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Towards a Common Vision for Innovation: Making Sense of Complexity in a Health Sciences Program

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Abstract

The growing use of digital educational technologies in higher education has seen considerable change resulting in significant institutional energies being directed towards maintaining currency with today's emerging trends. The move to digital transformation is an inevitable assumption and generally positively accepted by academia. Despite this, technology integration has emerged in an ad hoc and reactive fashion, rather than purposeful and strategic. This Organizational Improvement Plan (OIP) addresses the need for a shared vision for technology adoption across a health sciences program in a mid-sized institution. Although faculty participate enthusiastically in developing curricular initiatives, their roles and engagement with technology visioning are often void of their collective voices. The theoretical concepts of sensemaking and learning culture offer insight into the complexity of connecting technology to learning pedagogy. Central to developing capacity requires facilitating meaningful connections between users about the technology and the implications to practice. This OIP builds upon the need for a collaborative lens that acknowledges cultural nuances and individual empowerment. Key in the success of leading the process will be the enactment of adaptive and transformational leadership, where the approach for change is modelled in a collaborative and supportive manner. The change implementation plan of the proposed change is fostered by the dual application of Cawsey et al.'s (2016) Change Model and Kotter's (2012) eight stage process. Ultimately, this OIP will result in an integrated visionary approach to technology adoption across a health science program.

Keywords: innovation, digital educational technologies, sensemaking and learning culture, learning community, health sciences, adaptive and transformational leadership

Executive Summary

The integration of digital technologies within higher education has emerged as a new paradigm, offering enhanced learning experiences for students and resulting in graduates who are adept and prepared for the practice world (Jackson, 2019). Such digital transformation is particularly relevant in health sciences, where education continuously adapts to meet the current healthcare delivery system's needs. Health sciences faculty are responsible for maintaining their currency as subject matter experts within their clinical area, where accrediting bodies and health care agencies monitor competency. With the additional pressure to develop digital competency within instructional areas, faculty often participate in digital technology adoption using a hands-off approach. Such a disconnected approach can result in the procurement of innovative technologies that refrain from addressing the users' needs. The void presented is the faculty's lack of opportunity for shared visioning and engagement in the process, resulting in technology driving the pedagogy.

This Organizational Improvement Plan (OIP) seeks to develop a unified vision for technology adoption across a health sciences program. The problem of practice (PoP) is foundationally built on the theoretical learning framework of connectivism, which suggests that learning and knowledge are actuated through a diversity of opinions and interactions (Downes, 2010; Siemens, 2005). The assertions this OIP offers indicate that understanding principles such as sensemaking and institutional capacity will impact the organizational plan, suggesting when individuals come together, they co-create new knowledge (Siemens, 2005). A faculty learning community (FLC) is proposed as one of the solutions offering faculty the potential to acquire new understandings, greater empowerment, and a sense of ownership. Essential to the approach is the influence of adaptive and transformational leadership, which intends to enhance the collective capacity by promoting faculty engagement and curating a learning culture.

Chapter 1 situates the organization, Westview College, and provides organizational context to the structure, the leadership influences, and the strategic mission. A further

examination offers insight into the broader contextual forces that influence the problem of practice. An assessment of change drivers highlights how the leadership vision for change will appreciate the relevance for sensemaking and learning culture within Westview. The chapter concludes with a broadly described leadership-focused vision for change that suggests a more collaborative, interconnected future state.

Chapter 2 defines the leadership framework for understanding and guiding the proposed change process. Two leadership approaches are presented, adaptive leadership (Heifetz,1994) and transformational leadership (Bass & Riggio, 2006); this dual approach offers a comprehensive manner to champion the complexities of the OIP. A critical organizational analysis using the McKinsey 7S model will be utilized to consider the organizational alignment using a gap analysis approach (Waterman et al., 1980). A review of the gap analysis will offer the leader insight into organizational readiness findings and possible variances that may impact the success of the OIP. Leadership approaches will build upon sensemaking and learning culture initiatives, ultimately offering a course to prepare faculty for a unified culture of continuous improvement, organizational learning, and innovation. Four possible solutions are offered and analyzed to address the PoP related to a shared vision for technology adoption across health sciences. Finally, the chapter concludes with an ethical framework suggesting that the leader has moral responsibilities to the stakeholders and the leaders' actions should balance social and relational practice.

In Chapter 3, the resources required for an FLC development are presented as the viable solution to address the problem of practice. The implementation, monitoring and evaluation and communication plan of the change initiative are outlined with strategies that rely on my leadership engagement. The implementation plan will be executed using Cawsey et al.'s (2016) Change Path Model and Kotter's (2012) eight-stage process, two theory-based frameworks for leading change. An exploration of potential limitations and challenges is presented, suggesting that core principles of trust and respect will mitigate risks. A detailed change implementation

plan is presented using a PDSA change cycle process that provides a road map to create a shared vision, foster an environment for collaborative inquiry, and support sustained technology dialogue (Donnelly & Kirk, 2015). The need for intentional, strategic and clear communication is outlined and defined. Finally, the next steps and future considerations are presented. After experiencing a successful OIP, faculty may have the momentum and confidence to explore further FLC development, resulting in enhanced networking opportunities across internal and external communities.

In summary, my intentions envision a future state where health sciences faculty's collective impact influences the direction and pedagogical influences of digital technology integration within instructional experiences. Such an environment will see the confluence of a respected learning culture where empowered stakeholders engage in relational dialogue, leading to new ways of thinking and supportive approaches to enable future advancement.

Acknowledgments

A doctoral journey is not undertaken as a single soul, the process relies on the support of many individuals. For me, the experience of learning is relived every day through conversations with family, friends, and academic colleagues. There were undoubtedly many uphill challenges along the way, but I believe that makes EdD learning so rewarding. And as my husband, Gary, so encouraging, would say, "That is what makes this doctoral work." I am grateful for his nurturing support over these past few years and will be ever thankful for all the extra duties he completed to help me.

I think of my dearest mother and father, who were so encouraging throughout my life, and although they are not here with me today, I know they would be proud. So, to my parents, I send endless gratitude and deep love, with sincere thanks for always believing in me.

I would also like to acknowledge my children, Alena and Derick, who encouraged me through their inquisitive questions and *cheerleading* as I went about to actively pursue my passion. You are both true joys to me, and I look forward to having more time with you.

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Through the EdD process, I have gained insight into myself, which will guide and build my interactions with others regardless of the path I take. I reflect on the work of Goethe, "Es hört doch jeder nur, was er versteht", which translated means "You only hear what you understand". I am comfortable in saying that I see and hear the world a little bit differently. This educational journey has expanded the power of understanding in how I situate myself with and among others.

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Acronyms

BC	British Columbia
FLC	Faculty Learning Community
IT	Information Technology
MAEST	Ministry of Advanced Education, Skills and Training
OER	Open Education Resources
OIP	Organizational Improvement Plan
PESTE	Political, Economic, Social, Technological, and Environmental
PoP	Problem of Practice
SME	Subject Matter Experts
TSC	Technology Strategy Committee

Glossary of Terms

Adaptive Leadership: Adaptive leadership is a leadership approach designed to assist organizations and individuals in dealing with consequential changes in uncertain times, where there are no clear solutions. Adaptive leaders identify and deal with systemic change, using techniques that engage the status quo. They identify activities that motivate, mobilize, and refocus individuals to respond (Heifetz, 1994).

Connectivism: Accepted as a learning theory for the digital age (Downes, 2010). It is a conceptual framework that views learning as a network phenomenon influenced by technology and socialization (Siemens, 2005). The theory's core elements are rooted in activities of participation, networking, openness, and diversity (Siemens, 2005).

COVID-19: COVID-19 is a disease caused by a new strain of coronavirus. *CO* stands for corona, *VI* for virus, and *D* for disease. Formerly, this disease was referred to as the 2019 novel coronavirus (Centers for Disease Control and Prevention, 2020).

Diffusion of Innovations: Refers to a theory that seeks to explain the process by which an innovation is communicated and adopted over time among the individuals in a social system (Rogers, 2003).

Digital Transformation: In higher education, digital transformation integrates digital and innovative technologies into all areas of the academic experience. It includes the cultural, organizational, and operational values of a setting. This includes integrating digital technologies, processes and competencies across users and is informed by a strategic plan. It changes the way traditional learning is delivered and communicated (Grajek & Reinitz, 2019).

Learning Culture: Refers to an accepted organizational culture that values and fosters learning and acknowledges a shared assumption approach. The cultural equilibrium strives toward patterns and actions where collaborative learning happens at the behavioural and conceptual level (Schein, 2008).

McKinsey 7S Model: This is a framework for organizational effectiveness used as a strategic planning tool. The authors suggest seven internal interrelated factors of an organization need to be aligned and reinforced for organizational initiatives to be successful. (Waterman et al.,1980).

Plan-Do-Study-Act (PDSA): This is a change management framework based on Deming's work that informs leaders how to improve and monitor the quality of trial learning methodology (Donnelly & Kirk, 2015). Central to this four-stage iterative approach is a planned change launched with intent, where there are defined points to monitor progress.

Sensemaking: Refers to a theoretical framework that suggests organizations are constantly evolving and there is no static reality. Individuals within the process are continually recreating and making meaning of the complexity (Weick, 1995).

Systems Thinking: According to Senge (1990), systems thinking offers a way of understanding, describing, and relating to the forces and relationships that shape thought processes and behaviours. By viewing systems from a broad perspective, we can understand the overall structure, not just the specific event (Senge, 1990).

Transformational Leadership: This leadership approach embraces intrinsic motivations and builds upon followers' positive development to lead change initiatives (Bass, 1990). Such leaders demonstrate four distinct behaviours. These behaviours are inspirational motivation, idealized influence, intellectual stimulation, individualized consideration (Bass, 1990).

Chapter 1: Introduction and Problem

The integration of digital technologies in higher education, especially in health sciences, has influenced how faculty engage in the art of teaching and learning. The result has seen positive affordances but additionally created a void around the value of collective approaches and the importance of contextual influences when adopting technology in curricula. This organizational improvement plan (OIP) focuses on leadership's influence and frames the problem of practice offering a conceptually achievable plan and a vision for an enhanced future state. The process of investigating problems of practice can best be addressed using a canvas that will ultimately lead to an approach where the perceived outcome will result in an improved position (Bacchi & Goodwin, 2016). This chapter intends to provide pertinent context, including analyzing the problem within a higher education setting, including influential factors, contextual considerations, and relevant data.

The impact of digital technologies has shown a significant influence on educational settings, where digital transformation and innovation have presented both new opportunities and unfolding pressures. The ramifications of a knowledge economy on health sciences education have resulted in a pace to remain contemporary and appealing for learners and compliant with the needs of the professional field (Wozniak et al., 2018). In addition, higher education institutions adopt technology to meet production and output needs with scale and efficiency (Davies et al., 2017). Chang (2019) asserts that as the industry shifts to respond to the demands of more technology-infused abilities and the integration of digitized knowledge practices, the impact on higher education will realize increased pressures. The resulting forces have revolutionized educational environments. Notably, most operational aspects of higher education settings require a degree of technology oversight, which aligns with the premise that digital education leadership cannot be viewed in isolation (Jameson, 2013).

These emerging digital trends within higher education will result in significant educational advancements, where new digital practices influence not only research, university

operations, teaching and learning but student engagement (Universities Canada, 2016). Digital technologies and required supporting competencies must be embedded within curriculums to ensure 21st-century learners can demonstrate the knowledge expected and the technological engagement skills required (Bates & Sangra, 2011).

This OIP seeks to examine the influence between leadership, digital transformation, and collaborative engagement within an academic health science faculty. The writer suggests that a digital leader provides more than leadership by further navigating change interconnecting pedagogy, organizational operations, faculty engagement and governance. Ultimately, the OIP and the problem of practice (PoP) probes how a faculty leader best facilitates an organizational and academic transition collaboratively and leads colleagues to an integrated visionary approach to technology.

Organizational Context

This OIP is situated in a well-established mid-sized community College, Westview College, located in Western Canada. Currently, the institution offers diplomas, two-year associate degrees, bachelor's degree programs and a host of certificate programs (Website, 2020). There are six faculty divisions, with health sciences being the program to be examined in this OIP and will form the contextual setting for the problem of practice.

Westview's central vision is defined by developing and offering a supportive learning community that can be described as dynamic, diverse, and accessible. The College's core vision is to acknowledge each learner's unique qualities, support their learning needs, and remove barriers to progress (Strategic Plan, 2020). Student success and a positive lived experience are well-defined approaches, and these include instructional experiences, campus learning support and relational engagement. Westview offers smaller learning environments, catering to diverse learners' unique needs seeking an alternative to more extensive academic settings. In keeping with the philosophy of being engaged with college stakeholders and the community, the College has developed processes that ensure strong relational connections. The operational decisions

and adopted initiatives made demonstrate well-articulated and responsible oversight. Recently, the Board approved the priorities for the next five years and redefined the strategic plan with the unwavering intention to support learners achieve their learning goals, all the while graduating resilient global citizens with the knowledge and skills to adapt, innovate and lead in a changing world (Strategic Plan, 2020).

Westview's governance structure includes a Board, where responsibilities focus on policy and strategic leadership rather than administrative details. The Board members have a clear distinction between their roles and the president's role, who is responsible for the day-to-day leadership and management of the College. The Board's subcommittee includes a Technology Strategy Committee (TSC) that oversees Westview's strategic direction and investment in technology, focusing on providing oversight to support long-term and strategic goals. Operationally, the College has the following executive roles: a President, a Vice President (VP), Academics and Provost and several Associate VPs., and the six faculties are led by deans and associate deans, who liaise with senior management and oversee the day-to operations, including the management of respective budgets, students, and faculty. As senior leadership, they are the institutional vision communicators; additionally, they balance day-to-day faculty and program needs. Each academic program oversees its respective curriculum revisions. A faculty education committee reviews significant changes or adoptions to programs, ensuring alterations are made through a structured approval process.

Westview has long enacted a model of operation aligning as bureaucratic in nature. In terms of Weberian influence, actions such as division of work, offices of hierarchy, general rules to govern performance and mechanistic approaches offer an insulated setting to meet organizational goals (Weber, 1958). Further principles of standardization, specification and adherence to process provide direction for efficiency and accountability (Manning, 2018). Activities within Westview primarily follow administrative purview, where both academic and operational activities have oversight by the respective leader.

This OIP's problem of practice focuses on the faculty of health sciences. One of the largest of the six faculties at Westview, currently under this portfolio, are five health science programs. The faculty has over 90 regular employees and enrolls over 1000 students. The dean and associative dean oversee administrative decisions related to health sciences operations. Faculty-wide operational decisions and initiatives are reviewed through a health sciences council consisting of the deans' office, coordinators, and leaders from the respective programs. Each program has a leadership committee where curricular and operational decisions are discussed and reviewed before being distributed to faculty.

Although the College operates under a bureaucratic model of governance (Weber, 1958), the culture within health sciences supports a collegial environment that reflects high importance placed on both outcome-based initiatives and interpersonal relationships. The climate within health sciences suggests a participative and collaborative model fostering faculty empowerment, engagement, and involvement. The dean and associate dean lead the health sciences council, where forum members collectively review operational and strategic decisions.

The health science faculty at Westview demonstrate a commitment to developing and offering a current, research-based, and inspiring curriculum. Regularized faculty members have a minimum of a master's degree in a health care discipline and often have acquired advanced certification in specialty areas. All faculty belong to a unionized environment, which provides an advocacy role that defines working conditions and instructional workload. Westview offers instructional support to all employees on the technologies that are institutionally approved.

Although faculty are viewed as influential because of their subject matter expertise in health care, they are subject to decisions made by administrative leadership. While faculty members understand that one of the essential threads in the strategic plan defines digital transformation and adaptable learning environments as a priority within higher learning, they are typically not immersed in the acquisition process. Instead, faculty members are generally driven by their interests and comfort level when integrating technology into their learning

spaces. Ultimately, it is a personal choice if a faculty member commits to engage in a technology implementation initiative.

The challenges presented are that well-articulated technology implementation requires personal time and resources. Realistically, faculty will ensure that the necessary curricular expectations are met. In addition, there are program expectations and limitations with faculty workload, contributing to faculty not identifying new technology implementation as a priority. Ultimately when faced with increased workload and complex planning needs, most faculty view new technology exploration as extensive, requiring considerable personal commitment.

My role within the council is to support educational technology operational initiatives that align with the strategic plan. Kotter (1999) suggests creating an intentional balance between leadership and management offers an environment where organizational settings can flourish and further creates an environment steeped in the view that different agents can lead opportunities for change within the leadership circle.

Contextual Overview

This section will explore the institution's political, economic, and social contexts and offer insight into how these contexts define the organization and leadership.

Political Contexts

Westview College is one of the province's 25 publicly funded institutions that include eleven universities, eleven colleges, and three institutes. Being funded by the Minister of Advanced Education, Skills and Training (MAEST), the institution is responsible for demonstrating the ability to offer the pedagogical expertise and infrastructure resources to support the proposed method of delivery, ensuring effectiveness and currency (MAEST, 2017).

Support for innovative and responsive teaching practices are funded by the MAEST through another provincial organization, BC Campus. This organization provides a support model to offer fiscally accountable and pedagogical support to educational leaders and

institutions, offering the opportunity to explore and design potentially system-wide education technology shared services (BC Campus, n.d.).

As with most post-secondary institutions, adopting technology systems, whether for operational or pedagogical needs, are institutionally driven decisions. For the most part, this is left up to individual institutions or assigned leaders to procure technology approaches or lead initiatives. This approach builds on resource dependency theory, which suggests that resources, such as technology, infrastructure, capital, and other required services, will be controlled by the institution (Austin & Jones, 2016). Ultimately this approach dictates the organization's operational decisions and resource allocation, and although choices may be advantageous, such resources may not align with academic needs. This results in a dependency where unequal exchanges generate differences in power, authority, and access to further resources (Austin & Jones, 2016). For the institution, the void present is the unclear mandate and criteria for adopting technology innovation and the integral role of faculty engagement in the process.

Economic Contexts

The paradox of educational technology is that personal hardware technologies are relativity cost-effective tools to purchase; however, when situated within higher education, other costly software technology requirements emerge (Busch, 2017). These include enterprise software systems purchased by the institution to support student information, learning management, customer relationship management, library automation, and other operational requirements. Such systems are a liability to higher education as they require integration with existing activities and have costly maintenance fees associated. Day-to-day operational tools are considered an expectation for any higher education setting, and the funding and oversight become part of the business of operating an institution (Groff, 2013).

This OIP intends to address the more intangible aspects of educational technology, especially the personal challenges faced with faculty adoption. Educational technology is often viewed as a commodity, however, with such a mindset, human dimensions and the emotional

impacts on academic endeavours can be overlooked. The vision is to engage faculty to examine technology as an approach to scale new ways to construct curricula and bridge the gap between pedagogy and practice. During the COVID-19 pandemic, it became evident that immersive learning experiences such as virtual simulation, telehealth care experiences were a growing aspect of health science education and necessitated new ways of addressing traditional classroom experiences.

Oblinger (2012) conveys technologies can be game-changers for learning experiences in that they can offer individualized ways for learners to connect with content. The challenge is when not well integrated with outcomes, the technology presents as a liability, as technologies impact both human and fiscal resources (Oblinger, 2012). As higher education technology becomes more valuable to an institution, it shifts and becomes reliant on the interference between people and technology (Grajek & Reinitz, 2019). As these technology stacks continue to grow, pressures on a defined budget incite conversation regarding the best use of expenditures. Ultimately the question arises, is the institution making the best use of technology dollars? The complexity requires a unified approach to technology leadership to support both the human aspect and advocate for cost-effective contemporary student technology learning experiences.

Social and Cultural Contexts

Busch (2017) indicates that continual demands due to digital innovation, changing demographics, and globalization pressures will pressure an organization's previously well-adapted operational abilities. In addition, institutional readiness necessitates redesigning sociotechnical environments and acknowledging the impact of neoliberalism on higher education (Busch, 2017; Weiner, 2009). Thus, Westview will need to balance the challenges to demonstrate currency as a progressive learning institution, in addition to being adaptable and agile (Reeves & Deimler, 2011).

The 2020-2021 academic year presented additional challenges related to the COVID-19 pandemic, requiring Westview to move to online learning experiences. Westview has clearly

defined mechanisms for identifying gaps, launching initiatives, and determining success, which are derived from maintaining a *tried-and-true* approach. However, funding limitations, technical capacity and skepticism often impede new technology advances, resulting in project launches defined by the audience as void of democratic voices and participation.

Faculty within our health programs demonstrate pockets of early adopters and innovators of innovation; however, some resistors may revert to traditional instruction methods (Watty et al., 2016). As a program, we will need to discern the range of capacities. Jameson (2013) advocates that creating a culture where individuals feel supported to attempt a new technology takes time, requires a transition plan, and acknowledges the influence of interpersonal and intercultural forces.

Leadership Position and Lens Statement

The following section describes my position, including my style of leadership and agency. Leadership within an organization is an essential pillar as a leader's influence sets the direction for engagement for a broad audience of stakeholders. Within dynamic evolving organizations, the reality is that the quest for leadership can be elusive and ever-evolving, requiring leaders to be skillful and adaptable. The quote "leaders do not need to know all the answers, but they do need to ask the right questions" (Heifetz and Laurie, 1997, p.124) alludes to the scope of knowledge required by leaders today. Buller (2015) stresses, leaders need to connect with their stakeholders, understand the institutional values, read the cultural milieu, and appreciate the forces contributing to change initiatives.

My learning values are rooted in connectivism, which, as described by Siemens (2005), is influenced by the interconnection of technology and socialization. This is different from constructivism which proposes that learners recreate knowledge as they attempt to understand meaning through their experiences (Driscoll, 2000). Connectivism builds upon sociotechnical systems theory and offers the premise that an organization's performance is intricately linked to both social and technical aspects (Clegg, 2000; Cherns, 1976). Technological interventions are

often based on operational successes, which neglects the confluence of social contribution and culture (Clegg, 2000). With connectivism, the importance of forming networks supports the premise that relationships and diversity can facilitate continual learning (Siemens, 2005). Such participative experience encourages faculty to learn in communities connecting their current knowledge to new emerging problems required in a post-modern society. The participation results in meaningful interactions that promote the further acquisition of knowledge, supporting the idea that learning is not just an internal process (Siemens, 2005).

