December 9, 2020
Virtual Talking Circle
Vision and Systems

Virtual Talking Circles to Date

Topics: *"Innovation in a Time of Crisis", "Virtual Communities of Practice", "Virtual Care", "Learners as Co-producers", "Anti-Racism as an Innovation", "Intelligent Risk-Taking", "Failure", "Why Vision?", "RISE Vision"*
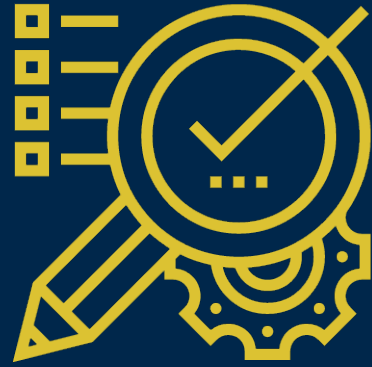
Future: 1/14, 2/17, 3/18

Going Forward with the next round of VTCs
3 Steps towards Systems Improvement

Agree upon a **vision** for RISE and Innovations In Health Science Education

Determine **priorities** for strategic system-level improvements that enable the vision

Design **interventions** for the top priorities – learning together & getting input

"A picture of what success looks like at a particular point in the future – described with enough richness of detail that you'll know when you've arrived"
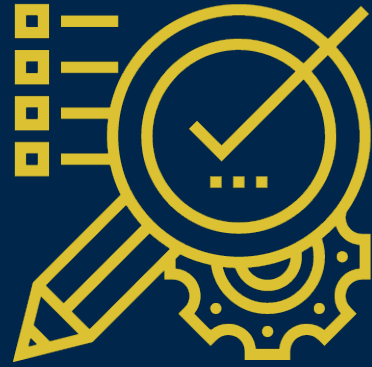
-ZingTrain

RISE Vision

"Education is the foundation of transformative health care and scientific discovery. RISE aspires to create a Michigan Medicine culture where bold, scalable education innovations impact health and science, and thrive through collaboration and access to a broad, diverse network of resources, expertise, and stakeholders. Empowered by this culture, all faculty, staff, and learners embrace curiosity, creativity, critical thinking, initiative, and intelligent risk-taking to support education experimentation and discovery."

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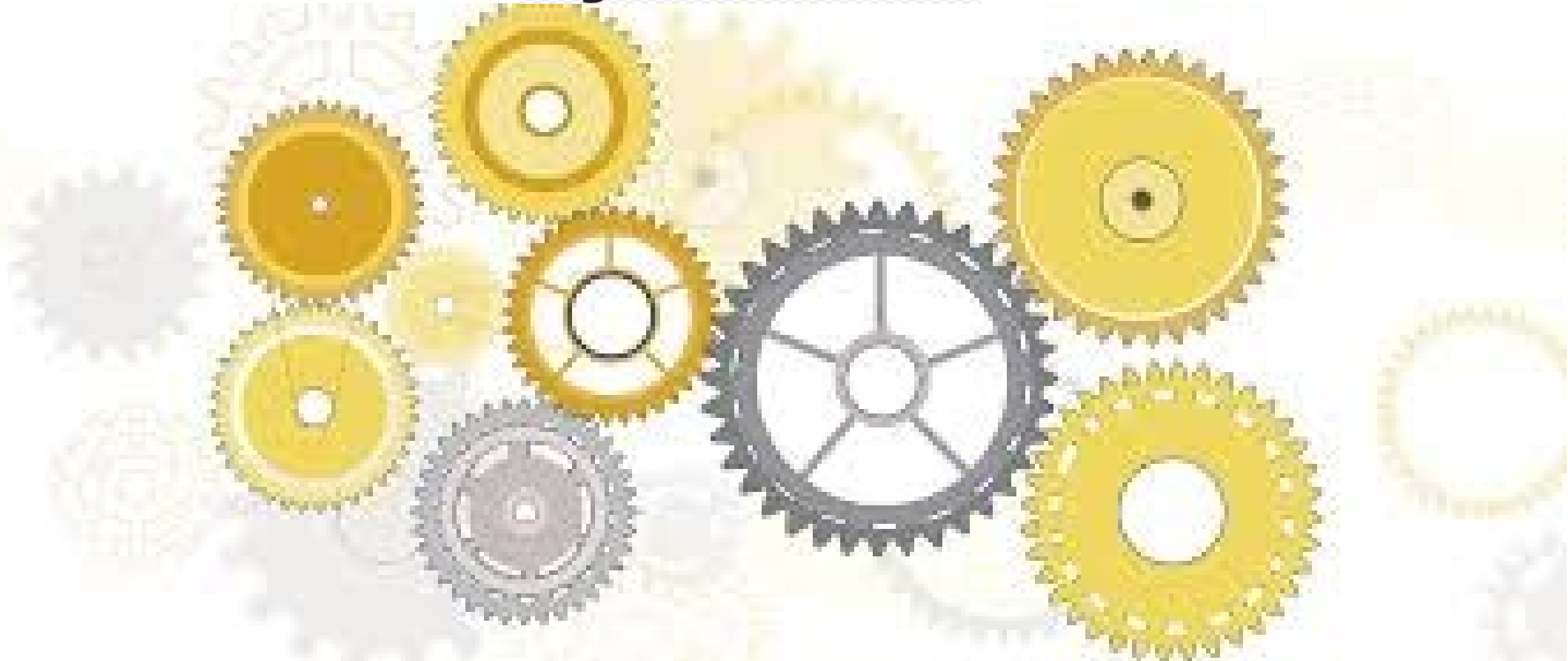
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systems

