Medicine Leadership Development Award; and in dentistry, the Dr. Edward B. Shils Entrepreneurial Education Fund Award.

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ELAM also receives contributions from the ELAM Alliance, a consortium of independent consultants working in academic medicine and higher education committed to the advancement and success of women in leadership positions, and from the Society for Executive Leadership in Academic Medicine (SELAM International), the organization founded in 1998 by ELAM alumnae.



## THE ELAM PROGRAM'S FORUM ON EMERGING ISSUES

The Forum on Emerging Issues is the capstone event of the ELAM spring session, when Fellows are joined by senior delegates from their home institutions, most often the Deans, along with invited guests (see Appendix C for list of this year's participants). Each year, the ELAM Forum explores an innovative concept or methodology that has direct application to leading and managing an academic health center. The Forum's interactive format enables participants to explore potential applications of the new concept in a collegial and creative environment.

The 2004 Forum, entitled "Uncovering and Overturning the 'Immunity to Change': Personal Learning and Professional Development," was led by Robert Kegan, Ph.D., Meehan Professor of Adult Learning and Professional Development at Harvard University's Graduate School of Education. Dr. Kegan is the co-author of *How the Way We Talk Can Change the Way We Work*. The 2004 Forum was sponsored by the University of Texas Medical Branch at Galveston.

The 2005 Forum will be led by Karen Osborne, national fundraising expert, whose presentation on "Transformational Philanthropy" will explore how institutions can attract the investments they need to "transform" their organizations.

### Past Forum Topics Include

*"From Silos to Sails: Energizing Change in Organizations: An Introduction to Appreciative Inquiry."* (2003) Led by Anthony L. Suchman, M.D., M.A., F.A.C.P., and Penny R. Williamson, Sc.D. Sponsored by the University of Utah School of Medicine.

*"Building the Leadership Engine for Academic Health Centers"* (2002). Led by Noel M. Tichy, Ph.D., Professor and Director, Global Leadership Program, The University of Michigan Business School. Sponsored by the University of Michigan's Medical School, School of Dentistry, and Office of the Provost.

*"Innovative Thinking and Creativity Tools to Improve Academic Health Centers"* (2001). Led by Paul Plsek, M.S., Paul E. Plsek & Associates, Inc. Sponsored by the University of Michigan's Medical School, School of Dentistry, and Office of the Provost.

*"The Balanced Scorecard: Strategy and Performance for Academic Health Centers"* (2000). Led by Stephen Rimar, M.D., MBA, Yale University School of Medicine. Sponsored by the Colgate-Palmolive Company.

*"Exploring Complex AHC Systems with Computer Simulation"* (1999). Customized simulation software enabled participants to explore the impact of implementing various management decisions on complex systems such as AHCs. Led by Bruce Gresh, Ph.D. Sponsored by the Colgate-Palmolive Company.

*"Planning, Learning and Rehearsing the Future for Academic Health Centers: Success in the Face of..."* (1998). Led by Paul Batalden, M.D., Dartmouth Medical School. Underwritten by a grant from the Josiah Macy, Jr. Foundation.



## DIAGNOSING AND OVERTURNING THE IMMUNITY TO CHANGE

### Introduction

The 2004 ELAM Forum on Emerging Issues continued the recent focus on strategies for fostering change in academic health centers. Robert Kegan, Ph.D., William and Miriam Meehan Professor of Adult Learning, Harvard University Graduate School of Education, and Co-Director, with Elizabeth Armstrong, of the Harvard Macy Program Physician Educator Program, led an exploration of “**Questioning the Big Assumption,**” a model for facilitating personal and organizational change. Developed by Kegan and Lisa L. Lahey, Research Director of the Change Leadership Group at Harvard Graduate School of Education, the “big assumption” model provides **a methodology for helping people, groups and organizations overcome the hidden obstacles that prevent them from achieving their stated goals.**<sup>1</sup>

During the Forum, Dr. Kegan took approximately 100 academic health center leaders (including medical and dental school deans, ELAM Fellows, and other guests) through a series of exercises to illustrate how ‘big assumptions’ are at work in all our lives—both personal and professional—and how questioning these assumptions can ultimately free us from the fears that resist change.