As a faculty member and an education technology coordinator for health sciences, the role of understanding innovation and being attuned to emerging trends is an essential component of the position. Critical aspects of the role consider the highly adaptive nature of health science programs, including faculty engagement, offering oversight, and procuring elements related to educational technology. Currently, the faculty member decides on the degree and approach of technology to be integrated within their course. The concepts of power and influence are central to many leadership approaches; however, as I reflect upon my agency, collegiality and technical advocacy will form the catalyst for my motivations (Morgan, 2006). The role requires the ability to sit amongst faculty using a relational lens to understand faculty users' technology challenges while offering a mentoring and critiquing lens for advancement. The two leadership styles to be used are transformational and adaptive leadership, as they align with my values and support the complexities of the initiative.

Transformational leadership fosters a relational culture where followers become intrinsically motivated by becoming immersed in the change process and ultimately adapting to change demands (Bass & Riggio, 2006). Further, a transformational leader uses an element of influence to cultivate teams to envision change, supporting individuals to engage and ultimately lead the change in tandem with the leader. Bass (1990) defines the four essential attributes: idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration.

Briefly, idealized influence defines leaders that uphold high ethical standards and are viewed by others as positive role models and proactive mentors for followers (Bass,1990). Inspirational motivation refers to energizing creativity, allowing individuals to self-generate new ideas to address old problems (Bass, 1990). The leader's influence can energize stakeholders, who may become interested in further clarifying assumptions, ultimately becoming steeped in curiosity (Bass, 1990). Further, when a leader can broaden and deepen awareness by intellectually stimulating stakeholders, the potential benefits offer enhanced capability and capacity. Finally, individualized consideration is relevant within a large organization, where being mindful of individual needs and potentials suggests that the leader is continually scanning the environment for growth (Bass, 1990). When situated as a faculty member within the audience, leading the approach must be instilled with attributes of role modelling, motivating, finding realistic solutions, and using a common language (Northouse, 2016; Katz & Salaway, 2004).

Transformational leadership, particularly in technology-driven environments, works well where digitally mediated educational growth requires creativity and experimentation (Franciosi, 2012). The health sciences faculty is well-positioned for a transformational leadership approach as the environment is stable. Further, there is the capacity to adapt, and the leadership style is supported in the organization (Bass & Riggio, 2006). Transformational leadership offers a coherent approach to addressing an educational technology strategy, offering an empowering collective voice and the ability to relate to day-to-day challenges with the culture (Miller, 2019).

The adaptive leader works as a force operating with a lens to mobilize groups within an organization during challenging times (Heifetz & Laurie, 1997). According to Heifetz et al. (2004), adaptive leadership compels stakeholders to get involved in the process, working towards an organizational goal that captures all participants' commitment. However, when there are no clearly defined goals or perhaps the issue is vague, an adaptive leadership approach opens opportunities for not only new learning but also offers permission for creativity,

experimentation and risk-taking (Heifetz & Laurie, 1997). There may be greater acceptance for

mediating conflicts and internal contradictions when faculty understand overcoming a challenge

is less about power control and more about collaborative work and the aspiration for a new way

of being. It is within the space of acknowledging new relationships, progressing values, and

adopting behaviours where change is endorsed and newness can become normalized.

This problem of practice defines how I will facilitate a change in both a pedagogical

approach and a movement towards a culture of curiosity. Using the two leadership approaches

offers the benefit of nurturing relationships while addressing organizational constraints.

Adaptive and transformational leadership complement each other and situate well within my

style, supporting the problem of practice. Each leadership style will be used differently

depending on the audience and the presenting internal and external pressures.

A leader must situate oneself within the stakeholder group to procure involvement,

commitment, and trust. I see myself able to enact these leadership approaches through my

engagement and role modelling actions. Essential in my approach will not be taking an

assumptive stance, suggesting that my cultural analysis of the situation is accurate. Schein

(2008) stresses the importance of accurately translating cultural assumptions and how

embedded practices are relevant to a change initiative's direction. As a mid-level institutional

leader who has years of experience working with faculty, I have the agency to understand the

situational issues that are pervasive challenges to facilitating change.

Using the attributes of the adaptive and transformational leadership styles offers the

ability to complement the strengths of each style to address complex organizational change

(Bass, 1990; Heifetz et al., 2009). As noted, transformational leadership is instilled around

interactions that motivate and transform stakeholders to work towards initiatives that build on

the collective purpose (Bass, 1990). Therefore, the challenge for the leader will be to inspire

stakeholders towards a compelling shared vision. In this OIP, my agency as a leader is limited,

and although I have the knowledge required, I will be leading from a place of influence rather

than authority. Therefore, a consideration for me will be to define a vision that is articulate and highly appealing, resulting in a positive uptake by stakeholders. Further, in the early stages of the planning process, transformational leaders may experience levels of resistance (Seltzer & Bass, 1990). Therefore, an approach will include having committed allies who can provide consistent supportive messaging to bring the vision to fruition.

Promoting adaptive leadership accentuates positive relationship outcomes built on respect and understanding stakeholder needs based on shared values (Heifetz et al., 2009). One of the challenges of adaptive leadership requires securing stakeholder commitment to the defined problem and solutions (Randall & Coakley, 2007). I recognize that adaptive leadership may not be the best approach in the early phases of stakeholder alignment, where clarification around values and expected dialogue is not yet solidified. Furthermore, faculty may be exposed to information that is fragmented and may be incongruent with their values. Using an adaptive leadership approach requires ensuring that stakeholders are prepared and understand the communicative relationship expected. This suggests that as a leader, I will need to continually read the faculty group's emotional readiness and adaptive capacity (Heifetz, 1994).

The shared qualities of transformational and adaptive leadership mirror the respected leadership approaches within the health sciences faculty. An aspect of this role includes maintaining supportive relationships with health science coordinators and stakeholders to contribute to the development of excellence within the health sciences learning community, emphasizing best practices in educational technology. My agency within the health sciences faculty is directly related to promoting and advancing educational technology initiatives within the context of the College's strategical and tactical directions. To achieve these goals, I endeavour to work collaboratively with colleagues to advance and promote innovative solutions to educational technology issues. They will expect to be consulted and involved as decisions are made. Buller (2015) highlights the need for "leaders to withhold judgment as a situation unfolds" (p.94), respecting that decision-making involves the process of exploring all options.

There will be instances when I will liaise with the health sciences council, especially when challenged with incongruent opinions.

<div align="center">**Leadership Problem of Practice**</div>

Two of the four themes in Westview's 2020-2025 strategic plan focus on the student experience and the importance of responsive and effective learning environments. There are two key objectives: developing relevant and innovative programs and ensuring for modernized digital environments (Strategic Plan, 2020). The challenge is balancing the sociopolitical, cultural, and bureaucratic perspectives that inform these initiatives. Hess (2015) imparts that technology has become so adopted in our lives that we do not consider the ramifications and the complex interactions required to navigate and ultimately neglect to consider human perspective to change. Institutionally we are well equipped with many enhanced technology learning resources, however where the gaps exist are within the interplay of leadership between different stakeholders and how future directives may be led (Langer, 2017). The gaps highlight the need for a conscious approach with technology integration, focusing on institutional culture and capacity.

My contention is that rooting technological change with a need to remain current is ultimately a recipe for disaster. Too often, we assume making technologies available within academia is the solution to the complex issue of innovation. However, there is a greater importance to understanding the deeper cultural and pedagogical values needed to be successful with technology adoption (Šereš et al., 2018). Schein (2008) challenges us to think about how individuals work within unaligned environments, stating "learning and change cannot be imposed on people" (p. 367). The strength is that knowledge is generated within a technology change process, resulting in new behaviours, ultimately impacting the organizational culture (Langer, 2017).

The COVID-19 pandemic's impact created unforeseen pressures on higher institutions where digital processes operating on stable and habitual patterns required a responsive

transition to meet virtual teaching and communication needs. Health sciences faculty quickly responded by integrating technologies with the intent to maintain high-quality experiences for learners. What was evident was that technology is indispensable and an integral aspect of the learning experience. A strategic approach suggests that technologies need to be seen as an asset and a core element of the learning culture. Langer (2017) contends that digital transition should not be driven by technology tools but rather around supporting the users' mindset and the cultural implications within the learning environment.

This OIP seeks to influence the discord between leadership and digital transformation within an academic health science faculty. As the author, I suggest that a digital leader provides more than leadership by further navigating change interconnecting pedagogy, organizational operations, and governance. The reality within higher education is technology leadership, digitized pedagogy, and the overall governance of such structures are often truncated, resulting in digital transformation that is fragmented in approach and often lacks a collaborative democracy (Jameson, 2013). Froomkin (2004) suggests collaborative democracy offers the opportunity for informed and engaged participation. Such an approach shifts the focus from operations to a human-centric design where faculty capacity is optimized and can potentially lead to an enhanced shared understanding of digital transformation. Thus, the problem of practice (PoP) to be explored in this organizational improvement plan is how a health science faculty leader might facilitate the organizational and academic transition towards a shared digital approach to pedagogy.

Framing the Problem of Practice

Understanding the broader contextual forces enables me to reframe the problem of practice within Westview. Upon embarking on a change initiative, a true understanding of the underpinnings of the problem to be addressed is essential. Bacchi (2000) challenges us to understand the essence of the problem and further proposes dismantling issues to uncover

imperceptible assumptions. Situating the problem will allow me to understand embedded assumptions related to specific organizational contexts: historical, institutional, and cultural.

Historical Overview

Westview began offering health science education in the 1970s, and over the past fifty years, the programs have evolved, producing well-respected graduates for the health professional community. The programs have consistently been offered in a face-to-face format, requiring students to come to campus for classes in most situations. A valued aspect of the curricular design was offering traditional instruction models, with four-hour classes using a lecture format with faculty-focused methodology (Dailey-Hebert & Dennis, 2015). Typically, faculty develop a series of content modules and teach to the material and depending on the faculty member's skill level, varying elements of technology may be embedded.

Over the past decade, as emerging technology resources have become available there have been degrees of faculty adoption. The struggle has been the lack of consistency and the varied uptake in adopting educational technologies. Such diverse approaches to instructional delivery have resulted in inconsistent and, at times, confusing technology learning experiences for learners.

Institutional Overview

 Our institution's technology approach has been to select options that are less risk-laden and seen as stable. Procuring new systems requires extensive exploration, resulting in a selection that addresses the collective institutions' needs. Embracing a simple and proven method has limited the organization from exploring innovation that stretches beyond well-tested tools. The result has been a relatively constrained attitude to adopting digital transformation.

Additionally, departmental areas can become siloed as they continue to operate to meet long-established needs (Cawsey et al., 2016). When forced to step outside of well-embedded parameters, faculty face conflicting operational views that might not be congruent with their

intended needs. Within the health sciences setting, a common sentiment is we understand how we want technology to work for us; however, the practice becomes convoluted when examining educational technology's impact on academic practices, as most faculty are comfortable with their current approaches. Mercader and Gairín (2020) indicate without institutional plans faculty will establish their own teaching practices, meaning technology usage depends on the given faculty's comfort level, which leads to sporadic and inconsistent integration. Some faculty are eager to support innovation and will experiment within the classroom using innovative methods; however, others resist change or prefer not to engage in progressive approaches to education.

Sociocultural Overview

Historically, academia has seen scholars disseminating their knowledge and expertise within traditional education models, generally situated in brick-and-mortar settings (Bates, 2015). As one who communicates knowledge to learners, the health science faculty member is seen as the expert both in terms of a subject area and proficient as an educator, ensuring standards of teaching and learning are met while contributing to their field's intellectual development (Buskist & Benassi, 2012). Due to the many demands related to keeping their practice current, faculty can be resistant to adopt new technologies, especially when there is an element of cognitive and skill acquisition (Smart et al., 2020). The reality is innovation change impacts individuals on a personal level and can create tension in the process of adapting (Stuart & Triola, 2015). It will be relevant to reframe the innovation change and develop a foundation of understanding, allowing stakeholders to feel safe and find an opportunity to participate.

As there is no universal approach based on internal organizational structures, governance and operations, higher education institutions will adopt digital technologies based on internal pressures and identified gaps. Often due to complex structural considerations and competing variables, identification and responsiveness to such technologies can be impeded (Birnbaum, 1991). By their nature, higher education environments are complicated settings

impacted by competing forces and conflicting interests, often due to varying institutional perspectives, cognitive, normative, and coercive processes, ultimately influencing organizational behaviour and outcomes (Seeber et al., 2016). Further, the institution's clarity and mission can be impacted by internal cultural forces, especially around unaligned power control issues (Manning, 2018). The reality is digital transformation within a higher education setting can become entangled by a slew of influences, including social, political, cultural, and bureaucratic agendas.

The need to support evolving pedagogical approaches in health sciences is crucial to its success and evolution. Lai (2011) suggests digital technologies can reshape pedagogy, resulting in more engaging, participatory, personalized, flexible, and inclusive outcomes. Smart et al., 2020 indicate that there is often misalignment with the value and integration of technology in instructional spaces, especially when hindered by insufficient rationale of the benefits and limited role modelling opportunities.

Although there are many complexities to creating a shared vision, activities invested in supporting a learning culture and making sense of the technology integration will provide a place to unify faculty. The next sections will address the impact of diffusion of innovations theory and systems thinking when adopting technology in higher education environments.

Diffusion of Innovations

The diffusion of innovation theory is regarded as a valuable perspective for guiding technological innovation where the innovation tool is not the focus of the process (Kaminski, 2011). The emphasis stresses the process of adoption. Four main aspects influence the successful acquisition of innovation within an organization (Rogers, 2003). The author suggests there is the innovation itself, the communication process, the time required for adoption and the social system that will be informed by internal and external elements (Rogers, 2003). Technology adoption is a collective effort rather than a solitary experience, where without the active participation of stakeholders, sustainability can be impeded (Šereš et al., 2018). Such

considerations will be necessary for the OIP as a shared technology approach will require a substantial effort. Rogers (2003) indicates that although there may appear to be an advantage for one audience, there may be competing economic, social, or utilitarian issues. The journey to a future state of a collective approach in health sciences will take time, and the benefits achieved are not necessarily immediately identifiable without a defined common lens of success.

Systems Thinking

Secondly, systems thinking is an essential consideration when designing a vision to collaboratively address a change initiative, as it considers patterns of interactions rather than fractured snapshots, allowing the leader to unearth the complexity of the situation (Grohs et al., 2018). As noted, higher education settings are complex environments with many competing demands. The range of activities includes (a) managing internal and external operations, (b) funding, (c) addressing employee and student needs and, (d) supporting instructional needs. To add to the convolution is the process of change management, which can result in further fragmentation. Using standard approaches to address change may not account for system dynamics and synergistic factors (Peres et al., 2019). Whether in higher education or health care, decisions faced today are usually a combination of intertwined complexities (Grohs et al., 2018). Larger scale decision outcomes that impact faculty are often infused with social, economic, political, environmental contexts that only further blur day-to-day reality (Jonassen, 2000). The resulting complexities suggest that these effects present themselves as barriers for faculty who may not be privy to details or understand the way operations or decisions are derived.

Technology-enhanced learning is often merely seen as a tool for the user, and the elements of the inner workings and system infrastructure are often not seen as pertinent. Senge et al. (1994) highlight the relevance of understanding interdependencies and nonlinear relationships within environments and stresses the importance of stakeholders making sense of the forces that impact their work.

The interface between technology-enhanced learning and health sciences education has seen significant changes over the past decade. The norm of face-to-face learning has been infused with experiences that can be virtual, experiential, or digital (Smart et al., 2020). Often for faculty, due to unverified assumptions, a digital resource may appear as a classroom solution, and it is not until after the commitment phase where faculty realize that their intended learning outcomes are not achieved. Senge (1990) builds on the importance of the systems approach suggesting the need to shift away from initiatives that are reactive and move towards the activity of creating buy-in using an iterative process to frame problems, ideate, and refine solutions instilling a more collaborative lens.

PESTE Analysis

A PESTE analysis will contextualize the implications of technology integration within an organization, offering a deeper lens into the environmental constraints. Buller (2015) advocates that effective change requires examining the organizational culture at a macro level, capturing the holistic nuances of culture in an organization. Such an analysis can offer greater insight into political, economic, social, technological, and ecological/environmental factors (Cawsey et al., 2016). From a political perspective, there are accreditation requirements for the College and the health sciences programs to demonstrate currency and relevancy. The accrediting bodies for health science programs uphold standards of excellence for learning experiences and teaching methodologies to align with current standards (British Columbia College of Nurses & Midwives, n.d.). Achieving a high accreditation status offers the institution program credibility, ensuring that graduates will be recognized in the industry. Secondly, economics plays a significant role in technology acquisition. With the awareness of textbooks and electronic courseware impacting student debt, there is considerable pressure for higher education institutions to offer viable alternatives, whether open education resources (OER) or consortium-based technology (Miller, 2019). The reality is that higher education settings

struggle with growing technology needs, impacting financial and infrastructure services to remain competitive with other institutions (Universities Canada, 2016).

The social factors are often driven by how the stakeholders interact to solve problems and create common solutions to complexities. A consideration is the support and training required by employees and faculty to use digital technologies efficiently. The Canadian Digital Learning Research Association (2018) identified several barriers to online learning, including the degree of faculty effort and digital skill required to develop technology experiences. Mercader and Gairín (2020) highlight how pedagogical approaches need to be aligned with adequate technical and operational support.

New technologies, especially within higher education, are reshaping the teaching and learning environment. Challenges may present when a small group of faculty members select a digital tool that is only relevant in a minimal aspect of the program. The question arises on how and who maintains the digital housekeeping of a product. This becomes a dilemma of responsibility between multiple stakeholders, IT, faculty, and programs. The shift in the health sciences education environment has witnessed an insistent demand in the integration of digital technologies, cumulating in responsive measures by faculty to remain current (Button et al., 2014). For successful digital uptake within instructional areas, institutional leaders can navigate and enable the process to identify technology concerns to support faculty to meet the implementation challenges (Hebda & Calderone, 2010).

When exploring an organizational change initiative, consideration needs to be given to the impact of the planned alterations on the participants and the effects on the organizational environment (Cawsey et al., 2016). Leading change requires understanding and acknowledging the organization's culture, which includes the shared strategic vision, philosophy, ideology, values, assumptions, beliefs, expectations, attitudes, and norms within the setting (Lund, 2003). Facilitating change based on the need for an intervention or a new process can be a missed opportunity. Kezar (2018) cautions leaders to instill concerted efforts to refocus on the process

and the engagement of change. Depending on the complexities of the issue, using a multi-pronged strategy approach leverages the strengths of those involved in the process, ultimately creating a visionary blueprint for the process (Kezar, 2018). My efforts with this organizational improvement plan will be focused on my agency's capacity within the health sciences faculty. It would not be possible to address all the issues in the PESTE analysis; however, it is essential to share the contextual complexities to be able to respond to challenges as they present.

Guiding Questions Emerging from the Problem of Practice

Reflecting on the complex influence of variables that provide context to the problem of practice, the leader will need to consider other levels of inquiry. As noted, the problem of practice to be addressed requires the transformation of leadership towards facilitating an integrated faculty approach to technology adoption across a health science program. Upon exploring the problem, one comes to understand the complex realities that cloud the initiative's direction. The questions that will be considered are: a) What do health sciences faculty define as innovative technology-enhanced learning? b) How much capacity can readily be absorbed within the program? c) Given that the siloed structured between technology services and health sciences faculty requires a level of leadership, how can that be enacted within our current governance structure?

Firstly, current literature suggests that health sciences programs need to consider the convergence of health technology and digital learning experiences to support and prepare graduates for the practice world (Smart et al., 2020). Historically, faculty have struggled with the uptake of applying rapidly evolving knowledge into healthcare education (Wensing & Grol, 2019); in fact, this defines the disconnect between theory and practice, which has presented as a challenge. Ideally, technology engaged learning will be used as a teaching modality rather than an end unto itself. Stuart and Triola (2015) suggest that well-placed technology can enhance the teaching-learning environment. This approach offers faculty more time, allowing them the ability to expand their expertise into other aspects of education.

Secondly, faculty time and organizational capacity limitations require consideration regarding what can be accomplished within a calendar year, acknowledging there will be other academic pressures. Understanding where instructional gaps exist and knowing where learners are struggling also informs the direction of priority setting. Wensing and Grol (2019) identify that targeted approaches, survey data combined with evidenced-based practice guidelines will inform faculty on priority areas to adopt technology. Systems thinking frameworks offer a coherently organized manner of examining the complexity and informing the decision-making process (Grohs et al., 2018). When explored within a collaborative setting, these processes will offer greater clarity on what technology initiatives can be supported.

Finally, the question emerges regarding the interrelationship between faculty and technology services. Past practices have seen the structure of these two entities as engaging on a need-to-know basis. Anderson (2017) advocates for opportunities where experts from multidisciplinary areas engage in cocreating, discovering and advancing knowledge and skills in a prescribed area. A culture of learning emerges when traditionally separate professional areas come together and engage their intentions towards collaborative conversations (Anderson, 2017).

Leadership Focused Vision for Change

The following section addresses the gap between existing realities and the future envisioned state of the PoP. Using the purposeful practices of transformational and adaptive leadership, the goal will be to develop a vision for a collective culture of innovation in health sciences.

Sensemaking

As defined by Kezar (2018), sensemaking offers a perspective of resetting past deeply seated values. The author suggests sensemaking fosters a self-understanding and redefines engrained knowledge perspectives of individuals. Ultimately, this writer advocates for a more future-oriented view of where organizational stakeholders can appreciate that the perplexity of

social construction is never simply resolved. It is in the process of revisiting past practice where we reshape values towards a new future (Kezar, 2018). It can be suggested that reforming values take time within our academia, but the conversations must be authentic and allow for diverse opinions. Sensemaking aligns well with second-order change, which is all about creating new mindsets (Kezar, 2018). For the intent of this process, second-order change will be a response that will implement a significantly different strategy from previous approaches. The journey to reset values is a transformational process and will offer the opportunity for faculty to consider a united approach to technology integration.

Zhu and Engels (2014) suggest that there will be divisiveness between faculty who are willing to be responsive to adopting the technological pedagogical approach and those who respond indifferently, citing academic freedom and personal, educational beliefs. As Bacchi and Goodwin (2016) emphasized, the discursive effect highlights how there will be individuals who embrace innovation and those who see the need to divide practice based on their lived experiences and lack of willingness to engage in change. Resistance can be the result of unclear expectations (Buller, 2015). This is especially relevant where an element of personal contribution such as skill acquisition or increased work output will be required. The importance of sensemaking reframes the problem allowing the stakeholders to reorient themselves and develop a cohesive understanding.

Learning Culture

The potential of integrating a learning culture and systems-thinking approach across a health sciences program to address a problem of practice respects the integration of both the complexity of a system, which is fraught with interrelated components and the human interface where considerations such as relationships and inquiry can converge.

