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# Recovery Strategies for Digital Transformation in Small Medical Schools

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**Abstract:** This narrative integrative literature review examined how small independent medical schools, such as Sunny's College of Medicine (SCM), poorly managed their post-pandemic transition from a traditional teaching curriculum into a blended (hybrid) curriculum while skipping readiness assessments, faculty engagement, and governance processes. The purpose is to analyze the governance, faculty engagement, and ethical dilemmas undermining outcomes and propose a recovery roadmap grounded in established change management and digital transformation frameworks. Using targeted search terms, keywords, and Boolean operators across Google Scholar, ProQuest, PubMed, Consensus.ai, and Perplexity.ai, the study identified thirty-six peer-reviewed sources based on relevance, recency, and applicability to higher education and health sciences during the COVID-19 pandemic. The findings show that SCM rushed into hybrid adoption without readiness assessments, creating governance gaps, faculty disengagement, and student clinical readiness deficits. Accreditation warnings and donor distrust followed. Applying Saldanha's Five-Stage Model, Kotter's 8-Step Change Model, Basu & Muylle's evaluation metrics, and Hare's ethics checklist provides a framework for recovery. This study highlights an overlooked gap in digital transformation research for small, independent medical schools and contributes a replicable roadmap for stabilizing hybrid models through governance reform, faculty re-engagement, and ethics integration.

**Keywords:** Digital Transformation, Medical Education, Hybrid Learning, Blended Learning, Curriculum Change Management, Faculty Engagement, Higher Education, Digital Readiness

## Introduction

### *Applying Digital Transformation*

The United States announced the acknowledgement of the COVID-19 pandemic in March 2020 (Zarowski et al., 2024), and all citizens were encouraged to stay home and not go to work. Academic institutions quickly looked at options, and most institutions attempted to pivot their learning frameworks from in-person classrooms to online learning environments with new untested methodologies to ensure continuity of education during the emergency (Maatuk et al., 2022). Over 1.6 billion students worldwide could not attend face-to-face classes during the first year of the pandemic (UNESCO, 2021, as cited in Chan, 2023, p. 874), which made Sunnys College of Medicine (SCM) look for ways to address the issue locally. Several years later, as the country came out of the emergency (pandemic), a small graduate institution, Sunnys College of Medicine (SCM), leadership leaped into what it believed would be a permanent blended curriculum in order to survive post-pandemic

uncertainty; instead, the shift exposed a more significant strategic gap in leadership and their decision-making framework. As accreditation bodies warned about coherence in curriculum and students experienced adverse learning outcomes, 18 percent of the faculty decided to resign or retire earlier than expected (D. Burrell, personal communication, May 15, 2025). Similarly, Saldanha (2019) explains how digital transformations fail due to rushed pivots and value erosion instead of creating value. At some point, leadership at SCM stopped thinking of the crisis as a one-time problem and instead considered it a wicked problem (Waddock et al., 2015) that required iterative, stakeholder-driven design, and at the same time, ignored the ethics of responsible change that are foundational in any tech deployment (Hare, 2022).

In looking at established transformation frameworks, such as Kotters' 8-Step Change Model (Miles et al., 2023) or Saldanha's (2019) Five Stage Digital Transformation Model, it is easy to see how SCM decision makers took missteps that demonstrate a lack of enterprise synchronization at best and a complete disregard and ignorance for organizational cohesiveness during digital transformation at worst. At points, faculty reported platform crashes, students cited inadequate organizational readiness, and there was no cross-functional coalition to validate or improve on the OD's digital transformation or the use of appreciative inquiry to help with the rollout (D. Burrell, personal communication, May 15, 2025; Anderson et al., 2015). Organizations that support change management understand the need for a strong and healthy digital transformation framework that includes clear metrics, stable processes, and transparent feedback loops before making any leap towards enhancing digital products or pedagogy (Basu & Muylle, 2023, pp. 160, 195). Absent that foundation, the school's hybrid model became a textbook "mission creep" case where ambition outran capacity and ethics checkpoints (Hare, 2022, p. 101). The following sections suggest merging Kotter's guiding-coalition logic, iterative execution, and evaluation metrics, particularly innovation velocity, into a staged recovery roadmap that answers accreditor concerns while re-energizing faculty and students (Saldanha, 2019; Miles et al., 2023).

