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## Facilitating Leadership in Engagement for Social Accountability: The Pallium Project

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# **Facilitating Leadership in Engagement for Social Accountability: The Pallium Project**

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## **Abstract**

Contemporary public universities face continued criticism that they are too specialized, too focused on one-way knowledge transfer, and inaccessible as partners in addressing important social and economic development concerns as defined by the needs of their communities. The construct of “university engagement” as articulated by the *Kellogg Commission on the Future of State and Land Grant Universities* provides a useful roadmap for helping extension units at research universities become sympathetically and productively involved in the priority issues of the communities in which they serve.

The rationale for constructive university engagement grows out of the sociopolitical context of the last decade, which has seen emphasis placed on increased accountability of public institutions and the publics they serve, including research universities. As the public grows to expect stakeholders from several sectors, institutions, and disciplines to work collaboratively to achieve economic and quality-of-life outcomes of importance to Canadians in a timely, cost-effective and accountable way, university engagement is an emerging strategy for improving institutional performance.

The Pallium Project is a case that illustrates the potential for university extension units to demonstrate facilitative leadership and innovation. It demonstrates a proof-of-concept for how university extension units can broaden their external revenue base through contract research and technical assistance fee income, while helping other disciplines achieve important social accountability goals.

## **Changing societal context – is university extension buffeted in the eye of a storm?**

In her ground breaking book on organizational change, *The Change Masters*, Rosabeth Moss Canter (1982), globally renowned change scholar from Harvard Business School, used the story of Rip Van Winkle, who went to sleep for 20 years, as a parable for contemporary organizations. She noted that when Van Winkle awakened, the American landscape had changed dramatically, and his bones creaked with age. The world around him was no longer one he understood or in which he could function well.

Only history will tell whether that classic story holds comparable lessons for today’s university extension and institutional leaders. Is there a risk of falling asleep during a time of tremendous social and economic structural change and waking up, too old and too tired to respond? Or can university extension units, structurally situated between institutions and the communities they serve, learn to operate more broadly, responsively, accountably and profitably in a time of great societal change?

The issues and challenges we face today – the shift from an industrial to a knowledge-based society, from a national to a global economy, the maldistribution of wealth and opportunity, public systems and infrastructure teetering on the brink of collapse, and an aging population as one of many “wildcards” for tipping the balance – call for creative and often transformational solutions (Astin & Astin, 2000; Drucker, 2002; Foot, 1998).

These challenges also require a new kind of leadership in higher education. One that is tuned into social change and sensitive to, and sensible about, the growing expectation of social accountability of public institutions that operate in the public interest with public investment (Astin & Astin, 2000; Byrne, 2000; Health Canada, 2001).

It is not overly dramatic to suggest university extension units are in the eye of a growing storm of social change, as they are structurally situated between the universities they serve and the communities in which they operate. A deeper appreciation of changing societal context (Drucker, 2002) can help highlight the necessity for leaders to make deliberate strategic choices for how university extension might move forward, particularly during a time of social fragility and great social and economic structural change. Rarely have the stakes been higher in the last half century of our work than as they currently appear. Does being in the eye of a storm mean we miss its defying impact?

Thompson & Lamble (2000) have argued that continuing budgetary pressures have forced university extension units to direct more attention and resources to activities with the greatest potential for revenue generation. Over the last two decades the obvious business model has been student-revenue based continuing studies. Clearly this has been a very lucrative market for many. It has seen many new provider-entrants and as a result has become a busy and often undifferentiated marketplace. Some of the key leadership questions this prompts for university extension is, who should it serve and what should it serve vis-à-vis *instructional* opportunities?

The strategic decisions about instructional product offerings and strategies, however, offers an incomplete strategic response for higher education and the prospective contribution of university extension units as agents of institutional knowledge creation and brokerage. This is especially so from those units which are part of comprehensive public research universities. Today the public expects more from its research universities!

Canadian university extension is at a proverbial fork in the road. It points to a profound philosophical and structural challenge in modern adult education, which highlights Canadian adult education as currently divided into two groups. One camp sees adult education as a vehicle for social change and the other as a business, in which education, designed for individuals, is a commodity to be offered and purchased in the marketplace (Cruikshank, 1994). Cruikshank notes:

While there are small “pockets” of individuals who are engaged in social change-oriented work, for the most part, the entrepreneurial approach has become the dominant one within Canadian university extension practice. (pg. 36).