A learning culture, according to Schein (2017), presents the opportunity to support continuous improvement, organizational learning, and innovation. There are many ways to describe a learning culture. For this problem of practice, the vision will be the identity and the

adoption of common, dynamic assumptions, values and norms that enable the learning of people within an organization (Schein, 2017). As the organization faces emerging pressures to adapt to new pressures, whether economic or societal, the response to growth rests within the institution's ability to respond to new learning.

A culture of learning plays an essential role in an organization assisting in the journey to allow for the continual adaption to new technologies, processes, and environmental responses (van Breda-Verduijn, 2016). Such a response will see the acquisition of not only a technological skill but also a sociotechnical approach where the interrelatedness of social entities and technology are acknowledged (Chang, 2019). A sociotechnical lens is a methodical theory that builds on the importance of relationships between peoples and technologies within their environments (Jasanoff & Kim, 2015). This is an important concept as "technologies are not inert, passive objects, but bound... (Chang, 2019, p. 31)" by the enactment and interpretation of the audience. Hence the relevance for the organizational players is not to view technology simply as an educational tool but as a conduit for defining collegial relationships, building culture and reimagining attitudes (Li, 2010). Essential in this transition is a leadership style fostering stakeholder engagement in the cocreation of manageable, adaptable solutions that can be sustained.

Cultural organizational theory also plays a role as Westview is built on bureaucratic principles. Change takes time, and engrained institutional practices will exert considerable pressure to reset to equilibrium (Manning, 2018). This suggests a transition to a new approach will be built upon different ways of viewing and addressing old problems. Schein (2017) articulates that culture can be analyzed at different levels, referring to how the cultural phenomenon is visible to the participants within. Further, these levels included behaviours and artifacts, espoused values, and basic underlying assumptions.

Change Drivers

Understandably upon analyzing the academic environment, there are many competing factors, and some of these concerns can not be addressed. Several change drivers exist within Westview, impacting digital transformation; some curate opportunity, and efficiencies but other drivers test relations and challenge existing processes. For the organization to be well-aligned, perspectives such as changes in society, developments in pedagogical practices, pressures on business operations and financial constraints cannot be negated (Bartlett, 2013). Intentional collaboration with the faculty will be a crucial driver for effective and dynamic change vision (Cawsey et al., 2016). I will explore the three key change drivers impacting this problem of practice.

The Change Capacity of the Institution

Advancing digital practices are transforming all aspects of society, including higher education; ultimately, the process cannot occur without examining the impact on learners. Further, one must consider how to selectively prioritize which teaching and learning outcomes deserve merit to refine, suggesting that an institutional approach ought not to adopt all technology described as *all things new and shiny*. Higgins and Bianzino (2020) capture this point "technology should not be central to these transformation efforts; people should" (p. xx).

A key aspect of implementing change within an organization is understanding the institutional capacity for growth within a cultural dimension. Kezar (2018) highlights that project initiation can be situated within a scalable lens, whereby factors such as targeting strategies can ultimately capitalize on the setting's strengths. The need to determine Westview's capacity to adapt provides valuable information into understanding a program's micro identity and ability to respond to change. A key aspect of change is a culture of innovation, which can propel or restrain an institution and the participants aspiring to a new norm. Those actors participating will exert constraint or support depending on their investment in the change. Allowing multiple opportunities for engagement offers outcomes that are better aligned with the institutions' needs.

The Changing Nature of Consumers

The institution's current state suggests there is pressure to change, transitioning to a teaching-learning environment that will meet the needs of evolving societal and industry constraints. Considerable data demonstrates the changing demand of higher education learners today, where in the past, learning outcomes were achieved within the traditional learning environment (Chang, 2019). Mobility and diversity define todays' learners who demand an adaptable learning environment supporting various personal needs. Further, to meet the needs of 21st-century learners, educational experiences need to offer exposure to realistic multi-faceted challenges, allowing for higher-level critical thinking. This learning is often situated within technology-enhanced tools.

Amid the COVID-19 pandemic in Canada's post-secondary institutions, more than two million students shifted to online learning (Schrumm, 2020). The news release exposes a new realm of possibilities, while Canadian post-secondary education technology investment has evolved 14 times since 2010, only 16% of university and 12% of college students in Canada learned primarily online in 2019. The intent is not to focus on a significant global event but highlight the need to cultivate a broader approach to alternative learning within post-secondary institutions.

The health care authorities are moving towards a clinical and systems transformation that requires the application of specialized health technology to support safe and consistent application of patient care (Vancouver Coastal Health, n.d.). Westview is committed to meeting the employment market demands where a knowledge economy's skills are required. Chang (2019) advocates that digital fluency skills begin within academia. Suggesting that providing future graduates with a credential is important, but so are the solutions-oriented skills to adapt to advancing industry demands.

Advances in Best Practices of Teaching and Learning

Emerging practices suggest the implication for pedagogy is that today's learners benefit from more interactive learning experiences and that instructional techniques are best delivered in shorter segments, utilizing more multimedia and interactive experiences (Bates, 2015). Also, health sciences have increased pressures to adopt digital technologies and innovative pedagogical strategies, such as simulation and other immersive learning experiences (Cooke et al., 2010). The use and thoughtful integration of technology takes substantial time and effort on the faculty member (Bradshaw et al., 2020). Such pressures result in a need for conscious leadership and support to navigate towards well-designed digital transformation.

Certainly, the recent shift to virtual education demonstrates a transition to new approaches to learning. These new methods will likely remain, allowing for a new norm of practice. Health professional education is adapting where educational innovations enable learners to move out of the classroom and be resituated into simulation labs, experiential and immersive clinical settings (Smart et al., 2020). Health care is increasingly becoming digital and technologically informed within clinical practice, implying the need for a possible realignment with the integration of appropriate educational technologies in instruction settings. However, patient safety policies and access to suitable patients for novice students have become a common challenge for faculty creating pressures on meeting required clinical hours (Stuart & Triola, 2015). This dilemma results in faculty expecting to balance authentic learning experiences and adequate safety preparation before learners practice in care settings. The integration of well-designed technology-enhanced learning will offer an opportunity to meet those demands.

In summary, the success of the envisioned future state will be informed by several gaps, which include sensemaking and building a learning culture across the health sciences. Several complex aspects will inform the priorities: institutional change capacity, the changing needs of consumers, and advances in best practices of teaching and learning in higher education, as they offer the most significant affordances in promoting the organizational change.

Organizational Change Readiness

Institutional readiness is an essential component for consideration to help prepare for the change. Organizational readiness presents as a multi-pronged complexity requiring assessment and a good understanding of prevailing factors (Weiner, 2009). Understanding readiness factors is a proactive attempt to understand the organization in terms of power and control and stakeholder considerations such as the influence of values, attitudes, and behaviours (Armenakis et al., 1993). Systems theory conveys that organizations are complex, open, social entities where a change imposed in one aspect will impact interdependent parts, and further, the organization tends to favour equilibrium (Nadler, 1981). Cawsey et al. (2016) purport that vision and a change concept may not be enough to prepare the organization and emphasize examining change readiness before implementing the plan.

Understanding the Need for Change

Organizational dynamics and cultural context must be examined, and consideration will include ensuring those two aspects are aligned and open for change. Technology change initiatives often view organizational culture and individual readiness in isolation (Rogers, 2003). This void of understanding the human factor is often neglected and seen as an element once the project is underway (Napier et al., 2017). Further, the authors suggest an analysis against several factors, including cultural, technical, process and people readiness, which can be accomplished through a readiness assessment dimensional tool. Cawsey et al. (2016) offer an approach to determine organizational readiness and suggest exploring six key dimensions: (a) a need for a clear understanding of the objectives related to the change, (b) the organization's past experiences with change, (c) how adaptable and flexible the organizational culture is, (d) the commitment by leadership in preparing the change, (e) the confidence that stakeholders have in their leaders and change agents, and (d) the offer of an incentive for commitment to the change.

Cawsey et al. (2016) use a ranking system to determine how ready the organization will be using a 35-point scale. Although the numerical data is helpful, my understanding of working

within our organization is that not all details can be captured. Often readiness is best understood by addressing the question: *Why are we doing what we are doing*? Such an approach is essential when several opposing elements present, providing the leader with a greater sense of the influence of several complexities. Such a kaleidoscope approach suggests that the strength will lie within all the components' interactions rather than the separate entities.

In reviewing Cawsey et al.'s (2016) six dimensions, I would suggest health sciences is well primed for the described change initiative. Senior leaders have a committed engagement as the College has recently launched a new strategic plan highlighting the relevance of advancing digital integration. Within health sciences, a well-developed persuasive leadership exists where there have been several successful change initiatives launched. Although not planned, the past twelve months have served as a catalyst to strive towards more adaptive approaches towards innovative teaching and learning. Out of this experience, many faculty members have a heightened curiosity and interest in enhancing their classroom instruction. Some faculty have seen the pressures positively and reached out for assistance advancing away from traditional practices. The only exception would be the lack of tangible incentives for individuals. It should be noted that health sciences programs are well resourced, and there are ample supports for stakeholders to assist with the transition. The institution does highlight individual and team successes by profiling accomplishments and celebrating innovative practices. The following section will explore competing internal and external forces and the relevance of stakeholder perspectives that shape change.

Internal Forces that Shape Change

To evaluate readiness for change, the leader must develop insight into the organization's health; understandably, the assessment needs to be broad enough to capture the nature and intensity of a setting's interrelated components. The two factors that will be considered are organizational agility and building trust.

Organizational agility is a crucial aspect of institutional readiness and will inform leaders around the organization's capacity to respond to evolving demands (Menon & Suresh, 2020). Time-intensive change plans can have detrimental effects on existing operations, especially human resources and other defined resources, which ultimately can be a deal-breaker. Aghina et al. (2015) suggest that the essence of an organization's readiness lies in balancing stability and innovation. This OIP focuses on improving existing practices, resulting in a second-order change, which will be a betterment and offer visionary yet manageable change. My role will be to ensure that OIP activities are anticipated and well communicated to senior leaders, ensuring that project scope, resources, and outcomes are clearly articulated. As Westview has well-defined resources and stable operations, the agility to be responsive is achievable.

Trust is a core element of organizational leadership and an essential element in initiating a team's change process. Northouse (2016) indicates that leaders who enact trust are visible and make their positions openly known. By demonstrating such actions, this ensures a level of predictability and articulates the direction the leader will take during challenging times. Trust is a complex phenomenon as it forms the basis for relationships and work interactions, ultimately developing the conduit for cooperation and facilitating communication (Kosonen & Ikonen, 2019).

As I reflect on the level of engagement across health sciences, attributes such as transparency and the intent to do good are prevailing themes. Such a culture builds trust and commitment offering the milieu to be primed for the change intentions of this OIP. When launching the change initiative, what will be essential is to rekindle my working relationship with stakeholders to articulate how we will be working together. An important factor will be defining the scope of my role and clarifying how I will work with a collaborative group and individuals. A shared sense of engagement will scaffold into approaches such as transparency, meaningfulness, and integrity that will ultimately ensure that trust is maintained.

External Forces that Shape Change

While internal stakeholders will have varying ideas of what is needed to sustain an innovative change, external forces will also shape the change outcomes. Jackson (2019) suggests that external forces will be driven by socioeconomic pressures related to the institution's credibility of offering a current and cutting-edge curriculum supported by appropriate technology. Educational technology has seen significant growth over the past 20 years requiring our institution to consider broadening instructional delivery methods (Jackson, 2019). From an internal perspective, some faculty may not be willing to change their pedagogical approach and be resistant to adopting new technologies in their teaching practice (Watty et al., 2016).

As our institution attempts to balance a host of technology infrastructure, educational technology often requires a significant investment, both financial and human capital (Groff, 2013). Enterprise architecture needs alignment across many institutional areas; each area must balance the solution, considering the impact of function, life cycle and cost considerations. The benefits of such financial commitments are often challenging to determine as the evaluation process will involve many participants, including IT, academic services, faculty, students.

Perspective of Stakeholders

Understanding the human component is an additional consideration as motivation and faculty perceived benefit plays a role. Exploring faculty impressions of *what is in it for me* is essential in building the relationship to support change (Armenakis et al., 1993; Lehman et al., 2002). Organizational climate factors and the stakeholders' motivational readiness need to align in a manner that honours both capacity and comprehension (Lehman et al., 2002). In other words, organizational readiness presents as a state with psychological, behavioural, and structural needs (Lokuge et al., 2019); however, the challenge will be to scan for incongruencies between the constituents, including faculty, the program, and the organization.

Faculty present as unique individuals within a technology change process as they offer their multi dexterous roles as subject matter experts, members of academia, and technology utilizers. How they are situated within the process is often not discussed, resulting in

impressions that they can be unwilling participants. Faculty discussions demonstrating openness, transparency and sharing are essential considerations as they provide space for vulnerability and resistance to present. Tereseviciene et al. (2020) suggest that understanding the qualitative and emotive characteristics of change can strengthen networking and allow for the flexibility where individual technology adoption may proceed at varying levels of adaption.

According to Cawsey et al. (2016), the process of awakening instills leaders to resist the urge to launch into initiatives but rather unearth constraints and opportunities to understand forces for and opposing organizational change, ultimately identifying readiness. By understanding the nature of work, perceptions of faculty, constraints of the organization, and the forces of culture, a leader will be better able to diagnose readiness. Within this section, I explored several readiness variables at the institutional and the program level, suggesting that compelling data indicates that the organization and stakeholders are prepared for change.

Conclusion

Chapter one of this OIP seeks to define the organizational and theoretical considerations embedded in the institution concerning the problem of practice, related to a gap of an integrated visionary approach to technology adoption across a health science program. The chapter addresses an opportunity for leadership, a need for a vision of shared influence, and a lack of engagement within a health science faculty towards an integrated digitalized approach to adopting technology. Addressing digital transformation is a relevant evolving construct for higher education settings. The challenge presented is that digital technology is an additional component in our institution's teaching spectrum and is often addressed in an individualistic manner, resulting in fragmented outcomes. As the PoP focuses on a new way of engaging with a second-order change (Kezar, 2018), the importance of organizational readiness guided by intentional leadership will be relevant. The next chapter will examine how the leadership approach will guide the change implementation plan; this will also include proposed solutions to a framework that are substantiated by a critical organizational analysis.

Chapter 2: Planning and Development

Chapter one created the foundational impetus for change based on a problem of practice related to technology visioning within the health sciences faculty. Chapter two presents the intended change initiative and builds upon leading the change using the work of Cawsey, Deszca and Ingol's (2016) Change Path Model and Kotter's (2012) eight-stage model. Furthermore, the McKinsey 7S Framework will offer a critical organizational analysis into the intended plan (Waterman et al.,1980). This analysis will inform the leader in identifying what needs to change and provides a theoretical approach to consolidating organizational change readiness findings and organizational gaps. Lastly, the chapter addresses leadership ethics for change.

Leadership Approaches to Change

Purposeful and thoughtful leadership is essential for a successful change process. Northouse (2016) suggests that when leaders capitalize on their strengths and align their leadership to the challenges presented, they are better positioned for positive outcomes and sustained change. As with many higher education settings, a bureaucratic approach to leadership dominates processes, minimizing opportunities for a shared vision and collaborative decision-making (Manning, 2018). Given the organizational context and the nature of the problem related to technology's complexity, the change approaches need to be situated within attempts to make sense, foster resilience and demonstrate trust amongst faculty.

In chapter one, I suggested that my leadership approaches resonated with adaptive and transformational leadership theory. My influence needs to be aligned with acknowledging the current institutional culture and appreciating the complexity of technology innovation. While there is a defined problem, the solution for leading the change needs to be open to experimenting, learning from mistakes, and finding new ways to extend stakeholder engagement (Heifetz, 1994). The potential offered in using the two leadership perspectives within the organization allows for a robust consideration of the complexities within a higher education setting. Appelbaum and Goransson (1997) indicate using a singular dimension lens on

organizational change confines organizational learning and does not provide a full relational understanding of the social nuances. Schein (2017) stresses the importance of culture and relationships, which inform embedded ways of engaging, ultimately influencing the subconscious approach to addressing problems. Culture is powerful since "it is not mandated, designed or made" (Morgan, 2006, p.143); however, the force can redirect organizational life. Understanding an organization's culture will inform my primary goal, which is a shift towards stronger faculty collaboration embracing a unified technology approach. This next section will provide insight into the intended leadership approaches.

Adaptive Leadership

According to Buller (2015), to support change in higher education, we need "to find more successful ways to initiate, guide and capture that change" (p. 24). This will often begin by acknowledging a variety of lenses to view change to develop a shared language. Shared language is a crucial aspect of adaptive leadership, suggesting when individuals can better communicate and engage, they are fueled for more productive change (Heifetz et al., 2009). There is the potential in allowing stakeholders to mobilize their strengths and create their own solutions rather than the leader defining the pathway (Heifetz et al., 2009; Northouse, 2016). An essential aspect of my leadership approach is concerned with expanding faculty engagement around the practice of technology integration rather than developing a consortium of unique approaches.

As an adaptive leader, the opportunity to facilitate and support stakeholders relies heavily on the change agent's behaviours to provide new spaces or perceptions that diminish the reliance on past embedded approaches (Heifetz & Linsky, 2017). The advantages incorporate the complexity of systems offering "the ability to thrive individually and collectively" (Heifetz & Linsky, 2017 p. x). Heifetz and Laurie (1997) offer that adaptive leaders may be informed by six behavioural strategies seen as effective in supporting organizational change. The strategies defined by the authors are: First, *get on the balcony*. Second, *identify the adaptive challenge*. Third, *regulate distress*. Fourth, *maintain disciplined attention*. Fifth, *give the work back to the*

people and sixth, *protect leadership voices from below*. Although each of these strategies presents as relevant for organizational change, this initiative will focus on three strategies, *get on the balcony*, secondly *identify the adaptive challenge*, and finally, *give the work back to the people*. This approach intends to support the stakeholders to explore and re-examine their values and move ahead to create a unified new understanding.

The notion of *getting on the balcony* is an essential aspect of launching a change process as it speaks to understanding and affirming how stakeholders are situated. The potential to act as an observer and a participant helps maintain perspective and broad oversight, resulting in viewing and hearing multiple audiences (Heifetz & Laurie, 1997). *Identifying the adaptive change* addresses the importance of communicating the change and creating clarity around what will be different for the stakeholders. Heifetz (1994) speaks to the extent of envisioning the desired outcome and describing how the move from the present to future success might impact a group of stakeholders. An essential task for the leader is to articulate if the intention is a technical or an adaptive change, as each will affect people's work differently.

In chapter one, I spoke to the importance of sensemaking within my leadership position. Sensemaking efforts are essential in adaptive leadership approaches, as they deliberately offer defined points where leaders can validate and reaffirm past ideology allowing for newly established understandings (Schildt et al., 2019). Further sensemaking supports a shift to where new meanings can inform an evolving process; without this opportunity, the key elements of being socially attuned can be disregarded (Weick et al., 2005).

Finally, the importance of, *give the work back to the people* resonates with my leadership direction as it is ultimately the stakeholders who will embrace and own the new change. Supporting a new normal is rooted in real and sustainable change enacted by the stakeholders who demonstrate ownership. Heifetz (1994) addresses the importance of not holding on to work that others should do. Further, this should be not seen as an attempt to

minimize my work efforts but rather a vision to develop a faculty culture that embraces collaborative self-confidence and the ability to adapt.

Adaptive leadership offers flexibility and finds innovative ways to deal with the complexities that may arise when leading a change initiative (Yukl & Mahsud, 2010). This is especially notable when leading a change initiative based on a technology-infused practice problem, where systems may not respond in an anticipated way. The authors also consider developing contingency approaches when there is a need to balance opposing values. Notably, too much empowerment can be ineffective and create chasms of unclarity, and adaptive leadership approaches rely on being self-aware as a leader and utilize opportunities to evaluate progress (Yukl & Mahsud, 2010). Reflecting on the authors' insights suggests that a cautionary aspect will involve ensuring adequate time and exploration to recognize differing faculty values.

Transformational Leadership

Given the nature of the problem, adaptive leadership in unison with transformational leadership facilitates change rooted in enhancing motivation, morale and provides a sense of ownership (Bass & Riggio, 2006). A transformational leader, as described by Burns (1978), is "one who raises the followers" level of awareness about the importance and value of intended outcomes and the methods of reaching those outcomes (p. 141). Transformational leadership development is advantageous in my problem of practice as the efforts instill an environment infused with trust, collective culture, and knowledge creation (Nienaber et al., 2015). By supporting individual self-awareness and acknowledging the importance of intellectual stimulation and personal viewpoints, transformational leaders can nudge followers towards a new level of shared meaning (Bass & Riggio, 2006).

This OIP is about evolving digital transformation values. Such a change will require a shift in long-held institutional assumptions and behaviours, ultimately requiring a cultural adoption that is intentional and persuasive (Eckel et al., 1998). Health sciences faculty are well educated, and most have specialized knowledge in various health practice areas. My interactions

with these colleagues must demonstrate an approach that fosters cultivating trustworthy and collegial relationships. This will rely on being a "good role model: to inspire, empower, and motivate staff; encourage creativity; and effectively communicate a shared mission and vision" (Katz & Salaway, 2004, p. 5). This approach is hinged on working as a partner across multiple audiences, creating a supportive, trusting environment working within culture to evolve culture (Eckel et al., 1998). Such engagement will involve ensuring consultation, allowing stakeholders to participate in the process towards a future collective state (Tierney & Lanford, 2018). An important outcome of this approach will develop new understandings, define a vision, and foster a setting that embraces a move towards optimism (Nienaber et al., 2015).

Yukl (1999), a critic of transformational leadership, suggests an ineffectiveness of using this approach, as there is a paucity of focus on critical variables such as the impact of situational and context variables on leadership effectiveness. Further, with transformational leadership, there is an underlying influence of a charismatic approach that may interfere with the deliverable's aspect of the problem. In this problem of practice, it will be necessary to continually scan the environment and reassess my impact as a leader.

Framework for Leading the Change Process

While there is significance to be grounded in theoretical and leadership approaches, it is critical for the leader to employ analytical methods and strategies to support the change process. My engagement in the process acknowledges that both individuals and processes will be impacted. I am mindful that individuals may react and respond to the plan in different ways. To facilitate the organizational improvement plan, I envision using two theory-based frameworks for leading the change. Applying appropriate frameworks is invaluable as they offer theoretical underpinnings, draw upon applicable knowledge bases, and guide the OIP process. According to Evans et al. (2012), a framework provides the foundation for examining interactions, understanding factors, and questioning assumptions that may impact the initiative outcomes'

success. Further, the frameworks will ultimately offer the leader an approach to orchestrate a meaningful change and data to compare and analyze relevant models related to the OIP.