### *Problem Statement*

After the COVID-19 pandemic, Sunnys College of Medicine (SCM) transitioned to a blended, hybrid learning model without properly conducting a readiness assessment or using an established change management framework, essentially creating governance gaps and operational instability (Saldanha, 2019; Anderson et al., 2015). Research shows that rushing digital transformations due to the COVID-19 pandemic and lack of adequate faculty preparation or use of shared governance synchronization increases the likelihood of mission creep, platform failures and increased faculty burnout rates, Daumiller et al., (2020), reported the average burnout level was 2.62 on a Likert scale ranging from 1 (never) to 7 (always), with a standard deviation of 0.66, indicating moderate burnout levels among faculty and during the transition (p. 6). There is growing pressure in Graduate Medical Schools to adopt hybrid learning models, but many lack the leadership alignment, stakeholder engagement, and ethical safeguards to ensure sustainable outcomes. SCM failed to integrate Kotter's coalition-building, Saldanha's staged governance, and ongoing ethics checkpoints into its hybrid curriculum rollout, resulting in accreditation warnings, erosion of faculty trust, and measurable student performance gaps. While digital transformation research in higher education often examines large universities and integrated academic health systems, there is limited evidence on how small, independent medical schools can successfully align governance, ethics, and pedagogy in hybrid curriculum recovery efforts.

### *Significant Statement*

The significance of this problem lies in the need for organizations to avoid rushing into decisions without conducting a thorough analysis of the situation and potential responses**.** This case study offers an evidence-based recovery roadmap that integrates operational metrics, staged change management frameworks, and embedded ethical checkpoints, providing practical, replicable strategies to stabilize and improve hybrid curriculum models at small, independent graduate medical schools transitioning to blended learning. Faculty and academic leaders should also read it, as well as medical school administrators, faculty governance bodies, accreditation agencies, and higher education policy makers seeking to address governance failures, as examples of insufficient faculty engagement and the absence of ethical safeguards that threaten the success of digital transformation in graduate medical education.

### *Methodology*

This literature review draws on a targeted search strategy conducted across Consensus.ai, Google Scholar, ProQuest, Perplexity.ai, the Marymount University Library, and PubMed, using key terms related to digital transformation, hybrid learning, governance, faculty engagement, and change management in higher education, including peer-reviewed sources, studies, scholarly books, or authoritative reports published primarily from 2019 onward, focusing on medical education, graduate health sciences, and transferable professional training contexts. Exclusion items include outdated sources, non-educational, lacking credible authorship, or focused solely on technical issues without linking to governance or educational outcomes. At the time of writing, 36 sources met these criteria, though the review is limited by the scarcity of empirical studies on stand-alone medical schools, potential publication bias, and the rapidly evolving nature of digital transformation research.

### *Boolean Search Terms:*

The following is a list of 10 Boolean search terms used on the various search platforms to find journal articles to support the essay sections.

- "digital transformation" AND "higher education" AND "change management"
- "blended learning" AND "medical education" AND "faculty engagement"
- "hybrid curriculum" AND "graduate medical school"
- "digital transformation" AND "Kotter's 8-Step" OR "change model"
- "Saldanha" AND "iterative execution" AND "digital transformation"
- "Basu and Muylle" AND "evaluation metrics"
- "learning analytics dashboards" AND "student performance" AND "faculty development"
- "technology ethics checklist" AND "higher education"
- "faculty retention" AND "digital transformation" AND "higher education"
- "governance" AND "decision making" AND "medical school" AND "digital transformation"

## Pandemic Triggered Emergency Remote Teaching

### *Scope and Urgency*

The abrupt shift to emergency remote teaching (ERT) in early 2020 created modern history's most significant educational disruption (Bond et al., 2021). The World Health Organization declared COVID-19 a pandemic, and over 1.6 billion learners worldwide lost

access to traditional classrooms (UNESCO, 2021, as cited in Chan, 2023, p. 874). In response, clinicians, medical schools, governments, and accrediting agencies began to urge institutions to adopt digital platforms to maintain academic continuity (Car et al., 2021). Hence, to maintain higher academic instruction alive, ERT was adopted and keenly acted as a triage response, even if it lacked some pedagogy and long-term planning, which by the way is a concept predicted when organizations are under duress (Bond et al., 2021, & Saldanha, 2019), paving the way to diagnose and understand SCM's response and how their hybrid design faltered post pandemic.