The basic tenet of the ‘big assumption’ model is that change efforts fail, not because people are “resistant to change,” but because they have *competing commitments* that prevent their desired goal from being achieved. Thus, rather than focusing on ‘fixing’ the behaviors that impede change, the process systematically identifies the worries or fears driving the behaviors and then uncovers the underlying, often unconscious, beliefs or assumptions that create these fears. These “hidden” beliefs set up a *competing set of commitments that work in opposition to the stated goals*. In trying to fulfill these underlying commitments, a person or group effectively undermines the desired commitment, thus bringing the whole change effort to a standstill.<sup>2</sup>

Examples of such competing commitments can be found everywhere. A manager who has been given the lead on a project procrastinates about getting started because of his underlying belief that he is inadequate to handle greater responsibility. By not starting the project, he is fulfilling his hidden competing commitment to avoid certain failure. An academic health center may have made a commitment to develop a more interdisciplinary curriculum, but it is unable to make headway toward this goal because faculty and administrators collectively believe that such a curriculum would be too confusing for students and too demanding on faculty.

*Competing commitments can neutralize even the most sincere intentions to change.* Bringing these commitments and their driving assumptions to light requires patience and sensitivity on the part of those leading the change process, and a willingness to let change happen incrementally, until the old fears have been tested against reality and put to rest. Together with other change management experts, Kegan has shown that such an approach, while more time intensive in the initial stages, is likely to yield more substantive results over the long term than is the quick ‘hammer’ approach to change.

<sup>1</sup> Kegan, Robert and Lisa L. Lahey. “The Real Reason People Won’t Change.” *Harvard Business Review*. November 2001: 85-92.

<sup>2</sup> Ibid. Also, Kegan and Lahey. *How the Way We Talk Can Change the Way We Work: Seven Languages for Transformation*. Jossey-Bass/Wiley, 2002.



**“We are actively spending our energies on keeping those things that we are worried about from happening.”**

Robert Kegan



### Applying the ‘Big Assumption’ Model to Individual Change

The ‘big assumption’ model is based on more than 15 years’ experience with hundreds of managers across a variety of organizational cultures. It involves a systematic series of steps that build on each other. Before applying the model to organizational change, Forum participants learned the process through application to an individual professional problem.

Kegan asked participants to break into dyads. The dyad partners engaged in a three-step diagnostic exercise to uncover their own personal and professional “immunity to change.” Each person was given a template and asked to fill in the columns with the following information:

Column 1: Language of Complaint	Column 2: Language of Commitment (Goals)	Column 3: Language of Personal Responsibility (Obstacles)	Column 4: Language of Inner Contradictions (Competing Commitment)	Column 5: Big Assumption
-Visualize a situation at work in which you are not happy - Describe your complaint about the situation	What desired value underlies this complaint? *I am committed to the value or importance of:	In addition to all the things I am doing to advance the Commitment (Column 2), what am I doing or not doing that works <b>against</b> Column 2 Commitment?	*Think about doing the opposite of Column #3: what fears, worry come up? This leads to... *I am committed to:	

### Stage 1: Uncovering Our Competing Commitments

*Step 1: List Your Gripes (Column 1): What things frustrate you at work and keep you from being more effective?* Although in and of itself complaining is neither productive nor transformative, it serves a useful function in pointing to what we most care about. People do not complain about things that do not concern them. The more passionately they complain, the more intense the degree of personal investment. Left at this level, however, complaining will only exacerbate people’s feelings of powerlessness.

*Step 2: Transform your complaints into commitments. What personal values are these frustrations an expression of? (Column 2):* The next step of the process seeks to reframe people’s complaints, transforming them from foci for negative energy to levers for positive change. In this step, Kegan asked participants to consider what values their complaints may be expressing. For example, someone voicing frustration about the lack of communication among faculty members in a department may believe strongly that teamwork and cooperation are the best ways to get things done. Kegan then asked participants to translate these values into commitment statements. (e.g. “I am committed to fostering a collaborative work environment.”) In writing their commitment statements, participants were asked to consider the following criteria:

- It’s true for you
- It implicates you
- It’s important for you



*Step 3: Acknowledge how you are contributing to the frustrating situation. What are **you** doing, or not doing, that may be contributing to the problem? (Column 3):* In this step, participants were asked to examine their *personal role* (focus on *me*, versus the others) in creating or perpetuating the problem about which they are complaining. They were asked to make a list of specific behaviors that met the following criteria:

- They are *concrete* actions or non-actions, not just dispositions (e.g. *not* “I’m uncomfortable with conflict” *but* what I do or don’t do as a result).
- It is clear how the behavior undermines or works against the stated commitment.
- It does not address *why* or *what* you should do about it – it simply names the behaviors or non-behaviors.