The first consideration is the type of change to be implemented. In this OIP, the change is considered anticipatory and incremental, which is described as tuning (Cawsey et al., 2016). Tuning supports the incremental change to seek efficiency balancing the influence between strategy, people, process, and structure and offers an iterative and proactive response to future needs (Nadler & Tushman, 1989). It is essential to understand the type of organizational change required, as this will inform the project's scope and effort. Higher education settings face constraints such as time, resources, and commitment. I can build upon existing strengths and set the direction for achievable future growth by modifying the existing environment.

The reality is the suggested OIP will need to be situated among other initiatives vying for the same commitment. For a health sciences program, the need to offer currency and well-designed digital learning experiences is influenced by internal demands and external pressures that are purposive as they enforce the need for competency-based health care education (Wozniak et al., 2018). Ultimately improvements or change are familiar aspects of academia; understanding the synergy between the leader, the intent, and the audience will inform the initiative's success. The change plan will benefit from faculty working together under the premise of clear information. Another consideration is incremental change is built on the leader's ability to titrate the change in a manner that preserves health science internal strengths and capitalizes on potential areas (Cawsey et al., 2016).

In seeking a collective approach to technology adoption, and the leadership required to support the initiative, a fusion of two change frameworks will be used in this OIP. This acknowledges the complexity of change and allows the leader to draw upon a more comprehensive toolkit. The intended change defined in the OIP impacts faculty regarding their pedagogical views and how the group will engage as a collective community, considering personal capacities and comfort levels. The process will rely heavily on the communication

process and engagement of stakeholders within a social system. Such an approach respects the complexity of the experience, suggesting frameworks for "leading change will be seen as a process, evolving over time as more insight is gained" (Mayne, 2015, p. 138).

The integration of the change frameworks and adaptive and transformational leadership offers the balance of maintaining a planned decisive route, enabled by a leadership style with the flexibility to adapt to stakeholder growth. Firstly, Kotter's (2012) eight-stage model provides a detailed blueprint, allowing a solution for operations and offering a measurable approach. Such a prescription is not counterintuitive but is mindful of my agency and the importance of demonstrating expectations and sustaining the change. I acknowledge that the health sciences faculty respond best to change that is both planned and programmatic, however the nature of the technology transition also presents with elements of the unknown. Without prescriptive intentions, technology initiatives can lose momentum and falter. Using a linear change approach offers clarity of the process and will sustain direction for the stakeholders.

Secondly, Cawsey et al.'s (2016) Change Path Model provides an approach to connect and acknowledge the interplay between faculty values and attitudes, offering a road map to creating unity in a new reality. Transformational leadership builds upon the collective behaviour of stakeholders, which extends beyond meeting the routine expectations and promotes more civic-minded engagement(Bass, 1990). The leader is instrumental in supporting stakeholder consideration and inspiration throughout the process (Page & Schoder, 2019). Such strategies are well aligned with the *awakening* stage of Cawsey et al.'s (2016) Change Path Model, where the leader can cultivate a personal connection to create buy-in, build trust and instigate momentum. In contrast, adaptive leadership lends itself well to highly complex environments where there may be evolving priorities, and the need to mobilize and challenge individuals requires a different approach (Heifetz et al., 2009). To effectively address complexities, the adaptive leader's behaviours will be focussed on diagnosing multiple viewpoints and creating circumstances for positive problem solving and innovating (Heifetz et al., 2009).

Ultimately, when addressing a problem of practice, the leader becomes integrated within a dualism which includes the change plan and the relational involvement of the stakeholders. Change becomes both a process and an experience for all the participants, resulting in reactions to the change itself and accepting an unknown future state (Stensaker & Meyer, 2012). It will be the leader who will read the stakeholders' emotions and act based on situational needs. Despite the challenges that may arise, stakeholders will feel supported and valued if the leaders can demonstrate meaningful and insightful actions. My leadership approach will be balanced using a clearly defined change path guided with leadership responsivity; hence, I will use two change and leadership models.

A Hybrid Framework for Leading the Change Process

Ideally, the organizational change process seeks the outcome of a designed plan to alter the organizational components to meet a future goal. The Kotter framework will be integrated alongside the Cawsey Change Path Model as the affordances offered are best seen using an overlapped approach. Both change work models will be applied to the problem of practice, as each provides insight into the process, the results will cumulate with how each model fosters organizational change. A diagram integrating the two models will be provided at the end of this section.

Awakening Stage

The first stage *awakening,* sets the stage, defines the vision to be conceptualized, and offers stakeholders a view of the successful change. (Cawsey et al., 2016). The stage's actions are foundational and embrace the leader as a key informant, ensuring stakeholders understand what is being asked of them. Further, the importance of identifying a need for change requires the leader to scan the setting to understand the complexity and forces within the internal and external environment. Being an effective change agent necessitates that I create a compelling, shared vision in a manner that empowers others to engage.

The *awakening* stage aligns well with Kotter's (2012) eight stages, *establishing a sense of urgency*, *creating a guiding coalition*, and *developing a vision and strategy*. Kotter (1999) suggests that the first stage's importance drives the success of the initiative, creating commitment and nudging individuals out of comfort zones. Ultimately these aspects are dependent on elements of value and culture, both personally and institutionally. Faculty are challenged with many commitments, hence focussing on the importance of this initiative will require instilling a level of priority that balances opposing commitments.

Secondly, creating a guiding coalition acknowledges the importance of procuring social commitment and the need to involve several levels of stakeholder groups (Kotter, 2012). This approach aligns well with the initiative as it respects the faculty's commitment and provides a visualization of the project. In assembling the coalition, consideration must be given to ensure that key players represent a range of positional powers (Kotter, 2012). For example, the early adopters of technology might be eager to accept new approaches, however those who are less comfortable with technology may block progress in the future (Rogers, 2003).

Finally, developing a vision and strategy highlights how future technology utilization will differ and how the changes will impact faculty and their work (Kotter, 2012). This suggests when a change vision aligns with strategic plans, the ability to contest the change plan's rationale diminishes, motivating faculty to keep moving forward despite transitional struggles. Kotter (2012) advocates that compelling vision and supportive strategies steer the direction of change for the project as this provides clarity for individuals who disagree or are confused and reduces efforts spent on "clearing the decks of time-consuming clutter" (p. 64). My work will explore underlying concerns related to reluctance and resistance, which can be addressed by focusing on conversations around the benefits and existing best practices.

Mobilization Stage

In the *mobilization* stage, the leader is offered the opportunity to build upon the *awakening* phase involving stakeholders and building upon strengths of power and cultural

dynamics. Cawsey et al. (2016) discuss drawing upon the stakeholders' influence and suggest leveraging engagement when we have a stronger appreciation of perspectives and predispositions. Therein lies an important activity of considering stakeholder and force field analysis, which will inform the leader to understand who the people are and how the change will impact different stakeholders (Cawsey et al., 2016). By understanding the dynamic forces for and against change, I can speak to the stakeholders to demonstrate meaningful insight. Such influence plays a significant role as different stakeholders will present with unique needs and issues, creating a force for or against the leader (Cawsey et al., 2016). Knowing the formal structures and power dynamics within the organizational culture will depend on the leader's agency of power. My role will rely on the expertise, reputation and network power of the collaborative group and depending on what activity I am leading, my locus of control will shift.

The *mobilization* phase aligns well with Kotter's change model. I will overlap step three, *developing a vision and strategy*, which can be informed by enabling or restraining forces (Cawsey et al., 2016). Understanding such forces informs the leader in facilitating or stifling change and should be considered part of the implementation plan. Understanding power dynamics, organizational culture and formal processes situates the leader positively, offering the ability to leverage strengths and support weaknesses (Cawsey et al., 2016). The proposed solution discussed in subsequent sections requires the health sciences council's commitment to align with the agreed-upon strategic actions. To gain commitment, my presentation will include providing rationale and the benefits to the council members. As technology advancement resets within my purview, I feel well-positioned for a favourable response.

Moving to step four*, communicating the change vision* relies on a collective understanding and a commitment to a new norm (Kotter, 2012). Commitment and understanding are difficult to convey in large higher education settings. Often this is due to the evolving nature of work where not all individuals come together at common times or communication processes are complex and numerous. Weick (2015) alludes to the risk of

ambiguity, where without interconnected conversations, initiatives run the risk of appearing conceptual and not meaningful to users. The experience of ambiguity can be used as a mobilizer where the leader can build on sensemaking initiatives, allowing the change vision to be connected to the stakeholders' daily needs (Weick, 2015). Chapter 3 will offer greater details on the communication plan, however Kotter (2012) stresses that communication can often be supported by the power of a guiding coalition, using techniques of precise and straightforward communication. As this OIP creates a favourable opportunity, the messaging context can be situated around elements of optimism and positive impact to stakeholders.

Finally, step five within Kotter's change model, *empowering others for broad-based action,* will perhaps present as challenging. This may involve re-examining long embedded organizational approaches, which form part of the historical design of how the faculty health sciences operate (Kotter, 2012). Stakeholders may see this as a threat to their work, as such concerns can be mitigated by examining silos, legacy rules, and inefficient work processes, hindering capacity (Kotter, 2012). Creating a collaborative team leverages power, facilitates greater buy-in, and fosters a sense of unity, where individuals are no longer one but rather strengthened by a common purpose. This aligns well with the OIP and the adaptive leadership approach, where the faculty should control the intentions (Heifetz, 1994).

Acceleration Stage

Once the *mobilization* is underway, organizational improvement efforts shift to the next phase, *acceleration*. I see this as an action stage where my leadership will support faculty in creating a new vision of how they perceive digital learning instituted across programs. Working collaboratively across boundaries will also be relevant as I engage with other stakeholder departments to determine different targeted strategies that will inform the process. Cawsey et al. (2016) suggest this is when active listening and responsive approaches play a crucial part in meeting a range of expectations. One method that may work well is developing a steering group, where the benefit offered is a level of governance, which provides a formal and collective way to

address process issues (Cawsey et al., 2016). Communication becomes relevant in this phase, such as ensuring that appropriate and timely updates are provided to all members using various communication channels. Cawsey et al. (2016) advise that critical messages are reinforced and observations around reactions are not overlooked.

The sixth step is *generating short-term wins*, which speaks to the importance of acknowledging successes and celebrating the milestones (Kotter, 2012). He further describes how these wins can provide emotional power and play a key role in building and sustaining momentum for the project. Within the faculty of health sciences, the ability to meet a goal and realize the possibilities may present in the form of a curricular redesign where the appropriate technology has been embedded. An essential aspect of the project is to appreciate wins within a 12-to-18-month time frame and have a guiding coalition in situ to ensure targets are met.

Reflecting on Kotter's (2012) step seven, *consolidating gains and producing more change,* suggests considering that resistance and fatigue may set in. As faculty become inundated with other pressures, the positive energy and intentions may wane. Sometimes resistors can intervene when there is a lull in progress, or the stakeholders engage in too many opposing activities. Losing critical momentum can result in regression, where stakeholders may lose track of the gains. The nature of higher education is built on highly interdependent systems, meaning changes made within one unit may impact another. Finding opportunities to share outcomes or celebrate milestones offers the ability to build on small gains. This is where a transformational leader can extend moral support and redirect focus, ensuring that the change plan remains front in centre (Bass, 1990).

Institutionalization Phase

The final stage of Cawsey et al.'s (2016) model leads to the realization that the change has been successful, and the new intended state has been achieved. A natural shift will occur here where the focus of energies will be directed towards measuring and evaluating the change to ensure solidification. Several key aspects are considered; firstly, metrics will measure and

monitor the activities to provide data to the leader to track progress outcomes (Cawsey et al., 2016). Metrics can help clarify data and provide insight as to whether mid-course adjustments need to be made. Another aspect of *institutionalization* is that I will need to consider if other institutional structures or processes need to be aligned with the new change plan. Relapsing can be a risk, and as a leader, activities that create longevity and solidify the process are essential to maintaining momentum.

Kotter's (2012) stage seven aligns with the final Cawsey et al. (2016) stage *by consolidating gains and producing more change* and *anchoring new approaches in the culture* to ensure that stakeholders are prepared. Step seven speaks to the importance of meeting manageable goals that may support larger initiatives; for example, this may require oversight for the budgeting process to allow for adequate funding allowing for capacity to support future acquisitions. Kotter (2014) suggests avoiding the *one-and-done* approach, where we believe we can close a project prematurely and then shift faculty energies to new challenges. Instead, digital change requires an element of resiliency and sustained involvement (Cifuentes et al., 2011). This suggests that academia should not be dependent solely on external forces but rather be designed with a propensity for adaption and evolution based on emerging socio-environmental issues (Weller & Anderson, 2013).

Finally, the eighth step *anchoring new approaches in the culture* highlights the integration within the organizational processes, systems and behaviour, which ultimately speaks to creating a new culture within the organization that can be sustained and be adopted as *the new way of doing things*. (Kotter, 2014). This is relevant as new practices will emerge from the old ones and there will be an unconscious influence of old culture exerting the pressure to revert to equilibrium and follow the past practices. Kotter (2012) suggests that in the later phases of the change process, cultural growth is solidified and that individuals need to see the connection between their new actions and improvements. For Westview, this involves demonstrating how the work of the stakeholders impacts the collective faculty and will define how new

opportunities are initiated in the future. It is anticipated that there will be a shift in discourse from adopting technology for the sake of appearing futuristic to situating innovation in a lens that embraces an informed approach to technology integration (Cifuentes et al., 2011).

A summary of the alignment of Cawsey et al's. (2016) Change Model and Kotter's (2012) eight stages can be found in Figure 1.

Figure 1

A Hybrid Framework for Leading the Change Process
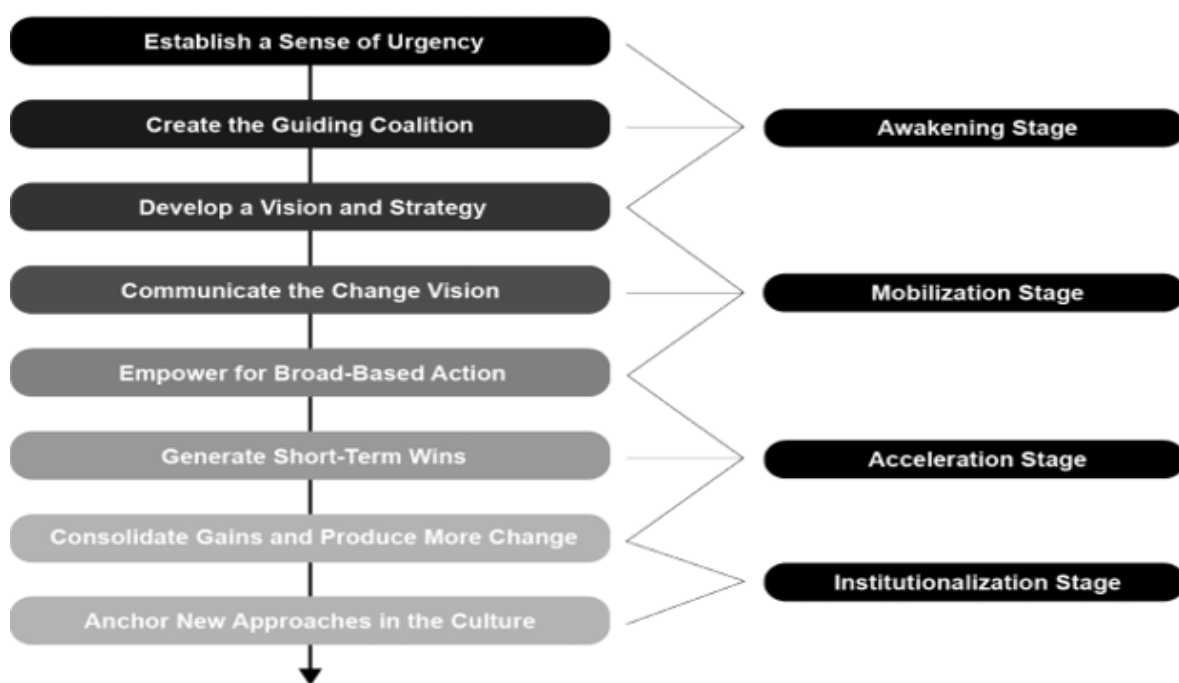
Note: Adapted from Cawsey's et al., (2016) Change model and Kotter's (2012) Eight Stage Process

Critical Organizational Analysis

Adopting a framework for organizational change (Cawsey et al.'s model and Kotter's eight stages) addresses an initial aspect of the change process. Before offering solutions, it is essential to examine the organization's current readiness and determine the variances between the current state and the future state. The importance of articulating gaps and incongruencies offers insights into possible risks and unidentified areas that may not have been a priority initially. Cawsey et al. (2016) suggest that organizations are complex and constantly in flux with

internal and external factors, and a leader needs to "comprehend the complexity and interrelatedness of these organizational components" (p.69) and be attuned to the need for analysis within a shifting environment. In the following section, the McKinsey 7S model helps structure and critically analyze the transformation process surveying for alignment (Waterman et al., 1980).

The McKinsey 7S model provides a method of examining the organizational unit's strategic assets, including relational aspects and the defined structures and systems. Ultimately when all these components have been considered and well-aligned, the synergy offered maximizes a successful change (Waterman et al., 1980). The model's strength lies in the interconnection of the seven elements. The framework offers insight suggesting that effective strategy is more the individual entities but rather the relationship between all (Lynch, 2006). As a leader, I reflected on the complexity of my professional environment. The importance of acknowledging many organizational aspects within a complex technological change is not easily captured.

The McKinsey 7S tool was initially designed to analyze business organizations for performance outcomes; however, the variables used are congruent in many systems (Waterman et al., 1980). For example, Cox et al. (2019) highlight the usage within a higher education setting where the need to understand the influences of several areas of alignment benefited from using the analytical tool. Perhaps most prominent with the McKinsey 7S tool for this OIP is that it can be aligned with a technology change and offers insight into the interrelated organizational structures and relationships. In addition, Kotter's (2012) eight-stage strength is built on leveraging stakeholder reception through trust, transparency and collaboration. The McKinsey 7S tool can inform the OIP process, especially when the leader captures assessment on the relational and shared vision aspects.

The McKinsey 7S model includes seven interdependent factors categorized as hard or soft elements (Waterman et al., 1980). Combining these attributes offers insight into an

organization's unique network of effectiveness, which is impacted by many factors, not a single aspect (Recklies, 2001). The authors describe the model's hard elements are obvious to identify, as they form the organizational unit's operational presence, including the influence of strategy, structure, and systems. In contrast, the soft elements are more relational and capture cultural and relational practice nuances. These elements are shared values, skills, style, and staff (defined as faculty). To understand the current situation and to be able to move to a future position, the seven elements provide insight into the network of interrelationships between the various elements (Lynch 2006; Waterman et al., 1980). A noted strength of the model is combining rational and emotional elements, which have significance to the OIP as the intention is to work with stakeholders to create a trusting environment and building capacity (Lynch, 2006). It is anticipated within this connection that the stakeholder influence will result in an overall sense of empowerment, allowing supportive networks to develop (Weick, 2015). It should be noted that although the model offers the advantage of aligning the internal aspects of an organization, it does not address the external considerations such as pressures related to socioeconomic factors or globalism (Lynch, 2006). I do not feel that the success of the OIP will be impeded by this shortcoming, as there are alternate assessments such as a PESTE analysis that will capture external considerations.

From chapter one, the gaps that exist include the institution's change capacity, the changing nature of consumers, and advances in best practices of teaching and learning. A visual of the framework is captured in Appendix A.

Hard Elements

The following section will define how the McKinsey 7S hard elements, including strategy, structure, and systems, provide insight into organizational readiness.

The element of *strategy* involves the integrated vision and direction of how an organization deploys its resources to achieve the goals required, aspects such as competitive advantage and institutional priority play a role in the strategy element (Lynch, 2006). As

described in chapter one, technology adoption is seen as innovation and often viewed as an essential mandate of higher education, implying that increased technology ought to be adopted for the greater good (Marshall, 2010). Indeed, while educational technology is considered mainstream in health sciences education, the capacity for change does not always align with the strategic and the operational plan. The result is technology can be onboarded without adequate oversight, resulting in a disconnect between the mission and operational objectives (Eckel et al., 2018). Faculty members are generally not involved in large-scale technology acquisitions, however they provide input and feedback on user requirements. Based on the current priority to develop greater cohesiveness within health sciences faculty and the need for a shared vision, the element of *strategy* will not be addressed with this OIP.

The second element, *structure*, captures how organizational settings are organized, impacting how operations and communications address workflow requirements (Recklies, 2001). Academic technology services and health sciences are separate entities within the organization resulting in siloed structures. I am situated between the departments, but I function as an advocate or liaison. The decision-making process is often initiated with a top-down approach, as there may be organizational influences that faculty do not have privy over. Currently, Westview does not support a centralized innovation model as such activities occur within grassroots initiatives led by interested faculty. The gap presented suggests a lack of collective conversation, which compromises fluidity for problem-solving and venues for innovation. Although there is an opportunity to explore this aspect, the implications are not within my agency, and this gap cannot be addressed within this OIP.

Systems, the final hard element captures how daily activities are enacted and core activities function to meet business requirements (Lynch, 2006). Currently, there is a tendency to maintain the status quo, with a firm reliance on monitored outcomes, which can compromise innovation. Westview operates on well-established procedures where systems are often interdependent, resulting in a disconnect between users and processes (Recklies, 2001). One of

the challenges is a lack of understanding of how faculty can engage in the innovation change process. I suggest working within the structured system to address this issue, ensuring social engagement is a supported activity. Senge defined systems thinking as "a way of thinking about, and a language for describing and understanding, the forces and interrelationships that shape the behaviour of systems" (Senge et al., 1994, p. 6). As noted in chapter one, using a system thinking approach offers the benefit of iterative interactions that progressively influence attitudes allowing for greater fluidity (Senge et al., 1994). Hence, the aspect of *systems* will be addressed in this OIP as an area aligned for change readiness.

Soft Elements

This section will define how the McKinsey 7S soft elements, including style, skills, staff, and shared values, inform the interrelationship of variables impacting change readiness.

At its core, *style* speaks closely to the leadership approach and the underlying culture that informs a group of people (Waterman et al., 1980). Understanding the prevailing style speaks to the importance of meaning-making and how people feel as expectations are delivered through an organizational unit. A critical aspect that will inform this process is how others perceive me as a role model as I engage, motivate, and define a new direction for technology visioning. Historically, faculty may not have felt empowered in the innovation process. Not having a venue to address the importance of their input may have contributed to a sense of disengagement. Based on the problem being situated around a lack of shared vision, this element offers an opportunity for a shared mindset and mutual trust-building.

The next element, *staff,* addresses the roles and responsibilities across the faculty of health sciences of significance. As there will be no monies for additional staff and the OIP is designed to use existing resources, this element will not be addressed.