### *Triage to Long-Term*

Hybrid models began to emerge at many academic institutions by 2023, and even though these institutions often implemented them without rigorous needs assessment, they were transforming their temporary online solutions into more permanent, systematic frameworks. Academic institutions moved from recorded lectures to a mixture of synchronous and asynchronous modules, but they did so without the formal infrastructure or faculty readiness audits (Zainal et al., 2022; Trevisan et al., 2023). Leaders continued to panic and make assumptions without taking the time to survey; they used the easiest beliefs as answers to hedge their bets, but they continued to avoid implementing Kotter's first four change steps: urgency, coalition building, vision, and communication, before putting a model in place (Anderson et al., 2015, pp. 35-36). SFMC took the same approach and made decisions as part of a broader trend of reactive digitalization that skipped inclusivity and shared governance.

### *Success vs Latent Risks*

Whether rapid ERT-to-hybrid transitions benefit learning outcomes or hide future issues is unclear. One thing is for sure: a blended-learning physiology course showed quiz scores on par with traditional classes and higher student satisfaction (Zhang et al., 2024; Li et al., 2019), and while virtual anatomy platforms like *Anatomage* bring significant educational benefits, virtual dissection lacks the tactile and spatial experiences of cadaveric dissection, which may impact students' performance in practical cadaver-based exams (Evans et al., 2024). Educators design formal online learning experiences to optimize student engagement and learning outcomes, unlike ERT, which often lacks depth of planning and serves as a pseudo replacement for traditional methods in emergencies. It also adds to the importance of properly mixing technology into blended-learning environments to balance the educational benefits with the limitations of technology (Hodges et al., 2020). SCM skipped that stage, so latent risks (platform crashes, clinical-skills erosion) soon surfaced. This evidence positions governance and readiness, not technology itself, as the primary determinants of pandemic-era hybrid effectiveness, a theme explored in the following subsection on planning deficits.

## Governance & Planning Deficits

### *Siloed Experimentation*

Committed leadership owns its actions and has a greater impact on outcomes, a "siloed experimentation ", which is stage 2 of the five-stage model (Saldanha's Five-Stage Model), tends to surface when teams that are isolated launch digital pilot programs without enterprise orchestration (Saldanha, 2019, Ch. 3). Siloed experimentation is meant to be part of a larger five stage model in order to succeed, but if organizations attempt to digitize only using this stage, then the risk of a lack of shared goals, limited knowledge sharing, lack of scaling successful initiatives, and inefficient use of resources can limit its success (Bocken

et al., 2021; Saldanha, 2019), typical precursors to failure would include; duplicated tech stacks, ad-hoc funding, and dashboards that track uptake but ignore cross-process impact. Unfortunately for SCM, symptoms of stage 2 were displayed; hence, it could never advance to stage 3, "Partially Synchronized" governance. Having the ability to map these missteps can help clarify why fixes to structure and not tool swaps have to be prioritized.

### *Missing Coalitions*

Kotter's Eight-Step Change Model is a widely used framework for managing organizational change, including digital transformations (Anderson et al., 2015). Building a coalition, Kotter's second step, is a warning that progress will stall when key stakeholders are absent from the decision core (Huang et al., 2024), as seen in Baylor University's Bear Mascot Program revamp in the early 2000s, when external pressures increased. The coalition evolved to include more formal university leadership and institutional commitment (Patterson et al., 2021, p. 383). Coalition building was also important at Purdue University's intercultural competence initiative, where leaders collaborated with the Center for Intercultural Learning to ensure institutional commitment to provide the expertise needed to drive change forward in its quest to have faculty. Staff become interculturally cognizant and competent (Kuffuor et al., 2024). Unfortunately, neither clinical faculty nor instructional designers sat on the pandemic steering team at SCM. As a result, the governance hole missed the ability to create coalitions, the work maintained unknown feedback loops, and a lack of recognition of declining student outcomes in clinical skill readiness, mirroring that unrepresented voices can slow issue detection (D. Burrell, personal communication, May 15, 2025). Coalition formation, therefore, becomes the first mitigation lever for moving SCM out of stage 2 (Anderson et al., 2015; Machleid et al., 2020, p. 8).