*Step 4: Identify what may be motivating your behaviors. What worry, fear, or vague discomfort may be keeping you from acting differently? (Column 4):* Because behaviors don’t happen without a reason, the focus of this step is to uncover what may be unconsciously motivating you to work against your stated commitments. Participants were asked to consider how the behaviors that get in their way may be simultaneously fulfilling some other, less conscious commitment that they hold. For example, someone may be verbally committed to the principle of teamwork but actually engages in behaviors that undermine this commitment because of a fear of being held accountable for the team’s work product, which may be inferior to what the person could produce individually. Participants were asked to consider the following criteria as they identified their worry/fear:

- It reflects a commitment to self-survival/self-protection (vs. noble)
- It begins to show you why your actual behaviors make sense.
- It feels powerful (a 4 or 5 on a 5-point scale).

*Step 5: Express your worry or fear in terms of a commitment (Column 4):* What underlying commitment have you made to yourself to keep this “fear” from happening? It is important to note that these ‘competing commitments’ will appear hypocritical, be provocative or ‘juicy’ contradictions, or be ‘sorries.’ They will not appear nearly as noble as the original desired commitment. They are there because of your commitment to some kind of ‘self-protection,’ which is not bad, just a natural human condition. This part of the exercise shows that our resistance to change is not a function of weakness. There is *always* a *dynamic equilibrium* between the two commitments: our Avowed Commitment (Column 2) and our Competing Commitment (Column 4).

Examples of such competing commitments might be: (1) wanting to be unconditionally accepted, (2) wanting to be perfect, (3) wanting to be thought of as important, (4) maintaining political leverage, or (5) wanting to please a father/mother (even though dead 25 years!).



### Stage 2: Unearthing Our 'Big Assumption' (Column 5)

We develop a world view based on our experiences, and it rarely occurs to us that this way of seeing the world is only a construction of reality and that other equally valid 'realities' may exist. We also tend to filter out external evidence that does not cohere with the way we see things. This world view is often colored by a major assumption or belief, usually unconscious and oriented around our place in the world. This assumption is the foundation of many of our fears as well as the driver of our behaviors. Someone who isolates himself or continually declines to participate in collaborative efforts may hold the 'big assumption' that his productivity and professional recognition are dependent on remaining in complete control of his work effort and time." Conversely, someone who can't say no, even though she's verbalized a commitment to be a better time manager, may hold the assumption that no one will value or respect her unless she 'does' for them. Her self-image is dependent on others' opinion of her. These assumptions are what Kegan refers to as "BTB's" – the 'big time bad' consequences of failing to meet one's hidden commitments. Kegan asked the participants to identify the 'big assumption' driving the hidden commitment that competes with their desired commitment. The BTB had to meet the following criteria:

- It makes your hidden commitment absolutely necessary.
- It has a 'big time bad' conclusion.
- It names a boundary you cannot cross, or else. It represents some sort of limit or contraction.

### Stage 3: De-Immunizing: Coming to Terms with Your 'Big Assumption'

The final stage of Kegan's model for successful change is to slowly free oneself from the grip of one's 'big assumption.' While the often epiphanic discovery of one's assumption can lead you to want to change overnight, Kegan urged patience and restraint. Although the limits of the Forum format did not enable the participants to move fully through this final stage, Kegan laid out the steps as follows:

*Step 1: Observe your 'big assumption' in action. How does it affect your day-to-day behavior and choices? First, don't do anything except notice what does and doesn't happen as a result of holding your 'big assumption.'* This objective observer stance enables people to appreciate how, and in what contexts, their assumption may be affecting their lives.

*Step 2: Stay alert to natural challenges and counters to your 'big assumption.'* Next, pay attention to those situations or experiences that contradict your assumption, for example, times when you did something that should have led to disaster (according to your assumption) but didn't. By asking people to consciously look for experiences that disconfirm their deeply held beliefs, this step helps them to see what they may have been filtering out that might undermine the grip of their assumption.