Skill is the next element. A faculty's vision of how crucial it is to incorporate technology within their curriculum will be an essential internal competency factor. Often this will play a considerable role in how confident faculty are in attempting untested tools, especially if there

are limited support resources. Invariably, faculty interested in technology will excel, leaving lesser prepared individuals with minimal systematic support to struggle to use effective digital pedagogies (King & Boyatt, 2015). Faculty's personal experience with innovation can be clouded by the technical aspect, where success is focused on using the software. However, an overfocus on leveraging faculty skills will shift the attention away from developing a shared vision and redirecting towards a training initiative; hence, this element will not be addressed.

The core of the McKinsey 7S is the aspect of *shared values*, which captures the organizational values, culture and norms that influence how change happens (Waterman et al., 1980). Cultural influences are an essential aspect of innovation and inform understanding, resulting in the value of working within the culture to seek better opportunities (Eckel et al., 1998). The road to digital development is defined by collaboration and, as such, depends on cultivating and sustaining effective relationships (Miller, 2019). Defined shared values are a crucial step in an effective vision process and will be informed by culture. Daher (2016) suggests building a positive relationship between organizational culture and a culture of innovation. To support such an approach, values that embrace flexibility, creativity, participative decision-making, and adaptability align well with innovation (Daher, 2016). As many faculty members are inquisitive and demonstrate a propensity to advance their knowledge, nurturing a sense of collective accomplishment is an essential aspect of the OIP; hence, exploring shared values is well aligned for change.

In conclusion, the McKinsey 7S framework offers insight into a gap analysis related to the identified problem of practice, suggesting that three potential areas require an alignment: (a) systems, (b) styles, and (c) shared values. The insights from the analysis highlight the importance of social and relational elements, which align appropriately with the intended intervention of the OIP. It has been noted that there are potential areas that cannot be addressed within the scope of this OIP. An overview of the gap analysis is captured in Table 1.

Table 1

McKinsey 7S Gap Analysis Review

		Gap Analysis/Readiness	Alignment	Priorities
		McKinsey 7S Review		
HARD	Strategy	Dynamic internal and external pressures Lack of agency	Evolving, Not Addressed	×
	Structure	Defined structure Lack of agency	Defined, Not Addressed	×
	Systems	Lack of social engagement Gap with systems thinking	Opportunity, Not Aligned	✓
SOFT	Style	Lack of collective leadership	Opportunity, Not Aligned	✓
	Staff	Defined staffing and resources	Defined, Not Addressed	×
	Skills	Varying levels of competency Existing resources available	Evolving, Not Aligned	×
	Shared Values	Need for common vision	Opportunity, Not Aligned	✓

Note. Areas shaded refer to McKinsey 7S elements that will be addressed as a priority.

Possible Solutions to Address the Problems of Practice

The following section explores four possible solutions to address the gaps within the problem of practice. Each solution will be described, defining the impact on the problem of practice, and identifying the resources and infrastructure required. In conclusion, the section will identify a recommended solution that will inform the implementation plan in Chapter 3.

Possible Solution 1: Maintain the status quo

The first solution is to maintain the status quo, which might have been an option before the COVID-19 pandemic demands; however, the need to adapt to a virtual environment due to pandemic responsiveness has become a new reality. A choice void of evolution may seem contradictory to the process of innovation; however, the solution offers individual faculty the option to choose if a new technological approach is required. In the past, technology services offered a range of technology supports that included one-to-one learning, group sessions and on-demand resources. In addition, faculty can access technical support on a need-to-know basis.

Resource Implications

The current system's approach requires no additional resources; however, continuing in a stagnant process undermines the ability to evolve, resulting in compromised growth capacity.

Benefits and Consequences

As health sciences rely heavily on face-to-face experiences, adopting digital innovation remains generated mainly by those who could be described as innovators or early adopters (Rogers, 2003). This approach is dictated by values around faculty choice, which suggests faculty have a responsibility to respond to the information age however, they should be given the freedom to decide (Demaske & Carmean, 2015). Furthermore, working alone mitigates the potential for collaborative ventures and minimizes future visions for change that have an impact across the program.

If innovation is solely led by external pressure or an emerging challenge, the result is a learning environment fueled by a laggard approach. Rogers (2003) noted that successful innovation adoption requires a critical mass of followers to convince the majority, suggesting that without a plan and achievable milestones can result in compromised outcomes. Further, negative issues abound within the current model of technology integration, which lacks consistency across courses, resulting in students' varying learning experiences. Also, the concept of improving function becomes suspended where there is a tendency to protect existing processes that may have been viewed as successful (Marshall, 2010).

Possible Solution 2: Require a standardized approach to technology

The next option involves integrating predetermined resources and out-of-the-box technology solutions to the delivery of education. Such resources would be procured through publishers or vendors of technology products and purchased by the College or students as a subscription. Over the past decade, health science programs have procured a variety of new technologies which meet the needs of different learning styles and offer the students flexibility. Traditional professional development for faculty has often involved an onboarding approach,

which is self-directed by the faculty member's interest. Standardized workshop models are positive approaches that allow faculty to participate in a manner to meet their comfort level and their personal view of technology in the classroom. The challenge is faculty become overly focused on the technology tool as a solution to innovative learning, often neglecting the pedagogical considerations.

Resource Implications

This solution would require technologies to be purchased through an operating capital budget, which would necessitate going through the institutional process to ensure that due diligence regarding funding, privacy, and security has been met. There would be further requirements to facilitate testing and institutional integration by the appropriate individuals, either vendors or in-house staff.

Benefits and Consequences

This approach will meet requirements from an achievement lens if the intent is to move towards a consistent resource tool with limited customization and manageable faculty training opportunities. Focusing solely on the application of technologies is a regressive approach, where the concern is that we eliminate the potential of unity without examining interactions with one another (Bates, 2015). A path of focussing on applying the technology offers little in the way of vision setting, leaving gaps around the importance of shared goals and collaborative reflections (Tam, 2015). The reality suggests that not all faculty will find the experience impactful enough to alter their instructional methods and without contextualized experiences, faculty will leave with knowing what to do, however perhaps not knowing how to apply new methodologies (Paulus et al., 2020). A model of focusing on technology acquisition without the right fit for the intended learning outcome does little for innovation and further does not address the pedagogical implications. Technology training sessions without meaningful application exacerbate the learning disconnect and do not result in or create the insightful development of technology integration.

Possible Solution 3: Create a toolkit of technology resources for health sciences

This option will offer health sciences faculty, the ability to choose from a select list of technology resources to integrate into programming. It is suggested that allowing educators to determine their learning networks offers the ability to support technology connectedness on an as-needed basis (Sheffield et al., 2018). Faculty will independently decide how they will integrate technology, creating self-direction within their learning environment. The toolkit of resources would be procured by an external team that will review best practice resources offered through external health sciences learning networks or commercial vendors.

Resource Implications

The resources needed for this solution focus on a select group of faculty members, composed of experts or early adopters who have experience with health care technology, to review the landscape of options. Some of the resources may have costs, copyright limitations, security, and contractual considerations.

Benefits and Consequences

 Ultimately, a leader supporting faculty to procure technology resources or generate pedagogically sound learning experiences is an extensive undertaking. Faculty cannot maintain currency with all emerging learning resources as they become accessible. We know investing in digital learning within higher education is driven by the expectation that the evolution of technology will improve the quality and flexibility of learning (Bates, 2001), however from an economic and scalability perspective, there is synergistic learning when partnered with other institutions.

The challenge with relying on external product vendors or shared networks is the disconnect between the institution's strategic goals, student demands for progressive experiences and the industry expectations for graduates to be adequately prepared for the workforce within our local context. The resultant is the learning experience offered maybe untailored, for our program's specific needs. Faculty may struggle with the lack of ingenuity,

where content may not definitively fit the needs of learning experiences and require customization. As a respected institution for educating health science graduates, we may appear to lose our internal propensity to remain current with industry standards if there is an overreliance on off-the-shelf technologies.

Possible Solution 4: Develop a faculty learning community

Faculty learning communities are defined as self-directed communes, where prevailing concerns are shared, and efforts to gain expertise and unified responses are fostered. (Wenger et al., 2002). Learning communities are based on social constructivist learning theory, which suggests that when individuals are engaged in relevant experiential learning, their cumulative efforts offer a direction for a meaningful and systemically defined outcome (Sheffield et al., 2018). Connectivism extends this premise, suggesting that when individuals engage about emerging technologies in education, points of friction become opportunities for heightened awareness and personal growth (Siemens, 2005). A learning community fosters dialogues where the intent is to share best practices and brainstorm innovation to promote learner success. The development of an FLC aligns with professional practice and provides faculty with the opportunity to come together as subject matter experts to determine the direction and collective vision of technological innovation within health science programs.

Resource Implications

The solution will require expertise that would primarily be launched by myself and other institutionally based technology leaders. There would be the potential to require time and emotional commitment however, faculty would use their professional development time allotment to participate in this initiative. Further, the comprehensive, collaborative engagement initiative would occur within accountable faculty time. Technical support may be required by academic technology resources who would offer internal expertise. As a key leader in the process, I will facilitate the process using a road map charted across the OIP.

Benefits and Consequences

Such engagement will ultimately impact confidence levels and offer faculty opportunities to examine their role as educators and build on successful practices. To create a genuine vision, the main requirement involves engaging different individuals impacted by the change process (Whelan-Berry & Somerville, 2010). Most important is the activity to create a shared mission vision for innovation, where reflective practice and supportive dialogue are the core approach (Thoma et al., 2017).

A learning community model developed by Hord (2009) suggests that several dimensions are essential within this approach, including (a) supportive and shared leadership, (b) collective creativity and learning, (c) shared values and vision, (d) supportive relational conditions, and (e) shared personal practice. The benefits of a faculty-led initiative will align well with building a sense of community that will ultimately sustain professional development with a future-oriented intent. A learning community offers the benefit of fostering faculty to engage in their professional development, embracing empowerment and ownership as outcomes of an interconnected community.

The most significant consideration is the amount of time required. Faculty will need to be personally vested in reflecting on their values and approaches to pedagogy within an andragogy context. There will be differing philosophical approaches that may create division between individuals, however such tension within supportive settings can offer clarity and better relational approaches.

Aspects of each of the solutions offer merits and restraints. As the intended future goal is firmly rooted in developing a cohesive culture, the solution should augment activities that support sensemaking and build a learning culture, ultimately offering long-term organizational growth. Breaking existing cycles of selecting the same approach for emerging problems offers little in the way of being transformative. Solution two and three are based on traditional models of professional development where individuals learn about using the specific technology tool within the parameters of their ability. Innovative practices in higher education require moving

towards an approach that utilizes a community dynamic, where sharing ideas and resources can open the doors to constructive criticism (Paulus et al., 2020).

Of the four proposed approaches, the development of a faculty learning community for health sciences innovation offers the most significant opportunity and aligns well with the intentions of the OIP. This solution focuses on pedagogical growth and considers a shared vision for technology innovation across health sciences. A significant impact will be the time factor as individuals will need to shift priorities and commit to faculty learning community activities. An opportunity presents where the stakeholders can leverage their work by connecting their learning with course preparation. The solution speaks to several options for faculty growth, including valuing collective conversations, leveraging knowledge, and sharing individual success with technology-embedded learning modalities. Table 2 captures the resources required to support the solution and the potential to address the gaps.

Table 2

Impact of Resources required on Solutions

Solution	Impact on Resources Required			Potential to Address to Gaps (Address Alignment)		
	Time	Human	Finance	Hard Elements	Soft Elements	Shared Values
#1 Status Quo	MEDIUM	HIGH	MEDIUM	MID	LOW	LOW
#2 Standardize	LOW	LOW	LOW	HIGH	LOW	LOW
#3 Toolkit	MEDIUM	LOW	HIGH	MID	LOW	LOW
#4 FLC	HIGH	MEDIUM	LOW	MID	HIGH	HIGH

KEY			
Resource Implication	HIGH IMPACT	MEDIUM IMPACT	LOW IMPACT
Potential to Address to Gaps	POSITIVE (HIGH)	EMERGING (MID)	POOR (LOW)

Note. Coloured areas are intended to identify the impact of resources required on solutions

To move to implementation, I will use the work of Shewhart and Deming's (1939) Plan, Do, Study, Act cycle (as cited in Moen & Norman, 2010). While the details on the plan-do-study-act phases will be articulated in greater depth in Chapter 3, here I will address the intended

solution. The selected solution will see the development of an FLC with a diversified membership of 12-15 representatives from health sciences faculty. A communique will offer a range of supportive persuasion techniques that the health sciences council will endorse to motivate stakeholders. The stakeholders will be requested to commit to the initiative over the length of the plan. The FLC will meet as a collaborative group to address aspects of shared vision and future directions. Subgroups will have the opportunity to explore different innovation projects, enhancing capacity and offering more timely outputs of knowledge gained. It is anticipated that documentation tools will be used as a repository to capture outcomes, conversations, and recommendations.

Leadership Ethics and Organizational Change

Leaders' decisions bear significant responsibility on the outcomes of the change action process, merely by the optics of their position of power and control over stakeholders (Northouse, 2016). Ethical leadership refers to "the demonstration of normatively appropriate conduct through personal actions and interpersonal relationships, and promoting such conduct to followers through two-way communication, reinforcement, and decision-making" (Brown et al., 2005, p.120). With pressures of rapid technological changes and timely responsiveness to an evolving neoliberal world, there are impacts. As Kezar (2018) suggests, innovation has become overvalued as the primary focus of learning, resulting in much attention given to change and not enough focus on research and dialogue. This has resulted in higher education idolizing innovation where ethics can be overlooked and may not be considered an essential consideration. Faculty will face a range of ethical dilemmas in generating and implementing new ideas; the challenge will be to promote ethical norms and self-accountability (Shafique et al., 2019).

An ethical approach to leadership within higher education should offer a balance between social and relational practice acknowledging values that advocate for education's moral purpose to be upheld (Ehrich et al., 2015; Liu, 2017). This suggests that leadership is primarily a

relational activity within academic environments, and the activities of leaders engaged with followers should be instilled with caring, honest, and principled actions. Starratt (1991) notes that educational leaders have undeniable ethical obligations within the domains of leadership responsibility.

It is essential to consider an ethical theory to guide the OIP decision-making process as it creates visibility around responding to moral challenges as they arise. Kezar (2018) contends that ethical theory helps mitigate resistance and cynicism with a change, two possible indicators of questionable ethical practices. Within the context of this OIP, ethical processes play a significant role as the outcomes can impact student learning and their ability to be successful in a program. Spector (2016) offers a simple framework based on the interactions of *people, principles, and values*. When applied to Kezar's (2018) work, greater inferences can be extended. I will offer a discussion of these principles in the context of the OIP.

The Interaction of People

Situated within the interaction of people is the importance of leadership and stakeholder participation. Ethics is the core of leadership, resulting in a substantial impact on leading engagement, reinforcing institutional values, generating ideas and influencing decision making (Northouse, 2016; Starratt, 1991). As a leader grounded in transformational leadership, setting a good example offers the demonstration to such an approach; however, the behaviour extends beyond simple goodness. Bass and Steidlmeier (1999) suggest that as a leader, the transformational approach taken must be built on tenants of idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration.

Leadership approaches such as visioning, being confident, and positive role modelling induce idealized influence on stakeholders and set the direction for change. (Kanungo & Mendonca, 1996). Such approaches can be positive however must be grounded in the intent to act towards the common good (Starratt, 1991). This will be relevant for my leadership approach as I will need to role model activities that promote decision-making amongst different audiences

with varying agendas. Motivation relates to the empowerment process, which suggests that my engagement will influence stakeholders' vision and degree of participation (Liu, 2017). Such modelling means relinquishing power and offering space for others to grow and transform as leaders. Ultimately such approaches break down perceived barriers of control and open new realizations (Bass & Steidlmeier, 1999).

Intellectual stimulation may not often be viewed as an aspect of ethics; however, within a transformational leadership lens, the ability to open doors for questioning and the generation of creativity emulates the idea of knowledge being cocreated within audiences (Bass & Steidlmeier, 1999). Lastly, individualized consideration suggests that the stakeholders are each unique, as is the organizational setting. I would approach colleagues not as a general audience but as a distinctive individuals, supporting their strengths and contributions not with a competitive lens but acknowledging them as valued contributors.

The second aspect of people is *stakeholder participation*, Kezar (2018) suggests that one of the most crucial ethical change aspects is allowing diverse inputs and broad participation. Such conversations are instituted at the beginning of the process. The challenge with engaging extensive group stakeholder dialogue within our setting is the commitment and appearance of how the opportunity to engage is constructed. For authentic stakeholder participation, the model of participation should be designed in a way where everyone can partake in the conversations and provide input in a safe setting (Kezar, 2018). Consideration needs to be given to those who have teaching obligations and might not attend or feel uncomfortable to share in the discussion. A second aspect is the process of information sharing and the mediums of delivery. Kezar (2018) speaks to the importance of full disclosure and clarifying the vision from both a positive and negative lens, where participants can understand the rationale behind the approach.

The Interaction of Principles

Addressed under the concept of principles is the co-creation of ideas through *interactive dialogue* and the importance of *transparency*. The importance of voice can appear as ingenuine if not offered within the context to facilitate meaningful change. Cook-Sather (2020) suggests creating regular dedicated time for ongoing conversations presents as honest, fostering mutual engagement and respecting differing voices when individuals are ready to speak. Idea generation may not happen within a prescribed session but allowing conversations to be iterative and dynamic will offer stakeholders a greater sense of agency. Change leaders need to consider the impact of open communication and relational involvement of exchanging and receiving information (Norman et al., 2010).

The co-creation of ideas will require stakeholders to be involved throughout a trusting process where the experience suggests that opinions, regardless of merit, are being respected. An adaptive leadership approach also resonates as the work is the cumulation of many participants requiring activities that support debate and creative thinking, ultimately leading towards a common solution (Randall & Coakley, 2007).

Transparency speaks to the words and actions which a leader demonstrates to offer a pattern of openness and comprehensiveness towards sharing information that will inform stakeholders to decide upon an issue (Avolio & Gardner, 2005). A key aspect of transparency is embedded in the leadership approach, where the communication process will inform how outcomes of deliberations are conducted and delivered to the stakeholder audience. Kezar (2018) suggests that moving towards creating authentically shared idea generation requires minimizing power positions and offering the capacity to make recommendations that can be enacted upon. Such actions demonstrate transparency and shared governance in action. Within the OIP, it will be difficult for all faculty to participate throughout collaborative sessions. Some will want to be part of the process and move in and out of the experience, depending on their time commitment. At times, decisions will be made that may not meet the understanding of

everyone involved, providing rationale and precise information regarding the process will need to be offered.

Interaction of Values

Finally, within the concept of values is *organizational justice* and *trust*, which includes addressing differing interests. *Organizational justice* is recognized as an action or decision that is understood to be morally right based on ethics, religion, fairness, equity, or law (Pekurinen et al., 2017). Kezar (2018) describes how organizational justice highlights the importance of respecting faculty perceptions of their organization's decisions and actions, influencing faculty attitudes and behaviours at work (Greenberg, 1990; Kezar, 2018). Kezar (2018) suggests that organizational justice concerns matter in the work environment. The approach can reduce issues of disengagement and resistance and positively foster attitudes like trust and supportive communication.

In this OIP, faculty will be exposed to new work, requiring collaborative decisions where unity may not be achieved, and perceptions of fairness will pervade. Understanding organizational justice speaks to how the change process unfolds and includes considerations around respect for ideas, social sensitivity, and decision-making (Colquitt, 2001). Although there are varying dimensions of organizational justice, procedural justice pertains to this OIP, as it addresses the process that is followed to determine collective decisions (Pan et al., 2018). Respecting that the work related to the OIP is only one aspect of faculty's institutional commitment, and if faculty perceive they are dismissed or unvalued, this may result in feelings of demotivation (Gilley et al., 2009). If faculty are faced with other instructional commitments or incur strong emotions when they are expected to work beyond regular operational hours without compensation, feelings of inequity and dissatisfaction can emerge (Pan et al., 2018).

Trust and respect for differing interests are based on valuing one another's relationships within the organizational setting (Kezar, 2018). When leaders demonstrate a caring approach and concern around general well-being, this creates a genuineness that instills the working

environment and becomes part of how work is approached (Kosonen & Ikonen, 2019). Trust

becomes even more of an issue, primarily when differing values present, heightening the leader's

ability to resolve conflict using an approach that is trustworthy and viewed as consistent. When

trust is evident, faculty may not feel as vulnerable about their ideas, fostering greater

collaboration (Hargreaves & Fullan, 2012). Using a practice of cultivating trust begins with

engaging employees in a manner that subscribes to authenticity and an attitude of honouring

with genuine personal regard for others on the team.

This section attempted to capture ethical considerations that present when engaging in

the defined change process. Appendix B offers a diagram to capture the ethical aspects of the

leadership approach. As the PoP focuses on the intent to create a shared vision, the process must

attempt to "bring balance to opposing forces that encourage commitment, trust, and creativity

while maintaining efficiency, discipline, and order" (Bowers, 2017, p.50). I contend the ethic of

care is relationally driven (Starratt, 1991) and places human connections at the centre of the

process where voices need to be heard (Shapiro & Gross, 2013). Cawsey et al. (2016) note that

we own the responsibilities when we lead change actions that ultimately impact individuals and

their experiences. Change leaders attend to more than change, requiring ethical insight around

the influence of our position of power and the pressures we can instill upon stakeholders.

Conclusion

Chapter two focused on examining the planning and development of an OIP to address

problem of practice related to technology visioning within the health sciences faculty. An

essential aspect is the Cawsey et al.'s (2016) Change Path Model and Kotter's (2012) eight-stage

process, which will be used as a framework to lead the change, the symbiotic interplay of the two

frameworks offered a structural road map to support and shape the process that suited my

leadership approach. McKinsey 7S Framework (Waterman et al., 1980) was used as the critical

analysis tool, as it provided contextual gap insight into the complexity of the problem of

practice. The next phase offered insight into four potential solutions, each reviewed from a

resource and benefit and consequence lens. Lastly, the chapter provided an analysis of leadership ethics and organizational change considerations. Chapter three will direct attention to a change implementation plan, including stakeholders' participation, resources, and monitoring and evaluation methods.

Chapter 3: Implementation, Evaluation, and Communication

The final chapter of this OIP offers strategies to be implemented in response to the identified problem of practice, which seeks to influence the interplay between leadership and digital transformation within an academic health science faculty, ultimately developing an FLC. This chapter will describe the change implementation plan's details, including the change monitoring process, evaluation details, and the communication plan. An explanation will define how the OIP will be executed using a hybrid change approach influenced by Cawsey et al.'s (2016) Change Path Model and Kotter's (2012) eight-stage model for leading change. The monitoring and evaluation plan will be articulated using Donnelly and Kirk's (2015) Plan, Do, Study (PDSA) model. Finally, the chapter will identify the next steps and offer a discussion around future considerations.