RISE at 12 Months
Do we (MM) have a system of innovation?

In an Innovation System…*

- **_Principles_** govern activities
- **_Coordination_** of experimentation, development, and scaling
- Transparency and dissemination of all data, **_successes or failures_**
- **_Planning and Plans_**, learning from experience

* Handbook of the Economics of Innovation, Volume 2, 2010, Pages 1159-1180

Why We Should Launch a Initiative for Systems Level Change... *What we heard...*

Original Dinners

Culture Survey

Our Observations

Community (RAC, Fellows, MGRs, VTCs, etc.)

Seven Themes

1. Approaches in education are not learner-centered
2. Assessment and evaluation approaches remain traditional, and are challenged to evolve and iterate
3. Prominent fear of failure & risk-taking
4. Infrastructure does not fully support education innovation (e.g., classroom, instructional technology)
5. Teams unaware of what others are doing
6. Lack of diverse and inclusive perspectives in design and decisions
7. Misaligned incentives for bold experimentation

System-Level Change Themes & Descriptions

Domain	Brief Description
Approaches to education are not learner-centered	Education does not equal learning. We often teach to cover content rather than providing experiences where learners construct knowledge and learn how to learn. We do engage learners into the process of their learning.
Misaligned incentives for bold experimentation	Our incentives do not always align with our stated values. We do not promote or prioritize or reward intellectual curiosity or learning from failure. We do not provide the safety for people to be wrong, to experiment, and to explore different ideas. There is a lack of trust in the system that prohibits risk-taking.

System-Level Change Themes & Descriptions

Domain	Brief Description
Lack of diverse & inclusive perspectives in design and decisions	The medical hierarchy inhibits equal contributions from different stakeholders' (e.g. learners may not feel they can speak candidly without repercussion). We over-specialize and create narrow sets of expectations that generate silos. We fail to ensure community members can envision themselves as equal contributors.
Prominent fear of failure and risk-taking	We do not provide the safety to allow people to be wrong, to experience, and to explore. There is a lack of trust that allows for risk-taking. We do not promote risk-taking or learning from failure. We do not support the individual's journey by integrating uncertainty and the unknown.

System-Level Change Themes & Descriptions

Domain	Brief Description
Assessment and evaluation approaches do not support discovery & iteration	Current assessment and evaluation approaches remain largely traditional and focused on observable, quantifiable data; this often means relying on outdated definitions of success supported by arbitrary or readily accessible outcome metrics.
Infrastructure does not support education innovation	Our existing infrastructure does not fully support exploration of innovative ideas – e.g., instructional technology central to most innovative ideas, but the bandwidth to support IT ideas doesn't meet the need.
Lack of connection among teams	There remains a lack of awareness of what others are doing and how units and/or individuals can assist in developing or implementing ideas; this results in missed opportunities to collaborate among people working on similar ideas.

Prioritization Discussion

1. Approaches in education are not learner-centered
2. Assessment and evaluation approaches remain traditional, and are challenged to evolve and iterate
3. Prominent fear of failure & risk-taking
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Summary of input (to date)

- #1 - Strong support for focusing on making approaches in education truly learner centered (involve early in proposals, teams to co-create, make sure approaches are easy on the faculty, break down administrative barriers, use the pandemic to review all approaches)
- #3 - Publicly show the value of risk-taking (stories, new journal, podcast, more publicity, regular updates on implementation)
- #6 - Make sure stakeholder engagement is inclusive (DEI, alumni, community, learners)
- #7 - Better education on incentives that DO exist, create new incentives, educate faculty AND leadership
- Some mention of #2 and #4, no mention of #5

What are some initiatives RISE could tackle that addresses #1, #3, #6, and #7?

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JOIN OUR VIRTUAL TALKING CIRCLE

RISE

a space for community dialogue on creative ideas, novel experiments, and best practices in health sciences education

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