*Step 3: Write the biography of your 'big assumption.'* In this step, you develop the provenance for your assumption: when did it develop and why? Typically, this step leads people to earlier life experiences, almost always before their current work.





situation. By encouraging people to develop a history, this step helps them create a space between themselves and their assumptions. This objectivity then frees them to see that the protective mechanisms they developed earlier in life may no longer be necessary or even relevant in their current work and life situations.

*Step 4: Design a modest, safe, actionable test of the ‘big assumption.’* In this step, you put your ‘toe in the water’ by designing a small test to check the validity of your assumption. The test should be something that does not entail risk and that can be woven into your day-to-day work life. This is the first time that you are asked to actually make changes in your behavior. Working with a trusted partner or mentor during this stage can be very helpful. This person can provide objective input into the design of the test itself (to ensure that it isn’t too risky or too tentative) and feedback on the test’s outcomes. This step is intended to help people accumulate real-world data to compare against their assumption.

*Step 5: Examine the results of the test.* Testing the assumption should be an iterative process, one small test following another until enough “evidence” has been accumulated to prove to yourself that your assumption is no longer valid. It is important to note at this point that not all assumptions are entirely false; sometimes there is a grain of truth in them. But once their hold has been removed and some objectivity has been gained, people can usually find other more effective ways to deal with the real concerns.

A couple of brief examples of such analyses are shown below.

1. Language of Complaint	2. Language of Commitment (Goals)	3. Doing and Not Doing that Works Against the Commitment (Obstacles)	4. Language of Inner Contradictions (Hidden/ Competing Commitment)	5. Big Assumption
*Visualize setting *Describe your complaint about the situation	What desired value underlies this complaint? *I am committed to the value or importance of:	In addition to all the things I am doing to advance the Commitment (Column 2), I am doing/not doing:	*Think about doing the opposite of Column #3, what fears, worry come up? This leads to... *I am committed to:	
Example A Have no assistant so waste time doing all that; don't get to do important and fun things	Being effective and efficient	Doing: accept too many responsibilities Not doing: ask for help	Taking on work so I'll be viewed as competent and a valued employee	If I don't keep safe, I'll be rejected, fired
Example B Others don't value my contributions	Valuing everyone and being valued and respected myself	Doing: question decisions at personal vs. effectiveness level	Taking my principled stand, even if I know it's not going to be effective	I'll lose myself if I quietly accept decisions/actions that are not 'right' without questioning

This analysis reveals the value of identifying the underlying ‘big assumptions’ (Column 5) because strategies to address them may look quite different from strategies to deal with the issues surfaced in Column 1, and are more likely to lead to lasting change. For example, some experiments to deal with the ‘big assumptions’ in Column 5 are:

- Example A: Write the history of actions in Column 2-5. What is the reality of being rejected and fired if you do not accept some assignments, and/or ask for help?
- Example B: Explore being quiet and seeing if another person brings the topic up (in case of an issue where you feel a decision/action is not ‘right’); be more strategic in picking opportunities to speak up on issues.



## Applying the 'Big Assumption' Model to Academic Health Organizations

In the first part of the Forum, participants went through the model, testing for individual 'big assumptions.' They then gathered in groups to explore how the 'big assumption' works at the organizational level.

Kegan asked the participants to collectively identify a group or issue at work that they are involved in and a commitment this group has made that seems blocked. He asked the participants to move through the three stages, completing similar analyses as were used in identifying individual competing commitments.

Following are the results of the organizational exercise, completed in less than two hours. The 'big assumption' model can be a powerful approach to identifying the true barrier (collective big assumptions) to an organizational change process. It has proven that if we invest as much time in devising strategies to address our 'collective big assumptions' as we traditionally spend on developing strategies to advance the original 'collective commitment,' we can achieve significantly more leverage toward producing organizational change.

An open discussion of our competing commitments and collective big assumptions could lead to an interesting non-blaming conversation about our "real" mission—following the concept that "every system is brilliantly designed to produce exactly the results that it does."

Following are the results of the group exercises undertaken by the Forum participants.

