Chapter 5
Reshaping Pharmacy and Allied Health Education for a Post–Pandemic World Using Kotter's Change Model

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ABSTRACT

The COVID-19 pandemic brought unprecedented challenges to higher education. The extraordinary challenges created by the pandemic required equally extraordinary efforts from faculty and other stakeholders to rapidly convert face-to-face classes to online/hybrid instruction. This rapid change was facilitated by use of a robust framework for not only making changes in short order but also sustaining the changes to reshape healthcare education for a post-pandemic future. To this end, the chapter discusses the effective use of Kotter's 8-step framework to successfully implement change in healthcare education at a college of pharmacy and allied health professions. This chapter discusses each step of Kotter's 8-step process to create, implement, and sustain change in pharmacy and allied health education. The model integrated people, processes, and effective strategies to create changes amid the pandemic (crisis). Lessons learned and implications for the future in a post-pandemic educational environment are presented.

INTRODUCTION

Healthcare education is a team effort involving several stakeholders. However, faculty are at the very core of driving change and innovation in healthcare education. The extraordinary challenges created by the COVID-19 pandemic required equally extraordinary efforts from faculty and other stakeholders. Faculty had to convert their face-to-face classes to online/hybrid instruction in a matter of days to weeks, which normally takes months or years to implement. This level of transformation requires a robust framework for not only making changes in short-order but also sustaining the changes to reshape healthcare education for a post-pandemic future. To this end, the chapter discusses each step of Kotter's 8-step framework (Kotter, 1995) to create, implement, and sustain change in pharmacy and allied health education. As shown in Figure 1, Kotter's model was utilized during different phases of the COVID-19 pandemic starting from crisis management to implementing short-term and long-term changes. The changes were operationalized by integrating people, programs, and processes (3P framework, Figure 2). More importantly, the model will be used to sustain the changes beyond the pandemic. Although this chapter specifically focuses on the use of Kotter's change framework for pharmacy, medical laboratory science, respiratory care, and public health education, the strategies discussed in this chapter can be broadly applied to create, implement, and sustain changes in other healthcare professions.

BACKGROUND

Change is a constant in every industry for it to be sustainable, and higher education is no exception. A continuous need exists for transformational changes in higher education to meet rapidly changing demands, including new instructional approaches to achieve learning objectives. However, change is often slow and incremental in higher education institutions compared to commercial organizations. This cautious approach to transformational change in higher education can be attributed to intricate governance structures, tenure-systems, planning processes, and overall culture (Boyce, 2003; Kezar, 2011). Further, given the rigid organizational structures with divergent objectives, the coherent response required for major change at the institutional level is often challenging. Although increasing enrollment and budgetary pressures have led to increased efforts for institutional changes in higher education, success has been limited (Kezar, 2011). This can be attributed to ineffective leadership, faculty resistance to change, budgetary constraints, public scrutiny, conflicting values, and conservative institutional traditions (Klempin & Karp, 2018). To this end, there is a need to develop an effective framework to overcome these barriers and advance transformational changes in higher education.

Several practice theories have been proposed for the implementation of organizational change. Examples include teleology (planned change), life cycle (regulated change), dialectics (conflictive change), and evolution (competitive change) (Van de Ven & Sun, 2011). Of all the models, the teleological models (top-down) have been popular outside of higher education due to their linear process and clarity in vision and goals. However, application of these models in higher education is challenging due to faculty autonomy and shared governance structures. Therefore, modified versions of teleological models have been implemented to bring change in higher education.

In 1995, John Kotter introduced an 8-step change model to lead sustainable transformational change in organizations (Figure 1; Table 1) (Kotter, 1995). Although Kotter's model of change presents itself as a teleological top-down approach, the eight steps can be applied iteratively by engaging stakeholders

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