### *Stage 3 Partial Synchronization*

Escaped the siloed stage, what now? Those organizations did so by formalizing cross-functional governance and standardizing metrics prior to the rollout and scaling of pilot programs. A key aspect of transformation is an organization's standardization of its ability to measure, so at some point within Kotter's Eight-Step Change Model, in order to insert some level of Appreciative Inquiry (Anderson et al., 2015), allowing you to define, discover, design, and deliver a plan to use. A learning management system (LMS) and learning analytics (LA) are perfect to standardize metrics, increase cross-functional focus, and accurately log key performance indicators (KPI) and a four-cluster analytic model, learning process flow, learning engagement, learning outcomes, knowledge no-boundaries, learning community building, and management (Krumova, 2023; Basu & Muylle, 2023, pp. 160, 195). For a practical recovery roadmap, SCM must establish standards that install a coalition, adopt sprint-based synchronization, and audit redundant platforms.

## Wicked Problems, Ethics, and Reform

### *Mission Creep*

Hare (2022) explains that when one project, initiative, or technology goes beyond its intended goals and creates unintended consequences, often resulting in long-term commitment, educational initiatives risk "mission creep". When technology dictates pedagogy instead of serving it, SCM implemented blended learning hybrid systems without conducting a risk assessment analysis, which was also a mission creep. The Technology Ethics Checklist (TEC) also calls for defining the problem, mapping stakeholders, and stress-testing unintended consequences before any rollout (D. Burrell, personal communication, May 15, 2025; Hare, 2022). Synchronous online classes were organized

for students according to the traditional agenda of classes without thinking about the students' ability to focus on on-screen activities for many hours and, after that, to do independent work (Daniela, 2021). There is also the science fiction fear that with the continued progression of current Artificial Intelligence models, human brains will become obsolete, and Large Language Models, such as ChatGPT, Gemini 2.5, or Anthropics Claude, will take over all student and faculty tasks (Abd-Alrazaq et al., 2023, p. 6). Interestingly enough, SFMC, in its quest for utilitarianism via technology, undermined or completely forgot to use a TEC (Hare, 2022) and inserted proctoring software into its LMS after complaints about quiz integrity (D. Burrell, personal communication, May 15, 2025) and never revisited privacy, safeguards, or usability, which is a textbook digital ethics failure. Embedding Hare's checklist and value-sensitive design principles early would have flagged privacy, accessibility, and training gaps that later crippled platform adoption.

### *Wicked Problems*

Curriculum changes qualify as a wicked problem, especially at graduate medical institutions such as SCM; it resists definitive solutions, crosses professional silos, and morphs as stakeholders learn (Waddock et al., 2015, p. 998). A survey of medical students revealed that the successful implementation of digital health education requires iterative collaboration among stakeholders, including educators, policymakers, and IT specialists (Machleid et al., 2020). Waddock's lens explains why SCM's top-down sprint crumbled; leaders treated the curriculum like a puzzle with a single correct answer rather than adopting an *Agile Culture* as part of a *Living DNA System* (Saldanha, 2019, pp. 136-144) that demands constant reframing. A wicked-problem stance legitimizes frequent iteration, makes dissent data-rich rather than disruptive, and dovetails with Kotter's coalition-building imperative introduced earlier (Anderson et al., 2015; Waddock et al., 2015).

### *Utilitarian stop-gaps vs long-term professional standards*

Short-sighted or reactionary administrators have the common habit of using utilitarian logic and often apply quick digital fixes in order to keep classes running, but at medical schools, their duty should be held to a higher standard with long-term planning and possibly using Kirkpatrick's Four Levels of Evaluation (Anderson et al., 2015; Hare, 2022). A survey demonstrated that short-term interventions could achieve knowledge outcomes (Level 1), only 8.3% of studies evaluated behavioral changes (Level 3), and 25% assessed patient outcomes (Level 4), emphasizing the need for medical schools to move beyond utilitarian quick fixes and adopt sustained, evidence-based strategies for long-term impact (Menezes et al., 2021). Hare (2022) supports that utilitarian shortcuts without audits can and will erode trust and professional identity. SCM's failure to review the emergency ethos with its obligation to produce clinically competent graduates created a moral issue that both faculty and students felt. Like any other business, academia requires ethics in all phases of its academic roadmap; only then can the hybrid models be developed to honor both immediate need and long-term standards.

