



**AAMC Chair's Address 2013:
"LEADING THE DANCE OF CHANGE"**

AAMC Chair Valerie Williams delivered the following address at the association's 124th annual meeting in Philadelphia, PA., on November 2, 2012:

Thank you and welcome to the 2013 AAMC Annual meeting. It is a pleasure to have served as chair of the AAMC Board of Directors this year. This role has given me the chance to engage with people across this truly remarkable organization. I offer my gratitude to my fellow board members, to Darrell and the AAMC chiefs, and all the staff with whom I've worked. Thank you to my colleagues in the Group on Faculty Affairs, the Group on Diversity and Inclusion, the Group on Women in Medicine and Science, and my wonderful colleagues in leadership and learning at the University of Oklahoma Health Sciences Center whose support enabled me to serve as chair. Each of you has provided me with an opportunity to learn and reflect at some length on the theme of this year's meeting—the imperative for change that is facing all of us here.

I was working on my thoughts for this talk in August as we celebrated the 50th anniversary of Martin Luther King's "I have a Dream" speech. Listening to that speech again with my 87-year-old mother, and remembering what our lives were like in 1963, brought home just how much American society has changed since I was a child. We believed then that the time was right for change. That dream became a foundation for the serious work that progress demanded.

We push beyond the old frontier when we change, whether it's civil rights or ensuring that all Americans get the health care they need. And we must remember, as Dr. King warned us, that upheaval can follow when we're trying to introduce major change. I like to think of the leadership role in change as one that keeps us focused on “**meaningful disruption** and **productive discontent.**” Perhaps it seems an odd juxtaposition, but we must find ways to remain steady throughout the period of instability while we are in the transition process.

To help us understand the dynamics of making a major transition, I've chosen the metaphor of dance—a dance of change. I like the analogy of the dance because it involves a true and equal partnership between the acts of leading and following. It requires proper alignment, precision, learning new steps, and the ability to improvise at times—all the while moving forward with strength, grace, balance, and fluidity for an uplifting finale.

Unfortunately, the dance we are doing today in health care is not serving us—or our patients—well. We are taking our incredible skills and talents out onto the dance floor, but we are not ending up with the kind of health care or the outcomes we want to see in our health data. As sweeping changes start to rock the health care landscape, I am concerned that we cannot survive or thrive for long if we remain so out of step.

So in our time together now, I want to discuss how we can take the lead in this dance of change. Our partners are our faculty, staff, students, residents, fellows, executives, and all the personnel in our institutions, from housekeeping through nutrition services, nurses, pharmacists, and librarians. As leaders in this dance, it is up to us to choose the music, the steps, and the techniques that will best enhance our performance at our schools and hospitals. We are the ones who are responsible for setting the pace, adapting the steps as needed, providing training, overseeing the practice, and keeping everyone engaged and focused on our mission to improve the health of all.

But what kind of dance shall we do? Let's consider some possibilities.

- First there is the traditional Waltz.
- The Waltz is my metaphor for our past in academic medicine and health care. It's a beautiful and graceful dance. It can be fast or slow, but it has very prescriptive steps. The Waltz is the embodiment of tradition and allows us to preserve stability and avoid chaos—so long as everyone moves in the same direction around the floor. But while that kind of lock step may give us precision, it does not allow us to be nimble, which is imperative today.
- There is the Twist.
- We can't meet in Philadelphia without honoring Chubby Checker who grew up here and introduced the Twist on *American Bandstand*, another piece of

Philadelphia history. Like me, some of you were around in the 60s when the Twist was popular. The Twist is all about personal style. Nobody twists the same way as anybody else but it doesn't matter because basically, even in a crowd, you are dancing alone. While the dance is fast, sure-footed, and energetic, it's not a dance suited for today's health care environment where we also need the skills to work in teams. We do want that energy, but we know we can't dance efficiently if everyone is doing their own thing at their own pace.

- What about the Line Dance?
- In a line dance, there's structure and order but things can fall apart quickly if you miss a step. The Line Dance can feel like a pressure cooker—partly because you are on your own with steps that may be complex, but also because other people are depending on you. If you aren't in sync with the other dancers on the floor, you can bump into each other. If you misstep, you've got to be able to recover right away or other dancers may follow your mistake. Structure and order are useful skills, but they are not enough. The fact is that the dance of change does not move in a straight line. Each of us must master our own steps **and** make our movements work in concert with others outside of the "straight line" of the dance.
- Then, there is the Tango.

- While the Tango has some prescribed steps, it's also a wonderful example of adaptive change. Each partner in the Tango tells a very specific story, independently and together. The story is powerful and fearless ... and the dance itself is all about the partnership between the two dancers. There must be total alignment between leader and follower; each must have complete trust in the other's moves in order to glide in the right direction at the right time. Performing the dance requires both patience and impatience, and knowing which is suited to the moment. Learning how to tango takes commitment, practice, and understanding of the balance between playing it safe and taking a risk.

So what message can we take from these examples for “the dance of change” that we need to embrace in academic medicine?