**“Every system is brilliantly designed to produce exactly the results that it does.”**

Robert Kegan

### Group 1: Organizational Change for Equity in Salary and Gender

Collective Commitment	Fearless Organizational Inventory (Doing/Not Doing vs. Big Assumption)	Collective Competing Commitments	Collective Big Assumption
Committed to achieving ethnic and gender diversity and equity with respect to compensation and promotion	Not Doing: - Salary equity study Doing: - Autonomous chairs make decisions without central measurement and monitoring (thus, difficult to collect data; expensive to measure and analyze) - EEOC policies are not enforced - We undervalue teaching and administration - We value loyalty (loyalty tax) - We don't spend money to advance diversity (training, etc.) - We hire people 'like us'	- Don't make "noise" by ill-founded study of salary equity - "Proper" salary equity study costs too expensive - Maintain departmental autonomy - Self-replication - We value comfort at work - Public view/reputation is important	If we do a study of salary equity, the noise will create chaos among the chairs and we will lose control - if we achieve true salary equity, we will lose our reputation, funding, power, and the institution will fail



## Group 2: Organizational Change for Improved Medical Education and Clinical Care

Collective Commitment	Fearless Organizational Inventory (Doing/Not Doing vs. 'Big Assumption')	Collective Competing Commitments	Collective Big Assumption
Committed to delivering the highest quality clinical care and education	<ul style="list-style-type: none"> <li>- We only reward research dollars</li> <li>- We don't commit resources for highest quality clinical or educational mission</li> <li>- Our structure is silo based (departments)</li> <li>- Rewards/incentives are silo based</li> </ul>	<ul style="list-style-type: none"> <li>- We (the faculty) are more important (status, lifestyle) than them (students/patients)</li> <li>- What's in it for me?</li> </ul>	<ul style="list-style-type: none"> <li>- Self-preservation: delivering higher quality clinical care and education would threaten the quality of our work, personal life and status, and the institution could fold</li> </ul>

## Group 3: Organizational Change for Increased Patient Safety

Collective Commitment	Fearless Organizational Inventory (Doing/Not Doing vs. 'Big Assumption')	Collective Competing Commitments	Collective Big Assumption
Committed to improving patient safety	<ul style="list-style-type: none"> <li>- We do NOT have:               <ul style="list-style-type: none"> <li>- Standardized care plans</li> <li>- CPOG</li> <li>- Effective self-reporting for errors/miss-near miss</li> <li>- Effective joint QA between hospital and MD group</li> <li>- Effective ways to examine systems</li> <li>- Effective ways to identify MD errors, remediation, outliers (MD or RN)</li> <li>- Education system attentive to team building</li> <li>- Non-punitive system for learning from mistakes</li> <li>- We DO allow individual MDs to practice in their "own style"</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Individual MD autonomy is resistant to "cookbook" approaches and system management</li> <li>- We don't want shame/loss of respect</li> <li>- We hide from mistakes ' malpractice reported to national database</li> <li>- We value current admission and educational systems</li> <li>- We have a punishing rather than supporting culture</li> <li>- We know best and have the best systems in the world</li> <li>- We value educational opportunity offered by autonomy</li> </ul>	<ul style="list-style-type: none"> <li>- If we acknowledge that patient safety is less than perfect, we will "fail" as a profession</li> <li>- Lose jobs</li> <li>- Be no better than RNs</li> <li>- Unable to earn living</li> <li>- Unable to get insurance</li> <li>- Lose respect</li> <li>- Lose special place in society</li> <li>- Acknowledge that "systems" function as well or better than autonomous doctors</li> </ul>

## Group 4: Organizational Change for Equity Among Faculty

Collective Commitment	Fearless Organizational Inventory (Doing/Not Doing vs. 'Big Assumption')	Collective Competing Commitments	Collective Big Assumption
Committed to promoting and retaining senior women and under-represented minority faculty (URM)	<ul style="list-style-type: none"> <li>- We do NOT:               <ul style="list-style-type: none"> <li>- provide equally valued flexible promotion tracks</li> <li>- provide sufficient mentorship</li> <li>- make counter offers to retain faculty</li> <li>- provide access to resources</li> <li>- aggressively seek out and recruit women or URM faculty</li> </ul> </li> <li>- We DO provide:               <ul style="list-style-type: none"> <li>- "hostile" climate</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- It's important to retain our school's traditional values and prestige</li> <li>- We keep current senior (male) faculty in their positions</li> <li>- We preserve the "special" status of current women and URM faculty who are in leadership positions</li> </ul>	<ul style="list-style-type: none"> <li>- If we promote and retain senior women and URM faculty we will:               <ul style="list-style-type: none"> <li>- experience complete destabilization (economic, organizational, power structure, education)</li> <li>- white males will lose jobs, power, prestige and money</li> </ul> </li> </ul>