## Faculty Engagement

### *Action Research and Appreciative Inquiry*

The disengagement of *paidagogos (educators) at SCM can be attributed to more than dissatisfaction with the use of technology; it demonstrates a perceived breakdown in shared governance values and practices.* Observations noted that action research, involving the whole team, which cycles through diagnosis, participation, flexibility, and evaluation, can empower faculty and help generate solutions instead of issuing directives from faculty (Li et

al., 2024, p. 3). The exclusion of faculty from the decision-making processes to permanently implement the model removed confidence in leadership and the possibility of early feedback and discussion that might have lessened the usability issues, misalignment, and moral decline. There was also the option of using appreciative inquiry to reframe the focus and transition from the pre-pandemic teaching models that worked at SCM to the integration of a post-pandemic hybrid framework; however, instead, it was perceived as a dictatorial decision and a loss of academic freedoms and autonomy. The ultimate action would have been to mesh both action research and appreciative inquiry into the rollout and help nurture engagement and shared ownership of the digital transformation process, laying the foundation for continued growth of a robust organizational academic culture.

### *Digital-Fluency Readiness*

As stated earlier, leaders at SFMC skipped readiness assessments and made untested assumptions about digital fluency as part of Saldanha's Five-Stage Digital Transformation Model (Saldanha, 2019, Ch. 3), leading to skill gaps that became critical under the hybrid model. Individuals all experience frustrations with new technology when they first learn to use it. Higher education faculty are no different, and research shows that inadequate digital readiness correlates to higher resistance, higher burnout, and higher attrition ratios in academic faculty (Daumiller et al., 2020). Lack of prior experiences with asynchronous content creation, compounded by insufficient support to educators in instructional design, use of virtual labs, and Zoom meetings, led to steep learning curves. The results were weakened morale and less-than-preferable teaching effectiveness, eventually leading to 18% of the faculty at SFMC resigning or retiring early (D. Burrell, personal communication, May 15, 2025). Digital-fluency readiness studies emphasize that such risks can be mitigated by tailored training aligned with discipline-specific needs, allowing educators to translate technical skills directly into pedagogical practice (Olivares et al., 2021, p. 116). The absence os such readiness assessments, assumptions on faculties' digital readiness, and lack of support transformed the digital transformation into a stress amplifier, which by default undermines individual well-being and collective commitment to the new curriculum.

## Student Outcomes, Clinical Readiness, and Digital Pedagogy

### *Hybrid Efficacy*

Research on learning hybrid models within medical education provides contradictory outcomes, and often the statements made are biased depending on which side of the fence a person is on. A study based on an online physiology course matched improved student satisfaction to traditional classroom quiz scores (Zhang et al., 2024, p. 7; Li et al., 2019, p. 1), while results from a two-semester virtual lab-based anatomy course led to a drop in practical exam scores, which underscores the limitations of replacing traditional learning experiences with digital ones (Evans et al., 2024). During the COVID-19 pandemic, SCM relied heavily on asynchronous virtual labs, and without addressing the limitations, this left the students underprepared for future hands-on experiences in the clinic. The study of Fifty-six (56) institutions confirmed that blended learning results in stronger knowledge outcomes, and that the use of typical virtual tools with scheduled in-person skills reinforces the use of various types of blended learning (Blacher et al., 2020). Unfortunately, SCM curriculum leaders were unaware of such research because they failed to look for it, creating gaps in learning and reducing learning outcome scores despite maintaining some short-term academic performance goals.

### *Leading Indicators vs. Lagging Board Scores*

Institutional leaders also tend not to look at learning outcomes data quickly enough, so they fail to serve as a program indicator worth looking at, reinforcing the behavior. Additionally, lecturers quickly blame students for a lack of effort rather than admitting a lack of their abilities as educators. SCM leadership attempted to rely on board results as their primary measure of failure or success, but they could never recognize performance declines in time to stop significant damage to the scores of the next group of students. Basu and Muylle (2023, p. 194) emphasize that timely intervention depends on early-warning metrics tied directly to engagement and skill acquisition. So, the students and program suffered when SCM could not track virtual anatomy lab completion rates and formative clinical skills results months before the high-stakes exams. By failing to collect and act on these leading indicators, SCM forfeited the chance to make agile adjustments, making predictable performance issues problematic.