Clearly anyone who has spent anytime in adult higher education is aware of the sharply delineated philosophical divisions that characterize the field. The real question for university extension leaders is: *Will this continued divisiveness serve the field well as we continue into this new century?* We argue that neither camp on its own is serving Canadians particularly well in the changing societal context.

### **An emerging option for the university extension “enterprise”**

If one submits to the proposition that Canadian society is no longer being particularly well served by the status quo, then what are the options? And how can university extension units help institutions be responsive to changing social expectations, while continuing to meet goals for institutional financial self-sufficiency and profit?

Part of the answer may be through adoption of an operating model that balances the opportunities to earn revenue through instruction with revenue opportunities associated with non-instructional activities, which are linked to enhancing economic prosperity and quality-of-life, however those are valued and defined by institutional stakeholders. One of the key strategies for enabling broader extension scholarship that links with this more flexible business model is through the construct of university engagement.

The concept of university engagement, as envisioned by the Kellogg Commission, involves a partnership between the university and stakeholders external to the university in which there is a mutual determination of goals and objectives designed to address societal problems (Byrne, 2000). As John Byrne, President Emeritus of Oregon State University and Executive Director of the Kellogg Commission notes:

It implies a sharing of expertise and resources in order to serve society in a more effective manner; it goes beyond traditional extension and outreach. Engagement provides an opportunity for all – faculty, staff, students and public – to learn together in the solution of real problems. Closer interaction stimulates the communication of ideas, and values between all participants. This interaction enables the university to enhance and strengthen its own values and also those of society. As it is integrated with learning and discovery, engagement is becoming an important characteristic of the mission of today’s university. In the university of tomorrow it will be a defining characteristic (p. 5).

University engagement as an extension operating strategy respects the unique role and status of research universities in our communities. Well-designed engagement leverages universities’ role as “neutral playing field,” in which many sectors and actors with common interests/mutual goals come together in knowledge and technology rich environments to work in a collective and meaningful way on problems of common concern. It enables collaborators to bring their unique strengths and perspectives together on issues to complement the strengths and perspectives of others, which can result in a stronger unified whole. Enabling university engagement requires leadership support and investment in culture change. It also requires some time, money and relational skills.

University engagement can be philosophically problematic for institutions where cultures of scientific positivism and dogged pursuit of individualistic academic self-interest dominate the culture and reward systems. University engagement is based on a more flexible, normative and collaborative view of knowledge. That is, it is predicated on an epistemological view of knowledge that gives status to social constructivism (i.e., knowledge constructed through social systems and the negotiation of meaning) as well as positivism.

It is also predicated on a recognition that multiple sources of expertise are required in any institutional initiative that involves deeply rooted, societal challenges (Walshok, 1995). Well-designed university engagement transcends the one-way knowledge transfer model that currently dominates many university cultures and focuses on a respectful, two-way development and application of knowledge between university and community collaborators.

Mary Walshok, the dean of Extended Studies and Public Service at the University of California, San Diego, has led the growth of her university extension unit to a \$51 million (USD) per year enterprise, using strategies of university engagement. Walshok (1995) notes several critical success factors to this strategy, including:

1. Scholars and academic departments within the institution that have a flexible view of knowledge and acknowledge variable sources of relevant expertise inside and outside the academy.
2. A desire to learn *from* these non-university sources as well as to teach *to* them.
3. A genuine commitment to collaboration expressed through broad, representative governance reflective of the various sources of expertise.
4. A commitment to a social dynamic characterized by exchanges, interaction and networking, and a belief that a “community” needs to be developed.
5. A commitment to flexible and varied formats for information dissemination and knowledge exchange.
6. An ongoing process of self-evaluation and tracking of impact and outcomes, which often means research and evaluation functions.
7. Targeting and leveraging multiple sources of funding – private, university, corporate, government, membership, fee for services, etc.
8. Links that directly or indirectly enhance the central intellectual preoccupations and resource needs of the university.
9. Staffing and facilitation of initiatives by high-skill staff who can interact with, and broker interests of, both academics and off-campus constituencies and who possess credibility among all the partners in the knowledge exchange.
10. Significant campus leadership support, usually through to the level of provost or the president (p. 260).