### Group 5: Organizational Change for Collaboration with Free-standing Hospital that is Not Answerable to University)

Collective Commitment	Fearless Organizational Inventory (Doing/Not Doing vs. 'Big Assumption')	Collective Competing Commitments	Collective Big Assumption
Committed to: - sharing financial and other resources - accommodating and respecting backgrounds of physician faculty (both hospital and academic)	- The institutional frameworks have competing rather than common interests - SOM has narrow view about what it means to be an academic - -clinical mission perceived to be less valuable than research and teaching missions - hospital not committed to SOM	Hospital: - focus is on survival, clinical \$\$ - boasts in ads that it is only teaching hospital in town, leverages SOM in PR SOM: - Non-academicians don't deserve "real" faculty appointments- teaching and research more important	If collaboration occurs, - Hospital CEO will have to share credit with academic enterprise if there is any success - Hospital CEO and Board and SOM will have to admit responsibility, culpability - Dean and academic side will have to admit that things are changing, release status quo, special place in society admit to being less than perfect, loss of reputation.

### Group 6: Departmental Change for Improving the Climate for Junior Faculty at a Research Intensive School

Collective Commitment	Fearless Organizational Inventory (Doing/Not Doing vs. 'Big Assumption')	Collective Competing Commitments	Collective Big Assumption
Committed to: Making department a better place for junior faculty	Doing: load up junior faculty with too many service responsibilities that keep them from research and publications necessary for promotion Not Doing: volunteer for service committee and clinical work	We are committed to: - preserving the privileges of seniority We paid our dues and now it's our time - expecting junior faculty to pursue the profession the way we did and at 150% time commitment	- We will have to admit that our beloved profession has changed irrevocably, give up our dream of the ideal academic world - We will have to admit that the lifestyle we have led is in some ways not as healthy as that desired by junior faculty

Through these analyses, we are challenged to move BEYOND immediate problem solving and the urge to fix things—to examine some of the Big Assumptions that may be keeping the current system going—to gather information and data to perform pilot experiments that probe and challenge our Big Assumptions.





## Using the Model in Real-life Organizational Change in Academic Health Centers

During and following the presentations from the six groups, Kegan facilitated discussion of how to use these efforts in real-life change efforts in academic health centers. Some of the important opportunities provided by the model are to:

- *Helps us to understand the complex system of contradictions and tensions that are at work within any change effort.* It emphasize there are no 'good' and 'bad' behaviors and commitments, but a natural human dynamic equilibrium between exploration and self-protection.
- *Create space for valuable conversations.* People will not necessarily agree with all the commitments and 'big assumptions' that are reached, and opportunity will be provided for in-depth dialogue that is not often held around such topics. This can lead to greater understanding of the perspectives of various stakeholders, and thus lead to better strategies for change.
- *Use the analyses as 'clues' to what the true behaviors may be revealing about assumptions.*
- *Create a context in which we can focus our collective attention on a single purpose while supporting each other's growth and development.* This aspect of the model enhances the transition of academic health centers from an individual-achievement to the team-achievement focus that is increasingly necessary for success.



## Use of the Language of Regard with the 'Big Assumption' Model to Advance Transformational Change in Academic Health Centers

The Language of Regard—in addition to the Languages of Complaint, Commitment, Personal Responsibility, and Competing Commitment—is described in the recent book, *How the Way We Talk Can Change the Way We Work: Seven Languages for Transformation*, authored by Kegan and Lahey<sup>2</sup>. Kegan noted that opportunities for moments of cooperation and mutual regard are rare in today's culture and we must make room for them. We all derive a variety of incomes from our work, Kegan said, not just our salary but also opportunities to make a difference, practice our craft, and experience continued growth and development. Burnout is not so much an issue of being too busy; it's an issue of being too long in the same position without an opportunity to grow.

Kegan encouraged Forum participants to think of themselves as leaders of *language communities* as well as *work communities*. As transformational leaders, they must pay attention less to the “*contents of our speaking*” and more to the “*forms of our speaking*.” The ‘big assumption’ model goes hand in hand with using the “Language of Regard.” Kegan's thesis is that people will be more willing to look and work at their own contradictions if they feel they are making a difference, receive support, and feel that they are recognized and valued. Effecting substantial change is more likely to occur when people are given an opportunity to express their fears and to work through them with the encouragement of the group.

