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POSITION PAPER

Network: TUFH Position Paper The Ultimate Challenge? Higher Education for Adapting to Change and Participating in Managing Change

F Christobal¹, CE Engel², J Talati³

¹*Ateneo de Zamboanga University Medical School, Philippines*

²*University of London Institute of Education, Centre for Higher Education Studies,
United Kingdom*

³*Aga Khan University Faculty of Medicine, Pakistan*

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**The Ultimate Challenge? Higher Education for Adapting to Change and Participating in Managing Change
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Co-Editors' note:

Below we print one of several position papers of The Network: TUFH, this one on: "The Ultimate Challenge? Higher Education for Adapting to Change and Participating in Managing Change".

Unlike other articles in this journal, these Network: TUFH position papers are seen as dynamic and ever changing, and thus, not a finished product.

You are welcome to send us your suggestions.

Introduction

This article was originally written as a 'Position Paper' for discussion and action by the members of The Network: Towards Unity for Health (TUFH). This led to a Network proposal for an 'International Initiative: Adapting to Change and Participating in Managing Change - A Reform of Higher Professional Education (Engel, 2001).' We hope that readers of this journal will consider the reasons for our suggestion that future graduates of all disciplines and professions, in every country, should be able to adapt themselves to change and to participate in the management of change - not only within their own discipline or profession, but also on behalf of society at large. This latter responsibility will call for interdisciplinary, interprofessional and international



collaboration in support with governments across the world. Here we summarize our reasons and then consider the consequences for change in higher education; and, thus, **The Ultimate Challenge for all Universities**. Within the constraints of the limits set for a Position Paper, we attempt to undertake this task by addressing a series of questions.

1) What changes are likely to face the health professions during the life span of our graduates?

- The emergence of new diseases and a further increase in anti-microbial resistance.
- Accelerated transmission of infectious diseases, due to air travel, tourism, adverse living conditions and migration.
- A growing pandemic of non-communicable disorders, largely due to inappropriate lifestyles – with consequent effect on earning power.
- Growth in the number of elderly patients with a range of healthcare needs.
- Persistent unequal access to healthcare services with consequent economic and social disadvantages.
- Continuing advances in science and technology with their ethical and economic impact on the quality and quantity of life.
- Social and educational changes as well as global information technology in a consumerist environment that tend to increase the expectations of clients and patients, with consequent impact on their relationship with members of the caring professions.
- Changes in the respective roles and status of the professions together with growing emphasis on interprofessional collaboration, as well as a drive for evidence-based practice and accountability.
- Of quite major consequence may be the global exacerbation of civil and armed conflict that affects our security and, indeed, the safety of our patients and our families – worldwide.

We accept that these are but some examples of the changes that bear on the professional and personal lives of our colleagues.

2) What changes, not only local but dependent on global developments, are likely to influence everyone, not only the health professions, not only in one country but worldwide? Which changes should, thus, be regarded as of supra or pan-professional and international concern?

- The continuing economic burden of having to service large national financial debts, not infrequently aggravated by an imbalance in international commercial relationships (e.g. the disappointing outcome of the G8 2006 Meeting).
- Continuing growth in the number of the world's population existing at or below subsistence level.
- Unregulated use of technology exacerbating the overuse of irreplaceable raw materials, related to geopolitical tension (e.g. for access to oil and also to water).
- Reduction of biodiversity, continuing desertification and pollution of soil, air and water with resultant detrimental influences on the entire global environment and global climate change (Brundtland, 1987; McMichael et al., 1996).
- The continuing expansion of the world's population.

3) What, then, ought to be the responsibility of the professions, including the caring professions, in relation to such supra-professional problems?

- The essential research, as well as related mitigating and resolving interventions, are primarily of an international, interdependent and long-term nature.
- However, governments might not wish to lose popular support during their limited tenure without an assurance of major support from a segment of the community which can provide expert, long-term and non-political support. Such support for the necessary research, mitigation and remediation of the interrelated causes and consequences of our global problems



would involve the full spectrum of disciplines and professions, including agriculture, architecture, behavioural sciences, engineering, geography, health, law, sociology and veterinary sciences.

- As the problems are so interdependent, the professions would need to be prepared to contribute collectively from their constantly growing experience and expertise towards the national and international exploration of the causes and consequences of the world's major problems.
- Just how realistic is it to expect all the professions to adopt such wide-ranging commitments? We propose that the professions would need to consider a major change which would enable them to extend their traditional responsibilities to include outward-looking, proactive, interprofessional and intersectoral collaboration.

Our proposition is, therefore, that the next generation of professionals should benefit from an education which is deliberately aimed to equip them with the requisite abilities and skills for adapting to change and for participating in the management of change which require interprofessional collaboration. This extended role as collaborators in confronting the intricate problems of our planet would contribute significantly to a renaissance of the corporate reputation and standing of the professions.

4) Why should the caring professions take the initiative?