In Canada, university engagement has been addressed at the senior levels of health sciences through projects financially supported by Health Canada and sponsored the Association of Canadian Medical Colleges (ACMC). Framed as social accountability and responsiveness, and based on a concept promulgated by the World Health Organization (WHO), the WHO has defined social accountability of medical schools as:

...the obligation to direct their education, research and service activities towards addressing the priority health concerns of the community, region, and/or nation they have a mandate to serve. The priority health concerns are to be identified jointly by governments, health care organizations, health care professionals and the public (Health Canada, 2001, p. 1).

The social accountability paradigm in Canadian medical schools acknowledges an expectation of the public that governments and the professions work collaboratively to ensure that the highly valued Canadian health care system continues to provide necessary access and quality to meet the needs of the population (Health Canada, 2001). The Pallium Project illustrates one instance, where university extension has provided a facilitative leadership role in helping health sciences scholars and delivery leaders address social accountability and responsive issues in palliative and end-of-life care.

### **The Pallium Project – an early Canadian demonstration of university engagement**

The Pallium Project was conceived in 2000 as a demonstration and innovation project in health human resources (HHR), continuing professional development (CPD). The Project received \$250,000 in Contribution Agreement funding for an applied research and development initiative through Health Canada's, Rural and Remote Health Innovations Initiative (RRHII). The Pallium RRHII initiative focused on developing CPD innovations and a proof-of-concept for designing CPD that is clearly linked to delivery system-improvement and health care provider performance. The design was based on a premise of transcending "instruction-only" responses, and being creative and sensible about how learning can be facilitated in the place of practice (i.e., situated and workplace learning), so that professionals might become more effective in everyday practice.

The Pallium Project was a specific outcome and actionable project that followed a four month series of exploratory and problem-setting discussions in early 2000. These discussions occurred among University of Alberta extension faculty at the Institute for Professional Development (IPD), an external extension specialist working with IPD, and a well-respected Canadian academic physician in palliative and end-of-life care. Pallium is a response to a pressing societal issue in Canada. That being, how to create systems of care that ensure quality, end-of-life care for every person in Canada, in such ways that people can die with dignity, as free as possible from the burden of undue pain and suffering. The goal was to design a collaborative initiative to improve care of those presenting with life-threatening and life-limiting illness in Canada, and improve access to education and training resources for rural health care professionals, especially where those resources link to system-improvement in access and the delivery of care.

Evidence of need was derived from needs analyses reflected in peer-reviewed publications and “fugitive” literature. Concomitantly, the Senate Sub-committee to Update *Of Life and Death* reported only 5% of dying Canadians receive integrated and interdisciplinary palliative care. The Sub-committee reported some 220,000 Canadian die each year. It also noted that 75% of deaths occur in people over 65 years of age and that currently 75% of deaths take place in hospital/long-term care facilities.

There was (and is) compelling data to illustrate hospice palliative care is a pressing societal issue as the number of people in Canada dying annually is expected to grow. Need is linked to the demographics of Canada’s aging population and reflects a greater incidence of expected deaths. There is a projected 70% increase in cancer cases by the year 2015. A current reality is that some 50% of those presenting with cancer will perish to cancer-related illness. There is also a predictable increase in other chronic life-limiting illness, including end-stage organ failure (especially heart, lung, renal-related organ failure), neurological illness (e.g., Alzheimer’s, MS, ALS), and immune system illness.

Many studies have consistently shown knowledge, skills and attitude deficits of health care providers in caring for patients with life-limiting illness. The majority of health professionals received no palliation exposure in their undergraduate, postgraduate or residency education. They are not skilled in management or treatment of chronic pain, psychological suffering and numerous communications deficits have been demonstrated. Moreover, most are totally unaware of the undue pain and suffering in patients due to their lack of foundational knowledge and skill. A common phenomena is care providers “who don’t know what they don’t know.” Most providers are not providing modern interventions for pain and symptom management that can mitigate undue pain and suffering.

University engagement principles were used to design a response in Project development that created a two-way exchange between academic health scientists at tertiary-level palliative care units at major centres and community-based health care professionals working in rural and remote environments. This engagement design was reflected in the governance structure, which operated as a Project Advisory Council (PAC) comprised of university specialists and rural colleagues from multiple jurisdictions and disciplines.