### *Cognitive Load and Asynchronous Fatigue*

Due to prolonged use of digital devices, there is a significant concern regarding screen fatigue and exhaustion in online learning environments. The research continues to increasingly link screen fatigue to academic outcomes that are not favorable, reduced motivation, concentration, and ultimately lower grades (Dacillo et al., 2022, p. 8). Hybrid models can overload students cognitively when asynchronous modules lack coherent sequencing or straightforward integration with synchronous instruction (Hung et al., 2024, p. 4). Additionally, poorly structured online components, such as monotonous and repetitive videoconferencing sessions with limited affordances for engagement, often lead to increased fatigue, including general, visual, social, motivational, and emotional exhaustion as highlighted by a study (Hodeges et al., 2020, p. 5). Sadly, students did not have consistent guidance at SCM and had to learn to juggle AI-driven simulations, asynchronous virtual labs, unaligned lecture recordings, and how each component fits into the overall educational map. Students then experienced weakened retention, making it harder to transfer practical knowledge from the classroom to clinical settings. Redesigning the hybrid curriculum with cognitive load theory in mind, by chunking content, incorporating scaffolding, and aligning digital and in-person activities, can help manage cognitive load, enhance engagement, and support mastery by balancing extraneous load with germane processing and aligning instructional design with specific learning outcomes (Skulmowski & Xu, 2021). Institutions that intentionally manage cognitive load in hybrid delivery often see higher satisfaction scores and more consistent clinical readiness among graduates.

## Credibility and Trust

### *Accreditation Warning*

Depending on the academic program, different accreditation bodies use different academic outcomes to evaluate programs, governance structures, faculty development, and assessment systems used by higher education institutions. In the United States, Graduate Medical Schools have to receive accreditation by one of the major accreditation bodies, i.e., Liaison Committee on Medical Education (LCME), Commission on Osteopathic College Accreditation (COCA), Accreditation Council for Graduate Medical Education (ACGME), Accreditation Council for Continuing Medical Education (ACCME), and the Joint Commission (TJC). SCM is no different and faced the same warnings after pivoting too quickly into the hybrid learning environments as part of their digital transformations and failure to address root causes, as those identified in Stage 2 of Saldanha's (2019) digital transformation model.

### *Brand Equity Erosion*

In academia, donors and alums often act as informal brand ambassadors and strong supporters, so an institution's reputation depends heavily on them. SCM's hybrid rollout eroded this trust due to mission creep and poor communication, which echoes Hare's (2022) warning about reputational risk when ethics are sidelined during a digital transformation. However, if leadership presents a clear recovery plan with planned evaluation frameworks, alums and donors should rally back and provide support, as recommended earlier. To counterbalance the recent negative press, the school should create positive narratives, such as quick-win tactics that improve faculty retention or publish early student engagement gains. The hope is to help reframe the hybrid initiatives as measured reform rather than a failed experiment.

### *Social-Media Narratives and Public Perception*

Today, official statements are made via social media, and brand equity can live and die due to real-time announcements or lack thereof; organizations have to make sure official narratives spread faster than non-official narratives if they hope to maintain control of their brand equity. SCM did not control the online narrative, and the absence of proactive digital storytelling allowed the negative experiences from faculty and students to damage the public perception of SCM. Based on the principles outlined, organizations can confidently reclaim the conversation by prioritizing customer intimacy, engaging stakeholders directly, emphasizing co-created solutions, and showcasing faculty-student partnerships developed through Appreciative Inquiry (Anderson et al., 2015). The solution is to reintegrate the engagement strategies mentioned into public communications, improving morale and stakeholder confidence. This would help the university position itself as a learning institution committed to iterative processes by prioritizing customer intimacy, engaging stakeholders directly, and showcasing faculty-student partnerships fostered via appreciative inquiry instead of being seen as an organization scrambling to do damage control (Anderson et al., 2015).

## Recovery Roadmap

### *Foundation to Recovery*

Fundamentally speaking, effective recovery begins and requires business stability prior to attempting large-scale change, which, in this case, is known as digital transformation. In the case of SCM, focusing on operational excellence, customer intimacy, and product leadership is the key to recovery, as explained by Basu and Muylle (2023, p. 160). Bond et al. (2021b, p. 21) add that operational metrics such as faculty digital fluency scores, student engagement rates, and course completion timelines and satisfaction are required to assess the effectiveness of educational technology. Transparent metrics are critical to create a firm baseline to rebuild stakeholder trust and advance disruption and empowerment to move beyond Saldanha's (2019) Stage 2 Siloed Experimentation. Providing quantitative evidence to accreditors and donors alike is required prior to committing further support to the organization.

### *Iterative Execution*

Once the foundation is solid, it is important to break down large-scale digital transformation efforts into smaller, manageable, and iterative chunks to reduce risk and improve outcomes. Key principles in the Iterative Execution Framework (Saldanha, 2019), like agile methodology, portfolio of projects, minimum viable products (MVPs), failing fast and learn, and innovation velocity, need to be used to implement quick, high-impact

improvements to frame the solutions. The benefits are risk mitigation, faster results, better flexibility, and scalability (Saldanha, 2019). By sequencing changes in this way, leadership can generate quick wins that energize faculty and students while minimizing disruption to ongoing instruction.