Goals, Priorities and Strategies of Planned Change

The intended goal of this OIP is an integrated approach towards technology adoption across health sciences, which offers an opportunity for an enhanced collaborative learning environment for faculty and ensures currency of learning experiences for learners. As discussed in chapter one, the pressures of evolving technology-infused learning environments place added pressures on higher education (Chang, 2019). Faculty are imposed with expectations to maintain subject matter currency and respond to the integration of digital technologies in a manner that balances a plethora of incongruent variables (Ward & Selvester, 2012). Further, the institution's new strategic plan specifies the importance of modernized business and learning processes where learning environments are designed around digital experiences.

Understanding the gaps related to technology vision will provide clarity to health science leaders on where intervention is required. The outcome will ensure an alignment of learning experiences to meet required institutional curricular expectations and externally mandated competencies that seek to prepare graduates for a smooth transition to the practice world. Smart et al.'s (2020) paper on contextualizing instructional technology suggests that successful

integration of technology in health care education can be essential to bridging the gap between theory and practice. In chapter two, the critical analysis using the McKinsey 7S model (Waterman et al., 1980) provides insight into the structure and lens to ensure organizational alignment using a gap analysis approach. The outcome of the analysis provides details into the readiness of the organization. The organizational gap analysis identified three key areas.

1. There is a lack of clarity and collegiality within the system structure resulting in compromised capacity and disunited innovation.

2. There is a need for a leadership approach to foster engagement and dialogue across the programs to facilitate better use of resources and develop competencies.

3. The lack of shared values offers the opportunity to examine and curate a shared vision for technology integration.

An emerging concern for learning is the global COVID-19 pandemic, precipitating the faculty's pressures to adopt a seamless technology integration approach. The intention is to foster a transition from individual approaches and champion a model of collaborative efforts. Ultimately this implementation plan will situate Westview well, offering responsivity and flexibility to the evolving higher education environment.

A vital aspect of the initiative will draw upon my personal leadership, built on transformational and adaptive leadership concepts that align with my values and provide the leverage required to maintain agency within the institution. The plan seeks to create a collegial framework for digital technology capitalizing on faculty engagement and expertise by envisioning a shared vision goal.

Strategies to address these gaps will rely on my leadership engagement, where approaches will foster stakeholders' opportunities to share expertise, skills, and strategy, ultimately developing a more collegial environment (Heifetz, 1994). I will work with faculty stakeholders using a synergistic structure to transition towards a shared vision where integration is based on actions and strategies that strengthen technology capacity. The intended

approach will capitalize on existing strengths using a build, test, and reflection model. The importance of developing reiterative experiences will provide an active, interconnected approach supporting professional growth opportunities. Chrislip (2002) suggests:

> Collaboration works because it engages stakeholders as peers using skillful means to facilitate dialogue, mutual learning, shared responsibility, and action. By providing a powerful, transforming experience, it allows stakeholders to engage and act together as fellow human beings to address mutual concerns. (p. 1)

Experiences should be respectful of the range of technical abilities within health sciences; aspects such as faculty readiness and sensemaking will be essential. This will lay the foundation to ensure that the FLC work will be meaningful and present as beneficial to the stakeholders.

Change Implementation Plan

Organizational change is a multidimensional experience and is seen as "an ongoing process of discovery, with thoughtful questions continually being asked throughout the change journey" (Mento et al., 2002, p. 46). Although there are several possible solutions to the PoP, this OIP seeks to develop a faculty learning community (FLC) that focuses on pedagogical growth and considers a shared vision for technology innovation across health sciences. As indicated in the chapter introduction, the change implementation plan will be executed using Cawsey et al.'s (2016) Change Path Model and Kotter's (2012) eight-stage process, two theory-based frameworks for leading change.

The plan adheres to a process with defined goals considering stakeholder requirements and acknowledges the inseparable partnership with the leader (Kotter, 2014). The frameworks offer powerful language and root the engagement in a collaborative mindset. This solution would significantly impact technology integration across health sciences, enhancing stakeholder engagement and facilitating information sharing. Faculty learning communities are defined as self-directed collectives, where prevailing concerns are shared, and efforts to gain expertise and unified responses are fostered (Wenger et al., 2002). The intention is to facilitate a transition

from individual approaches and champion a collaborative future-oriented model of pedagogy using well-aligned digital approaches to support the scholarship of teaching and learning.

Short, Medium and Long-Term Implementation Plan Goals

The implementation plan of this OIP includes short, medium, and long-term goals that align timelines and outcomes with Cawsey et al.'s (2016) Change Path Model and Kotter's (2012) process. Details are also provided around the strategies and tactics, actionable items, including monitoring and evaluation approaches. Readers can view a summary of the timeline and outcomes in Table 3. Appendix C provides the detail of the timeline highlighting the strategies and tactics used. The details of the table articulate the road map to achieve the goals of:

1. Creating a shared vision for technology integration in health sciences.

2. Fostering an environment for collaborative inquiry and shared understanding.

3. Supporting sustained and meaningful technology conversations and implementation practice in the classroom.

Table 3

Summary Timelines and Alignment with Change Framework

Timeline	Goals	Outcomes	Kotter Eight Stages
AWAKENING			
November 2021 - May 2022	Short Term Create a Shared Vision	Ensure buy in from senior leaders Create awareness Ensure a shared vision	• Establish a Sense of Urgency • Create the Guiding Coalition • Develop a Vision and Strategy
MOBILIZING AND ACCELERATING			
May 2022 – May 2023	Medium Term Implement FLC Foster an environment for collaborative inquiry and shared understanding	Ensure collaborative understanding Focus on idea, resource sharing & reflection/constructive dialogue Engage and celebrate Showcase knowledge acquired	• Communicate the Change Vision • Empower for Broad-Based Action • Generate Short-Term Wins
INSTITUTIONALIZING			
June 2023 on	Long Term Support sustained and meaningful technology conversations and implementation in the classroom	Formalization of an enhanced and collegial approach to technology adoption.	• Consolidate Gains and Produce More Change • Anchor New Approaches in the Culture

Note. Adapted from Cawsey et al.'s (2016) Change Path Model and Kotter's (2012) Eight-Stage process

Due to constraints related to the COVID-19 pandemic, such as workload and lack of meaningful meeting time, the implementation time will launch in November 2021. Faculty typically use the summer months (June-August) for professional development and vacation, returning in August for faculty obligations.

The implementation plan defines the path for the first 18 months and includes several key events and ongoing engagement sessions to achieve these goals. The short-term goals are centred around *awakening* the audience and leveraging momentum, including ensuring buy-in, creating awareness, and curating a shared vision (Cawsey et al., 2016). The leader's agency needs to be transparent, providing a direction for the initiative yet offering faculty latitude to define their involvement. Essential activities of this phase situate the initiative within the organization's strategic plan, emphasizing intentions for improved outcomes and the relevance of stakeholder participation. The plan has several vital aspects, including a communication strategy targeted to all health science faculty and a stakeholder retreat. In addition, as the stakeholders may not have engaged with one another before, time will need to be dedicated to community-building activities. Due to the diversity of stakeholder knowledge and capacity with technology, the first eight months will be focused on the importance of sensemaking, building trust and defining FLC goals. By the end of May 2022, it is anticipated that a shared vision and understanding of the opportunity will be evident.

As provided in Table 3, the implementation plan's medium goals will focus on action-oriented sessions closely aligned to *mobilizing* and *accelerating* participation where faculty will identify targeted technology integration areas relevant and informative to their practice (Cawsey et al., 2016). Having access to evidence will inform the process; this is where surveys will capture data, supporting how the current technology integration approach aligns with needs or suggests a divergence in faculty practice.

Across Westview, institutional-wide anonymous surveys are commonly used to capture insight into specified areas of concern. This health sciences survey will focus on understanding

the current technology milieu, including faculty satisfaction, access to resources, and user interest in developing technology growth areas. Rogers (2016) suggests a diagnostic approach to understanding impressions of digital transformation is a strategic approach to focus leadership attention on organizational needs. Such an investigative approach is beneficial as the data offered will inform decision-making and strategic planning (Charlton et al., 2019). In addition, understanding the varied views of the stakeholder group opens the door to building consensus and articulating priorities for the visioning process.

Formal technology education sessions will provide faculty with *superuser* knowledge, increasing their capacity and comfort levels. In addition, faculty will be engaged within smaller teams exploring and testing the application of the newly acquired information. The intent of this phase is to provide an environment for regular, meaningful interactions and a propensity for sharing and critiquing scholarly learning (Caine & Caine, 2010). During this phase, stakeholders will engage in self-discovery experiences, gaining confidence and capacity with integrating digital learning approaches in the classroom. Finally, at the end of May 2023, I would anticipate a collective sense of culture will begin to emerge where faculty will share their successes, highlighting their professional growth.

The long-term aspect of the implementation plan focuses on institutionalizing a culture of innovation where technology is not limited as a tool for course delivery but rather seen as means for building capacity and incorporating emerging practices into the classroom. This solidifying mindset offers ways to adopt future technology practices supported through a collaborative network of faculty. Given the importance of leveraging expertise, coupled with the need to demonstrate good use of institutional resources, a valuable activity will include presenting scholarly work and developing linkages with external groups (Paulus et al., 2020). Such actions create a favourable profile for Westview and promote partnership opportunities. An essential aspect of this phase is showcasing learned outcomes across the community. This

will include devising repositories of documents or digital objects, ensuring accessibility and future evolution.

Implementation Engagement

Facilitating change requires leaders who can define the change process in a manner that demonstrates clarity, ultimately providing a roadmap for the intended direction. Change can evoke emotive responses where feelings of negativity, ambivalence or engagement can present (Cawsey et al., 2016). One of the first steps is to develop a feedback mechanism that allows for responsive input where collegial incongruencies and evolving misalignments are identified.

Kezar (2018) suggests by regularly engaging and offering participative roles, stakeholders will have an opportunity to understand the rationale and may ultimately respond better to change. Participants should be involved in a cross-functional dialogue, which respects varying perspectives, expertise and supports the change experience. In this OIP, as faculty will ultimately be owning the change, their contributions will have a significant role in the change process's outcome.

An aspect of this would be adopting a stakeholder analysis, where stakeholder input and opinions are captured using multiple parameters and are offered at critical points throughout the project (Pollack & Algeo, 2016). An example would be providing a process about when and how information can be disseminated, especially if stakeholders wish to raise concerns about the project's crucial aspects. Cawsey et al. (2016) suggest that leaders take the time to investigate misunderstandings or resistance as needed objectively. Stakeholders play a pivotal role in the outcome of a change initiative; as a change leader, I need to be closely situated with faculty to understand their concerns and respond to issues that may impact change's momentum.

Understanding the Role and Reaction of Stakeholders

Nadler (1976) suggests organizational members participating should understand what is expected of them and be offered several feedback mechanisms. The use of a stakeholder map provides the ability to consider each stakeholder's role to determine if the individual is a force of

resistance or provides a propensity for change (Cawsey et al., 2016). Leaders need to be informed of the role and the stakeholder's understanding of their commitment to developing congruent outcomes. Floyd and Wooldridge (1992) highlight the need for strategic consensus, which puts forward the relevance of accurately capturing the scope of stakeholder agreement. An important aspect is appreciating there will be a range in accord, however rather than manage the diversity; I will need to find ways to discuss differences to achieve inclusive solutions.

There is also a consideration to balance the change and project management process, where change management focuses on ensuring the team members' participation, whereas project management supports administrative tasks (Pollack & Algeo, 2016). Each stakeholder will uniquely engage in the process, creating a balance between defined tasks and respecting personal growth. In this OIP, an essential element of enhancing capacity building involves faculty taking accountability for their knowledge development. The power of capacity building suggests that individuals take the responsibility to strengthen their abilities by learning new skills to enhance effective practice (Harris, 2011). One way to foster capacity building is to situate professionals where collective responsibility offers the opportunity to improve practice with mutual collaboration (Fullan, 2010). Having stakeholder involvement in the learning community's design leads to a plan that speaks to people's needs rather than meeting institutional outcomes. Ultimately, I will be working amongst the people not as an outsider but from within the team. This approach provides an opportunity to be aware of stakeholders' concerns as they arise and provides the ability to respond to misconceptions in an integrated manner.

Personnel to Engage and Empower Others for Individual and Cultural Change

My capacity to facilitate change will be enhanced by engaging and empowering others to see an FLC's potential in teaching and learning in health sciences. Developing an FLC is an organizational improvement initiative that involves a change in attitude and approach; ultimately, the change requires a shift in previous engagement norms. Higgs and Rowland

(2005) suggest the importance of ensuring that stakeholders are personally motivated to secure their answers. It will be essential to cultivate a sense of empowerment, facilitating the stakeholders to become invested participants, where they feel their work is of value.

Firstly, as this implementation plan is about collaborative professional learning, knowledge building and decision making across a defined group, it will be essential to ensure that participation is captured by a diverse group of individuals. The membership should represent those with varying ability levels and values around digital pedagogy. A guiding coalition, step two of Kotter's stages, begins with ensuring for a broad representation on the FLC membership. Kotter (2014) suggests that a guiding coalition is an approach to foster change. The organization's stakeholders serve a beneficial role in resynthesizing existing approaches, where multiple viewpoints can challenge and enable progressive ways of working collaboratively.

The second aspect is to ensure that sponsorship, ongoing support, and attention are offered to the coalition. One way to ensure that the second aspect is not minimized is to formalize the intentions of the FLC across the faculty of health sciences. All committee members should be acknowledged as participants and seen as having equal standing and responsibility to contribute within their abilities. Additionally, I will continue to promote the work and showcase the outcomes across the College and with external partners. This work will take place by sharing networking events, posts on the internal website and newsletter releases.

Elements of trust and a commitment to work collaboratively with others will inform the change initiative, whereby everyone will contribute an integral part to the change initiative. This is a purposeful activity that requires intentional work. Bryk and Schneider (2003) advocate that deliberate actions must be demonstrated by the leader to "reduce this sense of vulnerability in others and to make them feel safe and secure and build trust across the community" (p.41).

Ultimately FLC's activities will need to be valuable to the programs; hence, their outputs must be shared and accessible to the college community. My engagement in the process requires

role modelling respectful discourses and listening genuinely to each stakeholder and taking these views into account in subsequent actions (Bryk & Schneider, 2003). There will be times when there is disagreement, and regardless, individuals should still feel valued and respected. It will be essential to realize that the faculty council's membership may have contrary responses to ideas shared. As part of the Change Path Model, it is necessary to "manage change recipients and various stakeholders as they react to and move the change forward" (Cawsey et al., 2016, p. 218). One way to do this is to positively keep as many people engaged and empowered to manage change recipients and stakeholder responses. Such an approach creates an understanding where those engaged are valued and are authentically acknowledged for their contributions.

Support and Resources

A successful FLC requires access to targeted supports, expertise and resources that need to be incorporated in the planning (Sheffield et al., 2018). Within our institution, successful initiatives are rarely achieved and maintained in isolation; a core requirement of gaining support would be to consider broader implications, such as time and human factors. Further, Paulus et al. (2020) suggest that for an FLC to be successful, a model of educational development is required to support sustained collaborations and reflection rather than time-limited learning interactions. This approach presents a shift away from traditional professional development models where skill and content-based experiences are indicators of currency achievement. This section will define the necessary supports and resources needed for this change implementation plan.

Time and Space

Time is a vital resource for a successful FLC. Hord (2009) demonstrates that a lack of time for shared reflection, professional development and collaborative work can be a significant obstacle. Faculty may find it difficult to add another commitment, and when they feel that they

have competing responsibilities to address, another commitment might be viewed as a burden. I will need to negotiate ensuring time is built into existing faculty accountable time parameters.

Christie (2016) advises that for an FLC to develop momentum, team members should commit to regular meetings; the literature offers a range of recommendations that vary from bi-weekly to bi-monthly. Based on faculty constraints, I will initially plan for bi-monthly meetings, starting with a launch at the beginning of faculty professional development time, typically hosted in May. Also, the team will connect and update each other regularly using virtual technology tools. The professional development time offers individuals the time for an introductory workshop and assistance in understanding implications for practice, including the commitment to the process (Caine & Caine, 2010). Initial meeting sessions will be 90-120 minutes long. Offering scheduling flexibility and different modalities to attend will be an operational consideration.

Commitment of Participants

The FLC will be an open invitation for faculty, however, limited by program numbers. It must be offered as an experience where there is an option of engaging and is seen as an opportunity to contribute to professional growth. No one should be participating out of requirement as this would sabotage the experience and thwart collaborative development (Caine & Caine, 2010). As with all college accountable time activities, such expectations will be offered to faculty with no documented workload change and without monetary remuneration. Group size will be open to 12-15 people as this will allow for a range of participants from different health science programs. Because the OIP focuses on building a shared vision by initiating situated professional development and collaboration, the willingness needs to be kindled by the stakeholders. As the FLC leader, I envision facilitating, supporting the dialogue, and building the collective purpose, providing faculty with an opportunity to become involved with activities that will inform their professional growth.

As identified in chapter two this solution, requires time and emotional adherence. For the individuals who commit to the FLC, there will be the expectation to attend regular meetings and prepare materials to be shared with the membership. There will be the hosting of events within Westview which requires a time commitment. This work will be professional, accountable time as the outcomes enhance classroom outcomes and positively impact program profile. Having the faculty council's support is essential as the activities will be validated as contributing to scholarly work related to teaching and learning.

Technology

This implementation plan is not defined by a series of learning outcomes, bounded by the acquisition or use of a specific technology, but rather around a shared vision of best practice in using our current assets. Sheffield et al. (2018) suggest that technology integration should be informed by clearly defined and desired learning outcomes that enhance the instructional experience. As we currently have a range of technology resources, the focus will be to leverage those existing tools and ensure that learners develop problem-solving skills using technologies that increase their ability to adapt to the professional world.

Technical queries may emerge, and further liaison, including conversations and research, may require the expertise of technology services. Ensuring that partnerships are well established with influential and knowledgeable institutional allies leverages the capacity and offers credibility to OIP. The relationship with the technology services is positive and consolidating requests for technical expertise decreases unplanned demands on their team, allowing projects to be appropriately planned for and staffed.

Finances

My current role is to support technology within health sciences and across Westview. There will be no funding, as I dedicate my efforts towards the development of an FLC. As the FLC develops capacity, consideration for other resources may emerge; however, they will need to be vetted through the institution's existing acquisition processes.

Potential Implementation Limitations and Challenges

As with any change implementation, limitations may arise as unforeseen issues emerge. There are several anticipated concerns. Firstly, leading a change requires a commitment of time and engagement from colleagues, which may present as a dedication challenge, especially if competing interests are also seen as a priority. Cox (2001) asserts that a core aspect of an FLC is the collective responsibility and will require a dedicated effort to belong to a community of inquiry. Westview has dedicated meeting blocks where there are no teaching responsibilities scheduled during these times. The reality of conflicting priorities interfering with FLC meeting times will be a conversation that will require negotiation and planning.

Secondly, having defined terms of reference will be essential. The FLC will be open across all programs, and the intent cannot become a sounding space for general technology concerns. Christie (2016) asserts that without clarity on intention, a challenge may emerge if existing operational matters have no venue, individuals may attempt to redirect conversations towards addressing other pressing technology issues.

Finally, Stock-Kupperman (2015) suggests that providing clarity and developing a clear path for a shared vision will be essential in the FLC's early development. An FLC needs to offer value as it moves to the actionable stage and cannot be a make-work project. For some individuals, the experience of working with others within an FLC may present as an uncomfortable experience. The FLC intends to commit to cohort meetings and come together as a working group. There may be a need for accountability partnerships where participants check in and communicate progress on shared projects. As a leader, it will be essential to foster an environment of safety. Understanding that personal values, beliefs, and ideas may be challenged, and for some individuals, this process may be emotionally challenging. The following section will articulate the attention required to manage the change implementation plan, including the goals, priorities and strategies of planned change, the implementation engagement process, stakeholders and change leader's role, the required supports and

resources, and finally, potential implementation limitations. The change plan will articulate the strategy using a PDSA cycle that outlines and supports the monitoring and evaluation plan.

Change Process Monitoring and Evaluation

The change process and monitoring plan will be implemented using the Plan, Do, Study (PDSA) process. Deming (2000) proposes that the PDSA cycle is a systematic approach offering a process for continual improvement. The PDSA cycle is a simple yet powerful process to monitor and evaluate change sequentially and aligns well with organizational learning (Donnelly & Kirk, 2015). Using the approach offers the leader a method to address continual improvement while concurrently being aware of potential challenges (Taylor et al., 2014).

The PDSA process aligns well with adaptive leadership, which embraces experimentation, innovation and, most importantly, change (Heifetz, 1994). However, I see myself not attempting to respond to every detail, but instead sensing signals and curating meaning from the PDSA activities. Opposingly, transformational leadership emphasizes the importance of collaborative activities based on trust and empowerment (Bass, 1990). One of the challenges as a change agent will be balancing successes and failures, especially in the planning phase of the PDSA when success criteria are not clearly defined. Ultimately, the PDSA cycle will assist me in recognizing the importance of equilibrium between operational and relational successes.

PDSA Change Cycle

For this OIP, the PDSA cycle will be preceded by the FOCUS approach, which is comparable to an action plan. The FOCUS approach identifies and provides a succinct overview of the implementation change plan (Quality Improvement for Institutions, 2013). The author has adapted the FOCUS cycle and added two additional elements: enlisting barriers and starting the plan. The FOCUSES approach is beneficial as it provides stakeholders with insight on previously addressed details related to the OIP. The FOCUSES process consists of the following steps and captures the research initially discussed in the planning of this OIP (a) *find* a process

to improve, (b) *organize* a team, (c) *clarify* current knowledge, (d) *understand* sources of causes/gaps, (e) *select* the intervention, (f) *enlist* barriers/support, and (d) *start* plan.

The PDSA cycle has four defined phases and is intended to be delivered throughout iterative cycles, resulting in an opportunity to learn and adapt from the action plan leading to a new state improvement (Taylor et al., 2014). This lends itself to an inquiry learning approach where active engagement, critical thinking and reflection are core elements to build continuous improvement (Sheffield et al., 2018). In applying the PDSA cycle, three guiding evaluative considerations inform the iterative process: (a) what are we trying to accomplish with the FLC, (b) how will we know that a change is an improvement, and (c) what changes can we make that will result in an improvement (Moen & Norman, 2010).