University engagement practices have also been deliberately woven into the design of specific interventions that formed many of the RRHII project deliverables. Academic specialists and knowledgeable, community-based rural colleagues were linked for DACUM (Developing a Curriculum) occupational analysis workshops that helped identify the major areas of responsibility and major tasks required to competently deliver palliative care in primary care environments. A well-respected rural opinion leader served as co-investigator with an academic physician and extension specialist in designing and piloting a computer-mediated Online Journal Club (OJC) model for conducting bi-weekly journal rounds for busy health care professionals in their communities. A Rural Palliative Network (RPN) application was also designed this way.

An outreach education initiative was developed to offer a 2 day, multi-professional *Clinical Introduction to Palliative and End-of-Life Care* course for rural family physicians, registered nurses and pharmacists and delivered in local health regions. The courseware was developed through a collaborative workshop process of academic specialists and rural palliative care professionals, and is jointly delivered through a model, which blends specialists with rural colleagues as a delivery team. This has proven an important design innovation, as academic physicians generally have little credibility among rural colleagues, due to a demonstrated lack of appreciation about the fundamental differences and associated challenges of the contexts in which rural colleagues practice. Considerable *productive* conflict has occurred in discourse about “best practice” as defined by academic evidence-based medicine, and the need to balance this approach with “practice-based evidence,” rooted in a common sense appreciation of the context of practice for many rural health care professionals. Simply put, rural primary care practice is very different from urban academic medicine, and those contextual differences must be considered and respected for community-based practitioners to benefit from new advances and for new academic knowledge to be made usable in rural practice.

In deliberately creating a two-way, mutually-respectful environment, a Community of Practice began to emerge. Rural health care professionals throughout western and northern Canada started to accept greater responsibility and ownership for identifying their own knowledge and learning requirements as well as various strategies for meeting them (Wenger, 2004). They then worked through the Pallium Project to articulate how those needs could be more effectively met through various responses. Much of the work has evolved to take on a community development orientation, and uses CPD as a vehicle for local capacity building and health delivery system development.

In 2002, the stakeholders of The Pallium Project opted to move beyond the innovation project and proof-of-concept to focus on a larger primary health care system building initiative. The intent was to continue to use university engagement principles that could link academics with practitioners to address priority knowledge development concerns and to structure relationships to better integrate community-, and regional health authority (RHA)-level, palliative care providers with academic specialists at metropolitan tertiary palliative care units. There was also interest expressed in collaborating on the development of a set of high-quality, palliative care learning objects, that could reside in a central repository and be accessed based on a set of emerging practices for the licensing and use of evidence-based, copyright-owned content.

In November 2003, the Government of Canada awarded \$4.3 million in Contribution Agreement funding to the stakeholders of The Pallium Project to undertake a 2 year, Phase II initiative that will extend the proof-of-concept work enabled by the RRHII initiative. This represents the Government of Canada’s single largest, one-time investment-to-date in developing Canada’s hospice palliative care capacity.

## Useful Lessons

The Pallium Project illustrates one instance of emerging opportunities that university extension units can facilitate by thinking broadly about the untapped capacities and “relational capital” to which they have access by virtue of their unique status situated between the institution and community.

To date there has been some considerable resistance to broader adoption of university community engagement. Some of this resistance has been attributed to “Canadian disdain” for institutional adoption of a concept that is seen to have its roots in the United States. Other resistance appears to be rooted in larger institutional conflict around concepts of modern scholarship and what is acceptable and valued forms of scholarship in the modern public research university. University engagement is very much predicated on Ernest Boyer’s broader vision of scholarship which transcends discovery to include the scholarship of integration, application and teaching (Braxton, Luckey, & Helland, 2002).

Whatever the future of university extension, it is predictable that greater adoption of university engagement practices can be valuable for institutional mission attainment. It provides an opportunity to diversify and broaden revenue risk, by earning external consulting, contract research and technical assistance income. It also provides a base for “real world” issues and problems as a source to inform curiosity-driven and collaborative research, particularly in clinical, social science, education and environment scholarship.

Perhaps most importantly, university engagement practices provide a vehicle for scholars to contribute in a visible and accountable manner to priority needs of society. Such practices contribute to enriched scholarship and further facilitate meaningful opportunities to ground scholars and their scholarship within the communities in which they live and work.

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