Human values were sadly ignored during the last century, and the prospect of significant change towards universal respect of human dignity and welfare is not promising at the beginning of the present century. Yet, what would be the quality of human existence in the absence of human values? Numerous examples could be cited to support the claim that the caring professions should be acknowledged as the guardians of human values. As long ago as 1847 Rudolf Virchow, the father of pathology, wrote in his report on the typhus epidemic in Upper Silesia: 'The improvement of medicine will eventually prolong life, but improvement of social conditions could even now achieve this result more rapidly and more successfully. The physician's responsibility is to serve as the advocate for the poor' (Virchow, 1847).

More recently Graham Watt (1996) wrote in the British Medical Journal 'We should take a moral lead as educators and advocates on the issue of social exclusion'. In the same issue the editor of the journal referred to the author by writing: 'In particular he wants doctors to renounce their silence and start to speak up about the aspects and implications of poverty and deprivation'. Christine Ewan in Australia (1985) contributed what may be the first major paper on aspects of social responsibility in medical education.

Since then, the World Health Organisation (1991) has been a key protagonist for the emphasis on social responsibility in health sciences education. Perhaps the most telling recent example is based on the personal experience of a Professor of General Practice, University of Western Australia, where he observed how Aborigine children with upper respiratory problems were treated repeatedly, yet nothing was done to resolve the underlying causes of their recurring infections (Kamien, 1996). What was so clearly needed were fundamental improvements in housing, sanitation, family planning, improved nutrition and equality of opportunity in education and work. Kamien quoted Chase (1965) 'Looking at a man with the naked eye, he is an individual. Looking at him with a microscope, he is a biological specimen. Looking at him from the long view, he becomes a unit of society, bound into its culture with bolts of steel'. Doctors need all three perspectives to do justice to their mission. The health professions will need to show the way to the other professions by also taking a global view, as well as a view focused exclusively on the individual. After all, what would be the value of caring for the individual, if life for all were to become too hazardous and eventually impossible for survival?



5) What, then, ought to be the responsibility of Higher Education?

Could universities justify an 'ivory tower' image by isolating themselves from the stark realities that face our planet? Noblesse oblige – let privilege be matched by responsibility.

This position paper suggests that the universities of the 21st century should accept the responsibility of ensuring that their graduates will be able to adapt to change and participate in the management of change - not only within their own profession, but also on behalf of society at large. The linking of societal responsibility with participation in the management of change sets the expectation that universities and, thus, their graduates will accept supra-professional and intersectoral collaboration.

This is the Ultimate Challenge to the Universities.

The Full Members of The Network: Towards Unity for Health (TUFH) accepted the implications of this proposition at the General Meeting of the Network at its biennial conference in Mexico City in 1997. At the subsequent biennial conference at Linköping in 1999, a plenary presentation cited the Network's acceptance of this challenge as one of three major programmes to be undertaken by The Network: TUFH in the new century (Engel, 2000).

6) How might this Ultimate Challenge be approached?

In order to explore this question, one of the authors (CE) undertook a limited Delphi consultation with some one hundred senior educators from Medicine, Nursing, Occupational Therapy and Physiotherapy in France, Germany, The Netherlands, Portugal and Sweden. Limited funding made it necessary to restrict the consultation to just a few countries in Europe (<http://www.thenetworktufh.org/download.asp?file=CaipeReport.pdf>). The consultation was arranged in two Rounds. In the First Round the participants were invited to suggest the abilities and skills which future graduates would need, in order to be able to adapt themselves to change and to participate in managing change on behalf of society and within their own profession. The respondents were also invited to suggest examples of educational interventions which would assist students to develop the related abilities or skills (Appendix1).

In the Second Round the participants were invited to suggest amendments and to add further proposals in relation to the collated responses from the First Round. They were then asked to suggest how the proposed educational interventions might be accommodated within their existing, or as parallel, curricula. Finally, the respondents were invited to consider reality by suggesting the conditions which would need to be satisfied, in order to ensure that so substantial a curricular change could be introduced and sustained successfully (Appendix2).

This pilot consultation addressed three additional aspects beyond the abilities and skills needed for adapting to, and participating in managing change. Interprofessional and intersectoral collaboration will call for familiarity with the professional environments, the ways of thinking and the languages of the other professions, as well as the motivation and reactions of politicians and their public service colleagues. International collaboration will require an informed sensitivity of the different cultures and their respective histories that enrich our world. Lastly, there is the wide range of economic, environmental, geopolitical, sociological and other influences on the human condition which are the fundamental concern of this challenge (Appendix 3). These influences will need to constitute the context in which interdisciplinary and interprofessional learning will have to be grounded.