As a final exercise, Kegan asked ELAM Forum participants to practice the **Language of Regard** by writing down what they would like to say to someone whom they appreciate. Kegan asked that the appreciations be expressed in the following way in a 30-second message:

- *Be direct.*
- *Be specific:* name concrete qualities or actions that you appreciate.
- *Be non-attributive.* Expressions of appreciation are more powerful when we describe the *effect of a person's attributes or actions on ourselves*. Use “I” statements rather than trying to apply qualities to them (e.g., *not* “You're so organized” *but* “I feel so much more relaxed knowing that you have taken care of all the details.”) Thus, *attach the adjectives to yourself* rather than to the other person.
- *Be given in person if at all possible.* However, email and other methods are useful when face-to-face is not possible!

“As leaders, you are leading a language community. You have an opportunity to introduce a new kind of language.”

Robert Kegan



Kegan also addressed participants' concerns about meeting resistance when trying to apply this model in an actual work situation.

Concern: What if I do this and no one says anything?  
Response: This never happens, but if it does, at least you have *created a space* for this kind of thinking and indicated your support for it.

Concern: It's too 'touchy feely.'  
Response: This symbolic re-experiencing leads to more spontaneous occasions and you can use email alone. If you stop, because someone will be uncomfortable, you're not likely to make any meaningful progress. Begin with small, safe experiments!

Concern: What if I encourage people to use the language of regard and someone does not get admired?  
Response: This concern comes more from thinking of it as a "rare," high-value prize. The beauty of this process is that it makes it a common, regular event.

This Language of Regard wears two faces:

- *appreciation* - acknowledging that you have received something of value
- *admiration* - acknowledging that you have been enriched and expanded by being in the company of another.

Kegan encouraged the Forum participants to seize opportunities for expressing appreciation of others, because these moments are easily lost in the speed of daily life.

Kegan concluded the 2004 ELAM Forum on Emerging Issues: Diagnosing and Overturning the 'Immunity to Change' by encouraging participants to view their roles as administrative leaders as providing opportunities for change and growth. We encourage all of you who read this 2004 ELAM Forum Report to try out some of the approaches described for transformational change in individuals and in academic health center organizations.

Kegan ended the Forum with the following poem:

It is not that I lack the desire to live beside rivers and among hills,  
Hearing the wind scatter leaves, watching the rain breed fish;  
But the thought of disproportion in public affairs  
Offends my sense of rhythm, and disposes me  
To expend the passion that normally takes form in song and painting,  
On matters of administrative interest.

Knowing that all things have their intrinsic nature  
I imitate the whale  
That perpetually aspires to change the currents of the sea.  
Torn by contradictory thoughts, I drink deep.

- Tu-Fu, Chinese Tang Dynasty Poet

## APPENDIX A

### FORUM PARTICIPANTS

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## APPENDIX B FORUM FACULTY

Robert Kegan, Ph.D., is the first William and Miriam Meehan Professor of Adult Learning and Professional Development at the Harvard University Graduate School of Education. Educational Chair of the Institute for Management and Leadership in Education, he is also co-director of a Gates Foundation-funded program to assist the change efforts of school leaders; and co-chair of a joint program between Harvard's Medical School and School of Education to bring principles of adult learning to the reform of medical education. His books, *The Evolving Self: Problem and Process in Human Development*, and *In Over Our Heads: The Mental Demands of Modern Life*, have been translated into Japanese, Chinese, Korean, and German. His newest book, co-authored with Lisa Laskow Lahey, is *How the Way We Talk Can Change the Way We Work: Seven Languages for Transformation*. The National University Continuing Education Association has honored him with a Faculty Service Award in the Division of Continuing Education for the Professions, and The Association for Continuing Higher Education made him the recipient of its highest honor. He took his A.B. from Dartmouth College and Ph.D. from Harvard University, and received honorary Doctor of Humane Letters degrees from the University of New Hampshire, the State University of New York, and Marywood University. The Massachusetts Psychological Association named him "Teacher of the Year." He is also an avid poker player, an airplane pilot, and the unheralded inventor of the "Base Average," a superior statistic for gauging offensive contribution in baseball.



*Hedvig van Ameringen*

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