Clearly, we each have our own version of the music, and we can't be constrained by following only the traditional steps. The key will be to adapt our skills and steps to the challenges ahead. Dr. Ronald Heifetz, Harvard lecturer and author of several fine books about leadership and organizational change, gives us two big buckets to clarify the work that's needed. He describes technical change and adaptive change.

Technical change tends to be straightforward—a problem emerges, it's easy to define, solutions are proposed and selected, and then implemented. The problem causes distress, **but** it is resolved fairly quickly because handling that problem is already within the know-how of that organization.

Fixing our health system, though, requires adaptive change and what Heifetz calls “sustained disequilibrium.” Adaptive change is complex and demands more from us. It takes ongoing experimentation, shifts in behavior and attitudes, and effort over extended time. Taking on adaptive change requires that we have both flexibility and know-how to evolve and thrive in a high-risk/high-stakes environment.

To me, the Tango provides the best metaphor for the dance of adaptive change that we need to lead because it is the exemplar that embraces the complexity of interdependent partners, tempo changes, and a story that doesn’t follow a straight line. Now I am not suggesting that we all run out and sign up for Tango lessons.

Nor am I suggesting we simply hope for a miracle [PAUSE] when the curtain rises as my favorite Sidney Harris cartoon suggests.

Something complex on the left and something complex on the right; then a miracle occurs. “I think you should be more explicit here in Step Two,” the caption reads.

Rather, I am saying that all of us need practice with adaptive change. Our task is to provide the vision and opportunities for our faculty and staff to develop the knowledge, behaviors, skills, and attitudes essential to effecting the changes that need to happen. To lead our organizations through adaptive change, we have to go to our people and ask them to partner with us—to share our vision and to be members of the change-

makers community. Everyone may not be able to accept the invitation. But, recognize that the cost of not making the invitation can be a profound loss of talent potential. You see, when we decide to lead the dance of change, we take an active role in building a collective understanding of *why the change matters*—not just to some of us, *but to all of us*. We invite alignment—not lockstep behavior—but we are saying clearly, “that-a-way!” If we don’t guide the direction of the dance—if we don’t engage—we risk becoming that clumsy partner who awkwardly or selfishly tap dances over everyone else.

Keep in mind, too, that we will not be successful with the adaptive dance if we only cleave to our traditional partners. Our diversity is an asset—men and women, youngsters and oldsters and everyone in between; people with disabilities; black, white, American Indian, Asian, Latino, international, whatever culture or race; straight, gay, lesbian, transgendered, bisexual, questioning. All of us need to bring our perspectives and talents to the dance and share what we know.

Ultimately, for me, the dance of change is about the partnership connection.

Partnership has its own rhythm and cadence that cannot be ignored. Leading the dance means recognizing that each one of us, as a partner in this dance, has something unique and valuable to contribute to the performance. [You may be familiar with MIT’s](#) Peter Senge, author of *The Fifth Discipline: The Art and Practice of the Learning Organization*.

Dr. Senge would remind us: *“People with high levels of personal mastery ... cannot afford to choose between reason and intuition, or head and heart, any more than they would choose to walk on one leg or see with one eye.”*

One thing we can see that visibly signifies change is under way is the bricks and mortar improvements at our academic medical centers. Our physical spaces are one part of our change toolkit—signs of the environments we use and within which **our people bring the AMC mission to life.**

While most AMCs have improved or expanded their buildings and facilities over the years, I remain convinced that in academic medicine and health care, 80 to 90 percent of our capacity is in our people—our faculty and our staff. [Pictured on the slide, as an example, is part of my team out supporting a community wheelchair basketball event that one of our physicians rallies all of us to every year. All of you have examples like this that connect the AMC, through our people, to our communities in small and large ways.

I suspect that the greatest challenge to dealing with change and what the future holds is the **unlearning** of things that no longer work and the **adoption** of new practices that by their unfamiliarity feel awkward and uncomfortable. The door is open for us to make smarter use of teams, communities of practice, and interprofessional and interdisciplinary engagement in our learning and practice. But we have to step through it.

In closing, here's the bottom line: Mastering the dance of change will require trust, shared determination and commitment, practice, and the ability to grasp the balance point between playing it safe and pushing ourselves to learn new ways and new steps.

Whether we will lead change or follow, it is clear that we all need to polish our own skills and understanding of the dance.

We can be better aligned in this leadership dance of change by engaging in the idea and the learning necessary to be a community of change makers—and leaving the singularly driven change agents of the past behind us.

The need for change in our health care system is apparent. The question before us is: Are we ready—and are we willing? If and when you say "yes!" then my wish is that you embrace the possibilities of the dance and of your partners—both within our AMCs and beyond our immediate walls.

What makes the dance of leading change so necessary, so powerful, and so worthwhile is the covenant of partnership and the richness of our collective enterprise in academic medicine and in our teaching hospitals. In this work, you and I have the capacity to be fearless, trail-blazing partners in improving the health care system for this nation.

So now, shall we dance?