Stakeholders play an essential role as they inform the process and ultimately demonstrate themselves as champions with a new sense of capacity. According to Taylor et al. (2014), the PDSA process consists of the following four defined stages:

1. *Plan* or design for the proposed change based on data and a common understanding of the problem.
2. *Do* or launch change based on a small scale and document progress.
3. *Study* or check if the desired effect has been achieved using the measurements prescribed.
4. *Act* to solidify the new learning or status quo or return to the planning stage.

Each stage is enhanced by team interactions and individual contributions that will support the FLC capacity's continual improvement. A vital aspect of the organizational learning process is that small-scale changes will result in more effective changes (Schein, 2008; van Breda-Verduijn & Heijboer, 2016). The process must acknowledge that each stakeholder will present with unique feelings around the experience. As a leader within the process, I will also need to gauge the stakeholders' emotional responses as they transition through the process. Geurts et al. (2000) purport, "If people have been able to practice and experience new desired

behaviour in a safe and protected environment, this will help to provide answers to the concerns of the [stakeholders]… and can reduce resistance to the change" (p.49).

In order to address the three evaluative questions posed, the PDSA cycle will be informed by benchmark data that has been aligned and agreed upon by the stakeholders as indicators of success. Developing this approach is invaluable, as an agreement of successful outcomes may differ for each stakeholder. Additionally, the activity shifts towards pedagogical reflection, allowing faculty to consider deeply held instructional values (Sheffield et al., 2018). Procuring consensus can be curated from engaging in exploratory activities that provide insight into the recommendations of each stakeholder. Such an approach will diffuse points of contention when defining success and ensure the progression of the PDSA cycle. Consensus-driven indicators of success can be realized by using multiple tools to monitor the change response, including surveys, observations or interviews to measure progress. In addition, having defined benchmark points offers the leader the ability to respond and make minor adjustments to the iterative PDSA process (Provost & Bennett, 2015). Figure 2 highlights the iterative process of the PDSA cycle using a FOCUSES approach.

Figure 2

Summary of FOCUSES and PDSA cycle
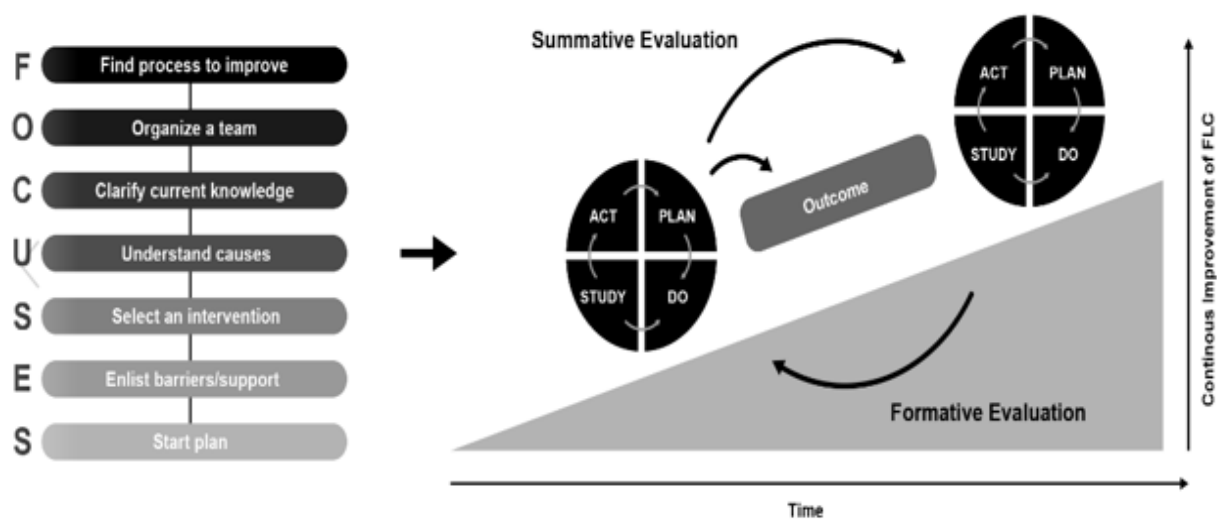
Note. Adapted from Quality Improvement Institutions (2013) & Park (2018)

Plan

The first stage, *plan*, in the implementation process, involves addressing the outcome of

the FOCUSES approach, which has offered insights into the determined problem to address.

Within the *plan* stage, the task will be to define the action steps and relevant strategies including

aligned measurement tools (Taylor et al., 2014). This stage aligns with Cawsey et al.'s (2016)

awakening stage and the first three steps of Kotter's (2012) eight-stage steps, *establishing a*

sense of urgency, creating a guiding coalition, and *developing a change vision and*

strategy. To achieve the *plan* aspect of this stage, the following considerations will be adopted:

generate collective understanding of the intentions of the PoP, define what is considered of

value to the group, clarify core value and articulate current and future state. Before the first

meeting session, I will design and launch a survey to capture the current usage and capacity of

health sciences technology resources in circulation. During the first faculty session, I will share

the recently conducted technology survey outcomes with stakeholders, which will provide

insight into the collective landscape. Drawing upon an adaptive leadership approach, I will offer

faculty time to process, diagnose and reflect on their personal and program priorities (Heifetz,

1994). One of the initial activities will encourage faculty to determine the FLC priorities over the

next year. Stakeholders need to feel ownership of the process, hence opportunities for open

discussions and feedback will be facilitated.

Do

The second step, *do,* will align with Cawsey et al.'s (2014) *mobilization* stage and Kotter's

(2012) steps to *developing a change vision and strategy, communicating the change vision,*

and *empowering for broad-based action*. This will involve ensuring that the intended outcomes

have been vetted with faculty and demonstrate alignment with curriculum standards across

programs. Creating a change vision flows across into the *do* phase as faculty will revisit the

change vision and solidify future intentions. Taking the time to develop clarity offers faculty

voices to be revisited as personal visions and ideology often transform as individuals become

more emersed in the activity. To create greater cohesion, faculty will be situated within teams representing a broad range of individuals across several programs. Such activity offers diverse groups support to curate new perspectives and foster integrating a range of solutions. As a change agent, it will be essential to create space for individual creativity yet offer recommendations around setting best practice standards. Continual feedback will be informative; faculty teams will be encouraged to provide a brief update at each session's start.

Study

The *study* phase will provide an opportunity to reflect on the question, *how will we know that a change is an improvement?* This phase captures the importance of *generating short wins* (Kotter, 2012). *Generating short wins* can be an opportunity for faculty to highlight new insights from their engagement within the FLC or experiences of implementing technology into their courses. Caine and Caine (2010) suggest the use of structured learning circles can offer safe environments where experiences can be shared. The benefit is such a process aligns with a reflective study approach where participants commit to an active dialogue within a collaborative, where the norm of sharing practices can create a sense of community (Christie, 2016). Within these smaller check-in sessions, faculty can refine the process to redesign future experiences. Such a monitoring process would help identify a range of accomplishments and celebrate successes to promote the implementation plan (Kotter, 2012). As a leader within the process, my guidance will not determine the negative or positive aspects but rather what was learned and how we can move forward.

Act

The final stage of the PDSA cycle is *act*, which supports Kotter's (2012) *consolidating gains and producing more change* and *anchoring new approaches in the culture* across health sciences to ensure a consistent approach to technology integration is part of the culture. A key aspect of the *act* stage will be to create a normative approach to technology adoption and ensure that technological aptitude has resulted in a consistent approach. The processes and collective

activity should build a collaborative culture. The *act* stage requires paying attention to and developing strategies to create meaning and legacy formation (Taylor et al., 2014). The FLC will be an iterative endeavour; whereas new challenges develop, a shared vision of capacity can build on foundational knowledge skills and abilities. One of the essential activities at the close of the change implementation cycle will be a summative evaluation that will capture a high-level oversight into the FLC's activities and future considerations.

The PDSA cycle offers an iterative change path that reinforces a nonlinear path to continual improvement and learning (Taylor et al., 2014). While each stage contributes to the FLC's developmental capacity, it is the last three stages that are closely linked to monitoring and evaluation. Of importance will be the continual interactions and ongoing feedback from faculty that fosters progress towards creating a shared vision. Appendix E highlights the iterative process of the PDSA cycle using Kotter's (2012) eight-stage approach.

Approaches to Monitor and Evaluate

The relevance of measurement and control at strategic times is essential as such systems define the expected outcomes and articulate accountability, providing change leaders with insight and valuable information regarding the change implementation plan (Cawsey et al., 2016). Monitoring and evaluation are interconnected as they inform the process differently and provide the leader with timely data regarding the plan's success. It should be noted that monitoring engages all stakeholders and focuses on collecting data and tracking goal accomplishments using a perpetual cycle (Markiewicz & Patrick, 2016). In short, monitoring is seen as a continual process of capturing data on the progress of the FLC activities. The importance of monitoring is related to feedback of the change progress through defined activities and outputs; such examples might include observations, conversations, or report updates.

In contrast, evaluation reviews the overall performance and provides the leader with relevant information on a project's status using a summative lens (Markiewicz & Patrick, 2016).

The benefits of this approach will inform the more strategic elements of the plan, such as accomplishments of objectives or overall integration into the department program. Both methods should be considered in implementing the change plan, informing the leader with on-the-go adjustments and more dynamic changes.

The importance of monitoring and evaluating this OIP involves creating and installing metrics to assess success and offer midcourse corrections. Mento et al. (2002) suggest the change process be evaluated throughout the implementation plan. Such an approach ensures a responsive and results-based approach that emphasizes effectiveness and efficiency (Naslund & Norrman, 2019). As the OIP may involve faculty who transition in and out of the process, it will be essential to have assessment tools that accurately visualize how the FLC initiatives are progressing and where further realignment is required. Eventually, a new, improved state will emerge, requiring a formal integration process. Creating a well-defined visual plan across all health sciences individuals will be essential as this offers clarity and transparency on the intended process. Appendix D provides a detailed overview of the deliverables.

Understanding monitoring and strategic evaluation approaches require the recognition of the complexity of the organizational process. Neumann et al. (2018) suggest that to close the gap, the design model requires considering *what* should be monitored and by *whom* and *how*. Using a three-pronged approach is seen as beneficial within my OIP as, ultimately, the impact will involve various aspects of growth. Further, Russ-Eft & Preskill (2009) suggest that well-designed evaluation models benefit from capturing the intended project's effectiveness, missed opportunities and enhanced understanding of the participants. This approach offers the potential to the intended OIP as the development of an FLC will provide an additional organizational value that may not be defined at this point. Capturing the evaluative nuances of the change implementation process and the more practical aspects such as task execution and stakeholder adaption allows the leader to be well positioned when unexpected outcomes present.

Indicators of Success

Success will depend on what is captured as impactful evidence regarding the desired direction's outcomes (Cawsey et al., 2016). Such data can be complicated and challenging to assign meaning to, especially if stakeholders have varying degrees of interpretation of what appears to be a successful change. Indications of success can become more convoluted if stakeholders view their work as more self-directed rather than interdependent and mutually supportive towards the cumulative success. As one of our initial bonding activities, the team will develop success indicators to help build clarity. The following success indicators serve as a starting point for the conversation: (a) the FLC will be grounded in a collectively defined shared vision, (b) the FLC will build capacity for further digital innovation and foster the development of relevant learning experiences, (c) the FLC will support idea and resource sharing, including reflection and constructive dialogue, and (d) the FLC will support faculty communication and collaboration across health sciences.

As a facilitator in the process, I will play a key role in monitoring expected outcomes and providing guidance to ensure that agreed-upon results are achieved. Sharing of planned successes can be a powerful motivator as accomplishing small steps can motivate and infuse a team to realize the power within a collaborative approach. To create clarity with the process, I will rely on monitoring tools to capture the change framework details and provide myself and stakeholders with inferences regarding the unfolding progress.

As this OIP will develop over 18 months, both formative and summative data inform the change implementation progress. Formative evaluation data is more diagnostic and represents the lived experience, ultimately providing continuous feedback regarding the development phase plan (Neumann et al., 2018). Summative evaluation will be used as a terminal evaluation, representing a retrospective look at the change initiative. It may provide insight into the FLC's development and have implications for the FLC's future growth (Russ-Eft & Preskill, 2009). These evaluation approaches deliver helpful information to support the task execution and,

importantly, reaffirm the change plan's implementation (Blaikie, 2009). Ultimately evaluation at strategic times offers the leader practical knowledge for action and ensures if the change is going as planned or requires adaption. The following table captures five strategies used to assess the progress of the success indicators.

Table 4

Collecting Summative and Formative Evaluation

Strategy	Success Indicators (consensus driven)	Responsible person	Assessment type
Observations Anecdotal observations of the stakeholders in the FLCs	• Stakeholders are networking with one another • Stakeholders attend meetings, interacting regularly and intentionally	Change leader	Formative
Focus Groups Small homogonous stakeholder groups who share qualitative data of experiences	• Stakeholders share the positive aspects of working with one another • Stakeholders make connections from the FLC to teaching and learning • Stakeholders share their learning experiences openly	Change leader Stakeholders	Formative and Summative
Surveys Anonymous data that captures personal experiences	• Stakeholders transition digital learning into the classroom • Stakeholders indicate they feel safe and supported within trusted environment • Stakeholders share evidence of collaborative initiatives	Change leader develops surveys and reviews data Stakeholders	Formative and Summative
Self-Disclosure Stakeholders share what they have learned and application to their context	• Stakeholders take part in open sharing of success and challenges	Stakeholders	Formative
Activities or Outputs Content or learning objects created by stakeholders	• Stakeholders produce experiences that are usable in the classroom • i.e., virtual portfolio, sample learning plans, presentations	Stakeholders	Formative and Summative

Plan to Communicate the Need for Change and the Change Process

The following section addresses the importance of communication in the change implementation plan. "Human interaction and communication processes lie at the core of

strategic communication" (Heide et al., 2018, p. 465). Communication is pivotal to the change plan's success, generating leverage and creating a sense of engagement. Whelan-Berry and Somerville (2010) define change-related communication as "regular two-way communication specifically about the change initiative, its implementation, related successes, challenges and their resolution" (p.181). Building awareness across a large, diverse audience is an integral aspect of the plan's success; understandably, opposing views and ideas may not align with the intended plan.

Further, the concept of connectivism as a theoretical underpinning suggests new knowledge is acquired through interactions across groups of individuals (Siemens, 2005). The intention is not to focus on a single correct approach but view the decision-making experience as a beneficial learning process (Picciano, 2017). This implies that when we create a new understanding, individuals become actively involved in the process resulting in social growth and commitment. A lens of connectivism can impact the experience for individuals, ultimately modifying beliefs and offering an acceptance for greater fluidity when responding to change (Downes, 2010). This is supported by Christensen & Cornelissen (2011), who provide a critical approach to the value of communication. They suggest communication is a vital force of organizing in the construction of unity as it defines the change and creates a new unified understanding.

Due to the size of the health sciences faculty and the risk of information being misconstrued or lost, careful communication planning will be essential. Communication across all stakeholders is an integral part of organizational change planning and can critically impact success. Further, compromised communication is often a leading indicator for change initiative failure, especially in complex environments (Klein, 1996). There will be a need to communicate information but also provide an opportunity for sharing and listening. As a change leader, I play a pivotal role in engaging across faculty groups to ensure messages support the strategy. Klein (1996) asserts that the general audience may not be aware of the change plan, and the ambiguity

may result in distrust and heightened anxiety. Well-accepted change plans require communication styles that reach those interested and faculty who are not participating but may be impacted in the future. To this end, my communication approaches will support my implementation and monitoring plan, focussing on addressing sensemaking, fostering trust and capacity building.

Sensemaking

Kezar (2018) asserts that sensemaking is a mutual process where individuals assign meaning to newly acquired information and react accordingly based on their understanding. Within the cognitive experience of sensemaking, faculty will make personal connections to their practice and appreciate joint enthusiasm as the work becomes more visible and relevant. Communication plays a significant role in sensemaking as it aids in deciphering currently held beliefs and allows for the interpretation of new ideas. Weick et al. (2005) suggest that sensemaking is influenced by the social environment where conversations ensue, and questions will emerge, *what are we being asked to look at*? and *how will this impact me?* In the second question, faculty will translate the change plan to make meaningful connections to their work.

 Communication is the core of sensemaking where, "we see communication as an ongoing process of making sense of the circumstances in which people collectively find ourselves and of the events that affect them" (Weick et al., 2005 p.413). This is where faculty can talk about the impact of the change plan related to their contributions. An important aspect will be to ensure that the communication message allows for flexibility where individuals appreciate the organizational change is connected to their personal work. Ultimately this process leads to a growth in understanding and an acceptance of the new organizational reality.

This approach to communication will involve my role as a change leader. Activities such as meeting with diverse groups of individuals or hosting informational sessions to share the impact of the FLC will promote collective understanding and build anticipation of the future

state. Relating to my leadership approach, I endeavour to provide communication balancing the operational details with the vision that faculty input will inform the process.

Fostering Trust

Fostering trust is the next communication approach that will be used in this implementation plan. Building trust builds loyalty, increases credibility, and supports collective understanding (Christensen & Cornelisson, 2011). Heifetz (1994) advocates that the adaptive leader's role must demonstrate honest strategies, support vulnerable conversations about practice, question the existing paradigm, and attempt to bridge the divide between past beliefs and emerging practice. There will be a trust relationship between my role and amongst FLC members. A leader's ability to develop trust within a group will directly relate to the leader's engagement relationship with the audience. Inherent in being trustworthy suggests being dependable, honest and involves a willingness to be exposed (Norman et al., 2010). There will be a need to exchange information and work together; hence the importance of congruency in role modelling while sharing information, accepting others' opinions, and divulging personal values will be of significance.

Norman et al. (2010) assert open communication and transparency are essential elements of effective organizations, where more open communication results in a higher level of honesty and effective listening. Communication that is receptive and responsive revolves around individual connections. Leaders need to deliver information and ensure that the intent is not couched in an unclear or non-transparent agenda. There will be situations where there is doubt, and within my leadership role, I will need to find ways to be heard and listen to concerns. Such actions are essential to building credibility and circumvent breaches that may result in suspicion and disengagement (Christensen & Cornelisson, 2011).

Communication approaches to fostering trust can promote a culture where conversations are respectful, honest, and safe. It will be essential to develop behaviour norms and expectations on how feedback will be delivered during collective dialogue. When engaged with the FLC,

effective communication approaches instilled with trust can be achieved by ensuring the message reflects best intentions and is instilled in a two-way conversation where there is a need to deliver and listen.

Building Capacity

The third dimension of the communication approach will focus on building capacity within the FLC. Building capacity speaks to actions embedded in accomplishing collective work with an intention and a purpose-driven direction (Day et al., 2004). Change initiatives can appear sensible in the planning stages as they appear compelling and offer ground-breaking opportunities. However, as Harris (2011) suggested, the implementation phase can go astray without a purposeful direction, ultimately getting lost in the rhetoric. What is required is a sense of continual improvement, which connects to the value of a learning organization (Harris, 2011). Senge's (1990) image of the learning organization speaks to elements of profound cultural change, motivation, and competencies.

Building capacity embraces a communication approach espousing language instilled in the importance of knowledge building and the generation of practice aligning with currency. Stakeholders will need to understand their connection to the FLC and the impact on their instructional approaches. The FLC's intent will not be viewed *as something new* but rather a continuation of their role as educators and will offer a mechanism to foster institutional learning. Communication can be situated with language around a purpose to develop a collective response to evolving digital pedagogy and the propensity to build infrastructure for ongoing professional scholarship. I suggest hosting dedicated times for faculty to share their experiences, where the conversation is couched in a fluid participative model.

Communication Strategies

The plan to communicate change will align with Cawsey et al.'s (2016) framework for leading change. Cawsey et al. (2016) indicate that "the change process won't energize people until they begin to understand the need for change" (p. 97). As a leader, I would extend this

approach and see the importance of distributing information as it becomes available, meaning that communication should not be punctuated by specific events but rather become a fluid aspect of engaging with the stakeholders. This means the intent to build awareness will be integrated across all phases of the frameworks for leading change. Cawsey et al. (2016) outline that a communication plan has four phases, each of those will be explored.

Pre-change Approval

In this phase, the change leader will be communicating with the dean's office and the faculty council that holds representation across the health sciences. Cawsey et al. (2016) specify that communication within the administrative team is essential to the prechange phase because "change agents need to convince top management and others that the change is needed" (p. 263). Further, the plan will have credibility if it has been through appropriate process channels.

As a faculty council member, my role is to support technology integration across health science; however, I will still need to provide a rationale and ensure authentic buy-in. Senior leaders to understand the change initiative, including the benefits, deliverables, impacts, and their role in the change process. They may also be privy to details that may present as an obstacle to the success of the plan.

Gaining Momentum for the Need for Change

This phase is an essential aspect of the plan as it represents the first front-facing communication to the general faculty and departmental teams. The communication messaging will need to be situated in language and esteem that creates "urgency and enthusiasm for the initiative" (Cawsey et al., 2016, p.263). Faculty will need to understand how an initiative will impact them and if the efforts are worthy of their time. Further, faculty may misconstrue the intentions of the FLC, seeing it as an attempt to affect them with added workload or expectations adversely. Klein (1996) expresses that the plan's credibility will be influenced by appropriate line authority, where the worthiness will be aligned with status related to the source of the message.

As a change leader, I will need to ensure that the plan's impact is supported by not only leaders but also those responsible who oversee curricular matters. A vital aspect of the communication approach will involve sensemaking, where the initiative should tie into the existing relevant work that faculty already do. Kezar (2018) supports this approach and suggests that sensemaking is an essential perspective in the communication plan as it acknowledges that individuals are not static and there will be multiple realities. Ways to accomplish this include using various communication channels such as face to face, emails, websites, and print material. Timing is also crucial as faculty have many competing activities to attend to during the academic year. Considerations will include ensuring communication is redundant and delivered in a time-sensitive manner.

Mid Phase and Milestone Communication

This part of the communication phase will be informed by aspects of monitoring as defined in the PDSA process. This will be the time to communicate clearly, timely and candidly about the change plan and ensure a two-way communication process (Cawsey et al., 2016). Evaluation techniques such as observations, focus groups, and surveys will provide the leader with relevant information about the change plan's progress. As this is an active participation phase, considerable information is generated, which needs to be shared across multiple audiences, each with a different connection to the FLC. To be able to disseminate information, Beatty (2015) suggests communicating using various channels, and over-communicating is advisable. In addition, there will be formal documentation processes for communicating with stakeholders, such as agendas, minutes, and project updates, which will be distributed across the community.

Although face-to-face communication is ideal within our faculty, the limitation is how achievable it will be to meet the expectations across several programs. Faculty ideally respond to engaging and dynamic electronic material, such as interactive newsletters or postings to the intranet. A vital aspect of this communication phase will involve obtaining feedback about the

work of the FLC. There will need to be a mechanism to distribute information and get feedback regarding faculty misconceptions or concerns. As Cawsey et al. (2016) suggest, enthusiasm is a significant aspect of this phase. Keeping stakeholders and the audience well connected to the plan's progress will heighten the sense that the initiative has not worn away.

