efaultcl Article published
in AASA's
School Administrator
June 1993

Schools as Hospitals*

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I'm not a doctor, and I don't play one on TV . . . so this may be why I find hospitals to be such good contrasting metaphors for understanding schools.

Schools and hospitals provide good metaphors for each other because they deal with similar outcomes--*learning* and *healing*. Both learning and healing are natural growth processes, inborn in every human being. The work of schools and hospitals entails facilitating, guiding and enhancing these processes that support natural growth (and at a minimum, not getting in the way).

In addition to the similarities in outcomes, schools and hospitals also share process similarities. For example, practitioners in both organizations operate in situational contexts. They find so much variation in their clients, and complexity in their interactions with them, that it becomes difficult to predict exact results from specific practices. Moreover, in both cases, their clients cannot be "controlled." They make their own choices and do not always follow advice.

Interestingly, both medicine and education face critics urging them to transform *holistically* -- i.e., become totally client-centered. These current calls for change start with similar premises. The former look at a medical system that treats the illness instead of the patient; the latter, at an education system that addresses the learning instead of the learner.

The Management Difference

* As with many metaphors, this contrasting of conditions intends only to suggest possibly different ways to look at, and understand, schools. It does not suggest that all hospitals are well managed, or all schools poorly managed, only that we may be applying different standards and assumptions to two institutions with similar human-serving missions.

But schools and hospitals differ, also. One most significant way is in the fundamental nature of their current management processes. As an example, imagine checking into a hospital for treatment. Lying on your bed, you are connected to several different diagnostic instruments collecting information on your vital signs-- heart, blood pressure, temperature, brainwaves, etc. As you look across your ward you notice twenty-seven other patients with similar hook-ups.

Now imagine that in this hospital all this data about the present state of wellness and sickness from you and the others flows directly to the top floor of the hospital where, once a year, a report is issued noting -- among other things -- how many of your ward mates got better or did not; possibly raising questions about the effectiveness of the treatments that must have been provided; and in your case, suggesting that the next time someone like you comes in they should try something else.

Don't you wonder why that raw information provided for the the top floor's analysis wasn't first made accessible and useful to the doctors and nurses on your ward who might have used it to deal with your specific needs while you were there? Information about you, from all your tests and assessments, instead of being used for better understanding *you*, was used by the hospital to judge *their* actions after the treatments were over. Yet this was the same data your ward's staff needed in order to know where to start each day's treatment.

Or suppose you are just wandering around this hospital, eavesdropping on staff conversations, and you began to notice little common agreement about the basic workings of the human body. The staff seems to have no common core of understanding about how the various processes within the body do their work; e.g., that the lungs take in oxygen and expel CO2, or how the digestive system breaks down food, or even, how the "legbone is connected to the hipbone." And you begin to notice that, without this core of common understanding about how a body functions as a whole, each of the doctors tends to see her/his specialty as the "only thing" -- the primary way to treat what ever illness befalls you.

Wouldn't you wonder how these professionals could talk with each other? How could they respect each other's special expertise? More importantly, with no common understanding of how functions fit together to support life, how could they ever agree on what's wrong and how it might be fixed? How could they fulfill their Hippocratic Oath that they "at least do no harm?"

And then you make one final observation . . . you notice that you're the only one who's noticed! Oh sure, the customers, the staff, as well as the hospital's supporting public, believe the hospital's work could be done more effectively or efficiently, but they accept this model of *managed isolated practice* as the basic way a hospital is supposed to function. There really is no important need for connecting the work processes and managing them as an integrated whole.

Fantasy? For hospitals, yes. Who would want to go to, or have a loved one in, a medical institution that conducted its work like that?

But what about America's schools? Many seem to operate just that way. How did we arrive at this double standard?

The "Work" to be Managed

Most of us have concepts of the "work" done in schools that were formed when we were students at the receiving end of a lot of different forms of information. No wonder we think of schools as largely involved in the "delivery" or "transmission" of information. Yet schools are no more deliverers of information than hospitals are deliverers of medicine. In fact, the nature of their roles is very similar. Both schools and hospitals "deliver," but in each case, the measure of quality is the *appropriateness* of what is delivered to the individual's need.

Thus the "work" of schooling is not what is thought of typically as "teaching." And neither is it "learning." Learning is the outcome of the work. The nature of schools' work processes, as in hospitals, is *responding.* This requires a work process designed and managed for *responding*.