Corresponding Author on behalf of the writing group: Charles Engel, University of London Institute of Education, Centre for Higher Education Studies, United Kingdom. Email: engelcharles@tiscali.co.uk



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Appendix 1

Example of suggested competences and related learning for developing competences for participating in managing change in relation to society as well as your profession

Suggested interventions		Related competences
Practise use of algorithm ¹ for long-term, rather than short-term planning.	-1-	Plan strategy and tactics.
Practise use of Forcefield ² analysis. Practise Concept Mapping ³ and “Gaming” ⁴ in a small group.	-2-	Review expected support/resistance, and required/available facilities and resources.
Identify what new knowledge/skills are needed.	-3-	Self-directed learning to identify and acquire requisite new knowledge/skills.
	-4-	Implement plan of action:
Role-play, essay writing. Membership in committees, debating society, community group. Nominal Group exercise for identifying students’ concerns and for proposing remedies.	-4.1-	Act as advocate Demonstrate a vision; provide a balanced explanation of positive and negative aspects.
Role-play, lobbying, essay writing, debate, membership in a decision-making body in the educational institution, in the community. Practise assertiveness under supervision.	-4.2-	Challenge, seek to amend aspects of a change but with a more adversarial remit.
Act as mentor, teacher/facilitator, preceptor for more junior students. Act as facilitator for a change with members of the community.	-4.3-	Assist others to adapt to a change. Persuade, explain, inform, teach, demonstrate.
Participate in audit ⁵ , Nominal Group sessions for monitoring the students’ experiences of the immediate past semester. Design and analyse questionnaires. Participate in design and analysis of research projects.	-4.4-	Monitor progress in relation to the role(s) adopted by the change agent with the involvement of other stakeholders.

Illustrative extract from ‘Towards a European Approach to an Enhanced Education for the Health Professions in the 21st Century. (2001). Engel, C.E.
<http://www.the-networktufh.org/download.asp?file=CaipeReport.pdf>

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Appendix 2

Example of suggested conditions for successful change

Responses to the question: What are the conditions for ensuring that such enhanced education could be planned, implemented and sustained in the present curriculum or in an amended curriculum?

The wide range of responses has been summarised under the following headings:

1. Considerations of Change
2. Regulations
3. Curriculum
4. Information Technology
5. Assessment
6. Staff Development
7. Organisation
8. Facilities and Resources



The example of ‘Considerations of Change’

Challenges	<ul style="list-style-type: none"> Fundamental challenges to change relate to: <ul style="list-style-type: none"> -the inherently conservative nature of the professions; -resistance from academics, especially where teaching is centred around individual disciplines; -resistance from administrators who wish to avoid overuse of limited resources and staff/student “unrest”; -resistance from students, unless the change appears relevant in the context of students’ own goals and interests.
Accrediting Bodies v Education Institutions	<ul style="list-style-type: none"> Tension between regulatory bodies, commissioning agents (employers) and educational institutions may inhibit or adversely affect educational change.
Reaction to Change	<ul style="list-style-type: none"> Reaction to the prospect of change may be due to: <ul style="list-style-type: none"> - fear that a manageable <i>status quo</i> may be threatened; - lack of information, lack of understanding; - lack of involvement; - fear of loss of power, of more work/effort, - of inability to adapt to the new. Intellectual arguments may be necessary, but these may not be sufficient. Consideration of emotional reactions may suggest providing answers to “What will be to my advantage, to my disadvantage – my gain, my loss?”

Illustrative extract from ‘Towards a European Approach to an Enhanced Education of the Health Professions in the “21st century. (2001). Engel, C.E. <http://www.the-networktufh.org/download.asp?file=CaipeReport.pdf> .

Appendix 3

An example of a call for interprofessional and intersectoral collaboration

Brain Drain from a Pacific Nation

Twenty years ago, the development strategy of the government was focused on the countryside, particularly the agriculture sector. Large and medium sized projects included irrigation and road to market infrastructure. Post harvest facilities included agricultural extension services to millions of small farmers.

However, the policy-makers then reverted to an industrialization strategy which wasted its resources, and many projects became white elephants.

Subsequent, widespread poverty and unemployment forced millions of workers to look for work abroad. The first wave of workers was mostly from the lower social strata. Their main contribution to their host countries was manual labour. In time, however, leading importers of workers have discovered the many attractive traits of workers from this country. They are cheerful, culturally adaptable, quick to learn foreign languages, tender, loving caregivers and willing to work long hours. Today, the second wave of migrant workers includes skilled and technical professionals, administrative and executive managers. What used to be overseas manual workers has become “brain poaching” of “Overseas Knowledge Workers”.

In 2003, from January to June alone, 431,872 skilled workers left for work abroad. There are now 7 million workers, some 10% of the home population, who work abroad and annually send \$8-10 billion back home. The government does not complain that poverty is the cause for migration. It capitalizes on the financial influx from this manpower export strategy to keep the country’s economy afloat.

Unfortunately, the migration system, as an economic strategy for development, leads to breakdown in social and family structures and unparented children. It creates a culture of dependence on remittances on the part of the families which tend to use these funds for excessive consumption, rather than for increasing the productive capacity of the country. The government, for its part, relies on this bonanza of hard currency and conveniently postpones structural reforms which are badly needed for putting its macroeconomic house in order.