End Stage and Future Change

The final communication phase is situated within the *institutionalization* phase of the change initiative. While much of the plan has involved a stakeholder group's work, the efforts will now shift to the health sciences community. This will be a time to engage in activities that highlight the success of the activities. Cawsey et al. (2016) acclaim, "celebrations are needed along the way to mark progress, reinforce commitment, and reduce stress" (p.264). At this point, communications can be centred around success and lessons learned. This phase also serves as an essential point to acknowledge individuals who have contributed to educational practice advancement. Klein (1996) states, "people expect to hear important, officially sanctioned information from their immediate supervisor or boss" (p.35); this highlights the importance for the administrative team to be updated on the outcomes, which creates a positive profile for the work accomplished. Building capacity as a communication approach will connect the faculty with the benefits of continual improvement, aligning with an iterative learning organization's importance. Achievements will be the milestone; however, such accomplishments serve as a beginning for future growth. A final important aspect of the communication phase involves creating formal documentation that sheds transparency on the OIP process and further establishes a blueprint for future FLC initiatives.

It is essential in this final communication phase for my role to remain grounded in my transformational and adaptive leadership approaches. In addition, I must continue to be optimistic and supportive about the recent change process, and as Klein (1996) suggests, "those who have collegial authority have a disproportionate impact on others" (p.36), which

emphasizes the impact of a consistent and resilient leadership approach. Table 5 highlights the

Phases of the Communication Plan.

Table 5

Phases of the Communication Plan

	Phases of Communication	Change Path Model	Strategies	Communication Channels
Communication Approaches Applied	**Sensemaking**		**Fostering Trust**	**Building Capacity**
Plan for Building Awareness and the Need for Change	Prechange Approval	**Awakening**	Administrative Buy in	Council meeting Department meetings (i.e., Curriculum, Practice Teams)
	Gaining Momentum for the Need for Change	**Mobilization**	Targeted Communication	Faculty Meetings Face to Face sessions Focused Emails eNewsletter/Intranet Targeted print material
Plan to Communicate Across the Community	Mid Phase and Milestone	**Acceleration**	Focus on progress and impact Target Stakeholders and Community Documentation Process	Use of internal software tools (TEAMS, project management and survey tools) Agendas/Minutes Focused meetings
Solidifying the Change and Sharing Successes	Confirming the Change and Future Change	**Institutionalization**	Legacy system	Council Action Plan PD and Year End Forums Newsletter PD event

This change plan was built on the integration of communication approaches to promote

collective understanding and build anticipation of the future state. Essential to this change

process are three communication approaches related to my leadership personae sensemaking,

building trust, and fostering capacity.

Next Steps and Future Considerations

Assuming success with this FLC, an important consideration will be creating momentum

for other FLCs. The efforts can extend beyond the current digital technology aspect and include

other emerging constructs in higher education, such as experiential learning or global initiatives.

Those who participated in the FLC will have experienced a culture of collaboration which may play a key role in contributing and expanding the concept of a learning community. With a well-executed launch of the change plan using the PDSA approach, faculty will appreciate the successes and celebrate personal growth in their educational practice. Such reflective development will include a sense of connectedness and feelings of empowerment.

Secondly, opportunities exist in developing connections outside of the institution where networking with other consortiums of higher learning allows for leveraging ideas that can accelerate capacity building. The hosting of annual FLC events will be important as such activities create a favourable profile for individual faculty, who will be seen as having expert advice and will make the legacy pieces tangible. This can lead to scholarly and research work, offering credibility and distinction to the institution's health science programs. The benefits of engaged and deliberate collaborative scholarship can serve as a catalyst for personal growth and a commitment to contributing as a community in future initiatives. With increased confidence, faculty may perhaps extend the successes of the FLC to other include learning initiatives. The FLC will need to ensure a mechanism for reporting and documentation records to support this direction.

Another aspect was the PoP did not include the involvement of health science learners. We know that student involvement contributes significantly to the advancement of the learning experiences; in fact, learner feedback plays a crucial role in monitoring successful educational settings. Future FLC growth could consider the interrelatedness of the student role with the faculty member in delivering digital technology within the classroom.

A final visionary consideration would be taking the knowledge and momentum of the FLC experience to anticipate future gaps leading to the integration of ideas for further evolution. Having mechanisms to support organizational learning requires the ability to identify such emerging opportunities. A technology plan or road map could include a digital pedagogy integration planning approach where insightful discussions can be held regarding future

milestones and how new emerging technologies can be incorporated into the current institutional system, emphasizing teaching and learning.

An important aspect is this OIP focuses on developing an FLC to foster a collective capacity with technology; however, this implementation plan's success dramatically relies on the individual. Each stakeholder contributes to the cultural milieu and offers their imprint to the environment. Importantly each faculty member will have individual beliefs and must be uniquely valued as they impart their knowledge and offer a commitment to this work. Of consideration is my impact as a change leader to support the greater intention of this OIP, which is acknowledging the relationship between the human element and technology acquisition.

Organizational Improvement Plan Conclusion

The intended solution of this OIP is to create a faculty learning community that focuses on collaborative engagement, pedagogical growth and considers a shared vision for technology innovation across health sciences. An overview of the envisioned OIP is offered in Appendix F. The plan intends to shift conversations, encouraging faculty to become more engaged around meaningful collaborative inquiry with technology integration in an academic setting. The proposed solution suggests a faculty learning community leverages an opportunity for intentional faculty engagement in the cocreation and discovery of new knowledge (Anderson, 2017). Such an approach facilitates the importance of sensemaking, where the merging of collective action and interpretation form a central role in developing a new perspective (Weick et al., 2005).

The strategy relies upon theoretical frameworks that link connectivism, learning culture, and invest in participants' propensity. The change plan is influenced by a lens of connectivism, where the approach to building a learning community is instilled with actions of dissolving silos and building networks (Mackey & Evans, 2011). When making connections with technology, the importance of social context facilitates the idea that community is mutually constructed and results in a collaborative model where a collective of passionate faculty members can envision a

sense of ownership and vision for innovative practices (Siemens, 2005). A central tenet of my leadership intentions will focus on the relational interdependency of faculty and technology acquisition, where new meaning is created within social learning settings. As a change leader, I will be guided by transformational and adaptive leadership approaches, which are firmly rooted in trust, inspiration, and awareness of evolving complex environments. Although the pandemic has created a real impetus for this OIP, the roadmap for success can not be hastened without due diligence. It will rely on shared dialogue and deliberate planning. As I build upon the principles of sensemaking, building trust and developing capacity, I intend to curate curiosity and empower highly knowledgeable health sciences faculty to envision the possibilities for a collective vision towards technology integration.

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Appendix A: Overview of the McKinsey 7S Model and Change Drivers

THE McKINSEY 7S MODEL

SHARED VALUES | Traits, behaviours, and characteristics that the organization believes in - including mission and vision.

HARD ELEMENTS

- Hard elements identified by resources, infrastructure
- Defined by structure, strategic plans, organization and curricular documents
- Influenced by technical and operating systems, i.e., rules and processes

Systems

Style

Structure

SHARED VALUES

Staff

Strategy

Skills

SOFT ELEMENTS

- Soft elements impacted by leadership style
- Harder to define, since values, capacity and culture are continually evolving
- Informed by stakeholders of the organization, how they engage and work together

INFLUENCED BY CHANGE DRIVERS

The Changing Nature of Consumers | Change Capacity of the Institution | Advances in Best Practices of Teaching & Learning

Note: Adapted from McKinsey 7S Model (Waterman et al., 1980)

Appendix B: An Ethical Approach to Leadership
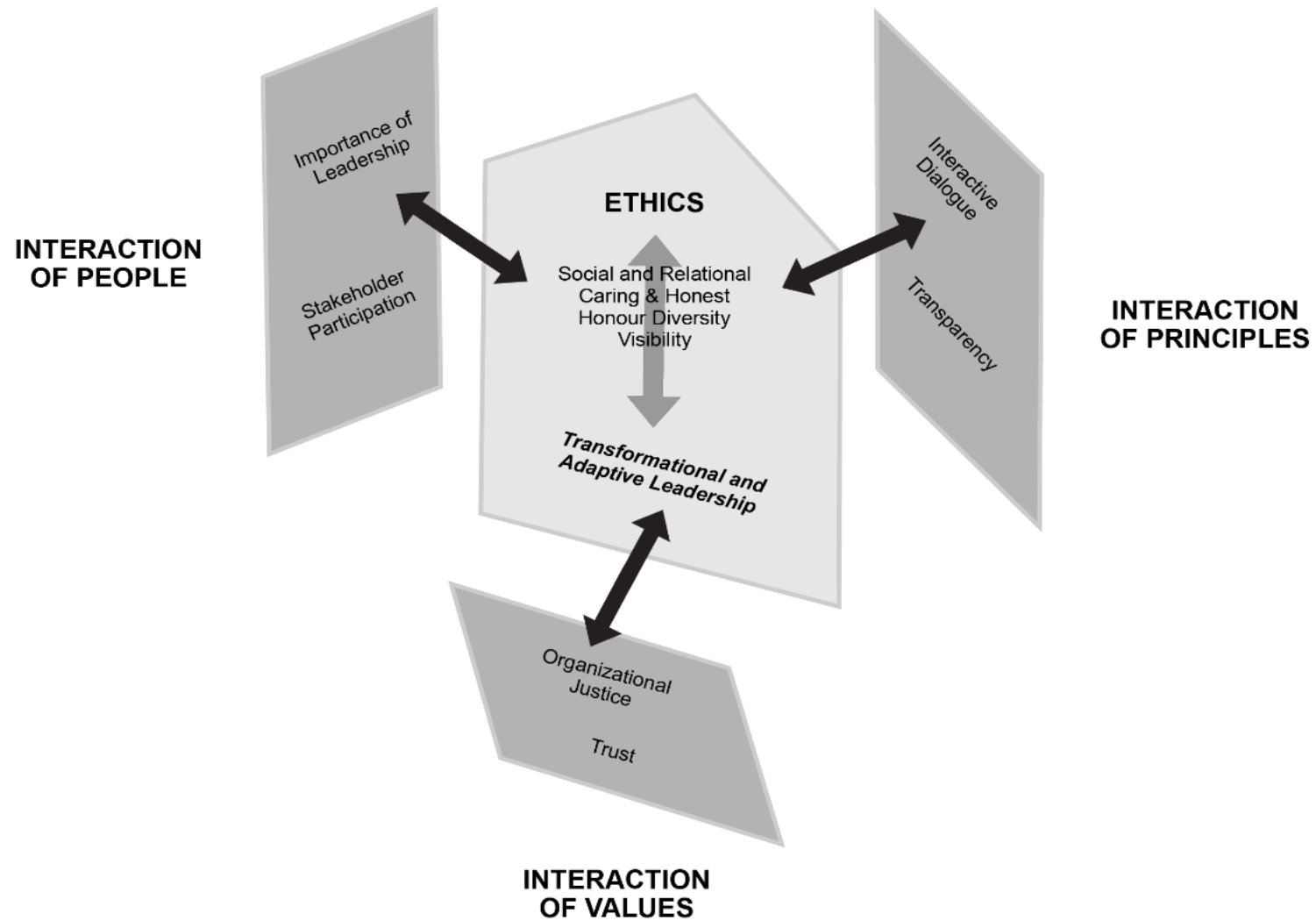
Note: Adapted from Spector, J.M. (2016). Model for ethics in educational technology

Appendix C: Detailed Timelines for OIP Plan

Time Line	Goals	Strategy	Tactics	Outcome
November 2021	Short Term	Present plan to Health Sciences Council Review critical organizational analysis Highlight strengths/opportunities/gaps Define scope of FLC Articulate intended vision - rationale	Define OIP as strategic plan initiative Present supportive literature Create action plan Ensure buy in from senior leaders Create mechanism for milestone reporting	Ensure buy in from senior leaders
January 2022		Provide initial communications to faculty (electronic, dept meetings) Prepare/Launch survey Request for interest for FLC group members Review recommendations for best practice organization (Educause, CAUSN)	Script/deliver communication Connect across faculty groups (f2f, virtual, messaging) Create/Launch survey Procure members Define terms of reference (TOR) Define roles (chair, co-chair, documenter) Consensus around gaps to address Community Building Activities	Create awareness
May 2022		Host first session FLC session, faculty retreat – 3 hours Identify and solidify change plan Development of shared understanding process Develop framework for the next 3 sessions Identify list of tasks	Facilitate retreat session Share outcome of survey data Clarify understanding (mutual goals, objectives) Reaffirm scope of FLC Engage in a process of skill building Approve the framework process Reaffirm priorities for the FLC	Ensure a shared vision
May/June 2022	Medium Term	Host three 2-hour sessions Faculty to bring forward priorities Development of subcommittees Identity areas for focus Determine supports needed (education, resources, time release)	Identify subject matter experts (SME) subcommittee with targeted areas to focus Create template structure (TEAMS Site and Project Planner, agenda, minutes, documentation, task lists) Define Communication Process - email, virtual meetings Create guidelines on how FLC will work together Implement formative and summative processes	Ensure collaborative understanding of work plan
August 2022		Faculty will meet every 2 months - 2 hours Faculty will share digital technology integration.	Ensure meeting structures around deliverables are met Use PDSA cycle to review technology integrations Report back to Health Sciences Council Host Super User Education sessions	Focus on: Idea sharing resource

Time Line	Goals	Strategy	Tactics	Outcome
August 2022		Highlight lessons learned, share processes and observable impact to instructional experiences.	Implement formative and summative processes	sharing & reflection constructive dialogue
October 2022 December 2022 January 2023		Faculty will meet every 2 months -2 hours Build capacity using PDSA cycle	Repeat as above Identify opportunities for technology realignment- Test, Rebuild and Relaunch Share learning across health sciences faculty	Focus on: Idea sharing resource sharing & reflection constructive dialogue
February 2023		Host FLC led technology session for the health sciences/college community	Host an event to showcase learnings Create Newsletter to highlight progress Survey- stakeholders re progress	Engage and Celebrate Showcase knowledge acquired
March 2023 May 2023		Faculty will meet every 2 months Build capacity using PDSA cycle Develop documentation repositories	Identify opportunities for technology realignment- Test, Rebuild and Relaunch Share learning across health sciences faculty Acknowledge accomplishments (personal and group)	Focus on: Idea sharing resource sharing & constructive dialogue
June 2023	Long Term	Presentation to health sciences community Highlight specific contribution and growth to teaching/learning and scholarly knowledge	Create capacity for scholarly research Create linkages with other programs across the college Embed processes for consistent approaches Develop a digital repository Present learning with internal & external groups	Future state creation of an enhanced collegial environment to technology appreciation

Appendix D: Deliverables Across the Change Framework

Cawsey et al Change Model	Awakening Stage	Mobilization Stage	Acceleration Stage	Institutionalization Stage
Kotter's Eight Stages	Establish a Sense of Urgency Create the Guiding Coalition Develop a Vision and Strategy	Develop a Vision and Strategy Communicate the Change Vision Empower for Broad-Based Action	Empower for Broad-Based Action Generate Short-Term Wins Consolidate Gains and Produce More Change	Consolidate Gains and Produce More Change Anchor New Approaches in the Culture
Intended Outcomes				
Ensure buy in from senior leaders/health sciences community	• Present the OIP to the Health Faculty Council • Obtain support to develop FLC • Provide a statement defining the scope of the FLC • Present at meetings across health science programs	• Articulate the impact of a FLC • Define the future state • Invite participants and stakeholder, ensure for a broad range of voices • Negotiate meeting times	• Report to external stakeholders • Regularly revisit the core values	• Reaffirm that values align with strategic direction for health sciences
Create awareness	• Provide communication to the community • Formalize the role of the FLC • Determine need for change share gap analysis data	• Create a shared roadmap for success • Identify opportunities for best practice and research	• Provide opportunity to highlight successes across the community • Develop smaller more agile working groups	• Ensure process for change is institutionalized
Ensure a shared vision	• Ensure the FLC aligns with the organizations/department strategic vision • Reaffirm stakeholder understandings	• Define how FLC will conduct activities • Develop terms of reference • Determine barriers and opportunities that impact success • Determine impact on external and internal groups	• Develop mechanisms to reassess progress – surveys, feedback forms • Create a mechanism to allow for multi-level feedback • Continually assess risk and responsivity of members	• Ensure that outcomes curated are documented

Cawsey et al Change Model	Awakening Stage	Mobilization Stage	Acceleration Stage	Institutionalization Stage
Kotter's Eight Stages	Establish a Sense of Urgency Create the Guiding Coalition Develop a Vision and Strategy	Develop a Vision and Strategy Communicate the Change Vision Empower for Broad-Based Action	Empower for Broad-Based Action Generate Short-Term Wins Consolidate Gains and Produce More Change	Consolidate Gains and Produce More Change Anchor New Approaches in the Culture
Intended Outcomes				
Ensure a shared vision (continued)		• Set standards of benchmarks • Explore stakeholders' emotions • Define indicators of success		
Ensure collaborative understanding of work plan	• Develop preliminary action plan	• Document new processes • Report on themes during meetings • Develop mechanisms to reassess progress – surveys, feedback forms • Review performance indicators • Set milestones and ensure that outcomes are met	• Create repository of meetings and outcomes • Evaluate outcomes against key milestones of the FLC	• Create mechanisms to assess for future uncertainty and emerging issues • Ensure summative evaluation is captured • Build in feedback mechanism
Focus on: Idea sharing resource sharing & reflection/constructive dialogue		• Assess goal achievement and create process to monitor impact	• Revisit priorities and cocreate the emergence of initiatives that align with strategic goals	• Share how the development of FLC impacts instructional practice
Engage and Celebrate Showcase knowledge acquired			• Provide opportunity to highlight successes	• Provide opportunity to highlight successes • Create legacy system

Cawsey et al Change Model	Awakening Stage	Mobilization Stage	Acceleration Stage	Institutionalization Stage
Kotter's Eight Stages	Establish a Sense of Urgency Create the Guiding Coalition Develop a Vision and Strategy	Develop a Vision and Strategy Communicate the Change Vision Empower for Broad-Based Action	Empower for Broad-Based Action Generate Short-Term Wins Consolidate Gains and Produce More Change	Consolidate Gains and Produce More Change Anchor New Approaches in the Culture
Intended Outcomes				
Future state creation of an enhanced collegial environment to technology appreciation				• Ensure alignment with emerging organizational outcomes & strategies • Create review cycle

Appendix E: Key components of the PDSA involved within each stage of the OIP

ACT

- Develop normative approaches
- Develop legacy strategies
- Identify opportunities for future learning
- Celebrate successes

PLAN

- Review the outcome of FOCUSES
- Ensure buy-in across health sciences
- Generate collective understanding
- Define core values and develop feeling of ownership
- Articulate present and future goals

Consolidate Gains and Produce More Change

Anchor New Approaches in the Culture

Establish a Sense of Urgency

Create the guiding coalition

Develop a vision and strategy

PDSA CYCLE

STUDY

- Analyze the outcomes of the FLC
- Share and allow space to reflect on successes
- Study the changes faculty experienced
- Enact monitoring
- Celebrate small successes

Generate short wins

Develope a vision and strategy

Communicate the change vision

Empower for Broad Based Actions

DO

- Demonstrate alignment across programs
- Lead faculty through the learning experience
- Provide ongoing clarity to the process
- Support project teams
- Curate new perspectives
- Pay attention to monitoring systems

Note. Adapted from Donnelly and Kirk (2015) and Kotter (2012).

Appendix F: Conceptual Overview Model of the OIP

↓ ↓	**Adaptive and Transformational Leadership**	↓ ↓

PoP: How might a faculty leader facilitate the organizational and academic transition towards an integrated visionary approach to technology adoption across a health science program

DESIRED FUTURE STATE

Creating a shared vision for technology integration in health sciences.

Fostering an environment for collaborative inquiry and shared understanding.

Supporting sustained and meaningful technology conversations and implementation practice in the classroom.

ASSESSMENT

Historical
Institutional
Sociocultural

LEADERSHIP – FOCUSSED VISION FOR CHANGE

Diffusion of Innovations
Systems Thinking

CHANGE DRIVERS

The Change Capacity of the Institution

The Changing Nature of Consumers

Advances in Best Practices of Teaching and Learning

READINESS

→ Collective Understanding
→ Internal and External Forces
→ Perspective of Stakeholders

STRATEGY

Leadership Approaches to Change
→ Get on the balcony
→ Identify the adaptive challenge
→ Give the work back to the people (Heifetz, 1994)

→ Role Model
→ Empowerment
→ Relational
→ Trustworthy

Framework for Leading the Change Process
Anticipatory & Incremental

Cawsey et al., Change Path Model (2016) and Kotter's (2012) eight stage model

Critical Organizational Analysis
McKinsey 7S Model
→ Systems
→ Style
→ Shared Values
↓
Proposed Solution:
Faculty Learning Community

TACTICS
Awakening/ Mobilization/Acceleration/ Institutionalization
(Cawsey et al.,2016)

- Establish a Sense of Urgency
- Create the Guiding Coalition
- Develop a Vision and Strategy
- Communicate the Change Vision
- Empower for Broad-Based Action
- Generate Short-Term Wins
- Consolidate Gains and Produce More Change
- Anchor New Approaches in the Culture
(Kotter, 2012)

METHODS

PLAN-DO-STUDY-ACT (PDSA) Cycle (Donnelly & Kirk, 2015)

Indicators of Success

COMMUNICATION APPROACHES

→ Sensemaking
→ Fostering Trust
→ Building Capacity

OUTCOMES

→ Ensure buy in from senior leaders
→ Create awareness
→ Ensure a shared vision
→ Ensure collaborative understanding of work plan
→ Idea sharing resource sharing & reflection constructive dialogue
→ Engage and Celebrate
→ Showcase knowledge acquired
→ Creation of an enhanced collegial environment to technology appreciation

↑ ↑	**THEORETICAL UNDERPINNINGS:** CONNECTIVISM /DIFFUSION of INNOVATIONS /SYSTEMS THINKING	↑ ↑

VISION FOR CHANGE: Sensemaking & Learning Culture

GUIDING QUESTIONS:
1) What do health sciences faculty define as innovative technology-enhanced learning?
2) How much capacity can readily be absorbed within the program?
3) Given that the siloed structured requires a level of leadership, how can that be enacted within our current governance structure?

Ethical Approach to Leadership: **The Interaction of People:** Leadership & Stakeholder Participation/**The Interaction of Principles:** Interactive Dialogue & Transparency
The Interaction of Values: Organizational Justice & Trust