In hospitals it is easy to see how that works. Diagnostic processes depend upon continuing information about the status of the client and his/her needs, and prescriptive processes allow regular exchange of information among professionals about how to treat the needs. But not in schools. Because of society's pervasive, deeply-held belief that schools must be organized to "deliver" subject matter, we accept forms of organization and practice that would not be acceptable if, as in a hospital, "lives" were at stake. That is, if we could see, right away, the long-term consequences of our educational "treatments."

Reforming "Delivery"

The strength of this *delivery* paradigm can be seen in current approaches to school reform stressing testing and assessment, technology, and site-based management. Notice how little of today's national testing and assessment discussion deals with information required for diagnostic purposes by those who might directly act on it while they are still in contact with today' students.

Also notice, that most educational technology has been provided as an alternative way to deliver information. Clearly, these tools can be effective *deliverers*, but their acceptance in this role has always been constrained by more immediate demands on the energies of practitioners trying to respond to students' needs in a work setting seldom designed to support that effort. Without a broader understanding of the responsive nature of school practitioner's work, there has been no priority for technologies that (as in a hospital) could process, store, and make accessible continuing and current information about students' learning needs, or which could facilitate continuing exchange of ideas among those attempting to respond to those needs. Acceptance of technology is not an issue of "training" or "fear" as some would suggest. It requires only a perspective that shows the appropriate role for "delivery" within a school's *responsive* work process.

In the case of holistic reform efforts, both education and medicine fall into a similar trap. As noted earlier, their premises show a similarity in form. One says treat the patient, not the illness; the other says focus on the learner, and not the learning. But each, in attempting to create *new* institutions, fails to understand the nature of schools and hospitals as *organizational systems*. Without this knowledge, they often create isolated units representing the best of holistic medicine or learner-centered schooling [e.g. charter schools]. These "models," however, can not be extended to a scale representing the scope of the current conditions they are meant to address.

In both cases, they have fallen into an "either-or" trap that results in periodic swings from decentralization to centralization, and to a belief that all management off-the-site is bureaucratic, and by definition, "bad." Missing is recognition that the organization must address simultaneously <u>both</u> focal points -- the learning <u>and</u> the learner; the illness <u>and</u> the patient. One provides meaning to the work of the hands-on practitioner; the other provides meaning for the rest of a system that must provide support to those whose daily work responds to specific needs. Interestingly, both schools

and hospitals today are looking to systemic strategies, such as total quality management, to provide for this integration of purposes in a single, aligned management process.

The Missing "Standard"

One possible reason why hospitals seem to operate more systemically than schools may be that an invisible standard underlies all medical treatments. You can see its visible manifestation, many times, on a doctor's wall in a cut-away drawing of a human body. With or without that chart, each medical practitioner understands that the body functions as a single, interconnected system. They may understand one part better than another, but they always are aware of the interdependencies. More than an understanding, this is a belief so strongly held that it provides an invisible frame for each practitioner's efforts. *Treatments* -- the work of the hospital -- all begin with that unquestioned base of knowledge.

Is there a comparable belief in education that can serve the same purposes: that is, provide a framework for understanding how the mind functions and serve as the criterion for all instructional "treatments?" Fortunately yes! From cognitive research we now have a beginning picture of how learning takes place in human minds that is comparable to a physiological chart of the body's interconnected functioning. This picture shows humans taking in information from involvement in meaningful work, then actively making sense and constructing knowledge from the interaction of new information and prior understandings. It seems that we humans are purpose-driven, trial and error learning machines -- and this process is hard-wired into our brains and our cells.

A Common Lens

These new understandings contribute to a growing awareness of similarities among psychological and physiological processes. As George L. Land noted in *Grow or Die*, "psychological processes are an extension of biological processes; the destiny of a simple cell and an individual human is to reach out and to effect its environment; and the single process that unites the behavior of all living things is *growth*.

Managing schools or hospitals requires management of systems of work - some of it done by the staff and some by the client. Prerequisite to effective, supportive management, therefore, is knowledge of that work's nature and how it takes

place. We would not want our children in hospitals that did not operate from a common understanding of the body's workings. We should not want our children in schools that do not operate from a similar common belief -- an understanding of the human mind as a continuous, sense-making processor of experience, and which is applied to the management of all work- both the students' and, importantly, that done by the staff as they continuously improve their daily responses to changing student needs.