### *Guiding Coalition in Kotter's 8-Step Change Model*

Now that foundation stability and iterative execution have been implemented, maintaining momentum is critical, which requires deliberate leadership alignment. Step 2 of Kotter's 8-Step Change Management Model, Guiding Coalition, emphasizes the formation of cross-functional teams with absolute decision authority, bringing faculty leaders, IT specialists, student representatives, and administrators together to make decisions as part of a shared governance structure. This coalition becomes the central driver for identifying and delivering quick-win projects, such as redesigning asynchronous learning modules or improving assessment feedback turnaround, that mirror the agile, high-impact improvements described in the Iterative Execution stage (Miles et al., 2023, p. 99). Reinforcing stakeholder confidence and participation early will demonstrate that leadership is actively listening. Finally, embedding ethics checkpoints (Hare, 2022) into each improvement cycle ensures that institutional values and progress are aligned to prevent mission creep and maintain trust during recovery.

### *Integrating Ethics Checkpoints*

Ethics integration should not be an afterthought at the end of a digital transformation; instead, designers should add it into the lifecycle in the creation process. Hare's (2022) technology checklist will help SCM institutionalize value-sensitive design before deploying significant changes without ethical considerations, ensuring that pedagogy, platform, or policy adjustments are evaluated and included as intended and not as accidents. By combining Basu's and Muylle's (2023) evaluation framework, Saldanha's (2019) sprint methodology, and Kotter's Stage 2 coalition building (Miles et al., 2023) with an ongoing ethics review checklist (Hare, 2022), SCM can create a recovery roadmap that is agile, principled, and stakeholder-centered. This integration directly addresses the mission creep and stakeholder alienation identified in earlier sections, paving the way for a hybrid model that is sustainable, ethical, and educationally sound.

## Recommendations

### *Research Gap*

Available literature on digital transformation in higher education organizations focuses on integrated academic health systems in larger universities, which leaves a notable gap in evidence-based research for stand-alone medical schools like SCM. While studies like Zainal et al. (2022) and Trevisan et al (2023) talk about blended learning and the views of clinical educators, they fail to examine the operational, cultural, and accreditation pressures unique to small, non-profit, independent medical institutions. The result is a limitation that creates generalized findings and uncertainty; furthermore, it creates uncertainty about which framework, Saldanha's (2019) iterative execution, Kotter's guiding coalitions, or Basu and Muylle's (2023) evaluation metrics, to use in order to find solutions most effectively. Addressing this gap would require targeted case studies or mixed-method research on peer institutions navigating similar post-pandemic transformations.

### *Data on Real-Time Ethics*

Data scarcity is an effect due to a lack of evidence from fundamental research; even if technology ethics checklists (TECs) are available, they might not be able to be used as practical tools in real-time curriculum transformations (Hare, 2022). However, the use of the 5-Stage Digital Transformation Model uses the iterative system to break-fast, fix-fast cycles in order to make quick adjustments to digital transformations, and the inclusion of "innovation firewalls" can help protect early-stage projects while ensuring data, ethics, and security standards (Saldanha, 2019). Failure to continuously monitor ethics practices contributes to mission creep and other issues, which is evident at SCM, including actionable data for leadership to adjust to during mid-implementation instead of trying to react after they fail. For this reason alone, future research is encouraged to test the impact of embedding ethics checkpoints and inclusivity via shared governance and measure unintended consequences faster in the implementation process.

### *Integrated Dashboards*

There is a real need for integrated dashboards that can help unify views, including literature on integrated decision support systems, with the ability to connect to faculty development, current student outcomes, and effective operational performance. Multiple studies provide evidence of the growing use and value of learning analytics dashboards (LADs) that integrate data from various sources to support faculty and student decision making (Gutierrez et al., 2020). A mixed dashboard could help faculty triangulate areas for training participation in real time based on student sentiment surveys and industry-wide indicators like virtual lab completion rates and student outcomes. Allowing leadership to see direct correlations between re-skilling efforts and academic performance, enabling them to scale, refine, or retire hybrid components in real time and before issues escalate. It is not a fix-all solution, and much attention to detail and process must occur; frameworks like Kotter's 8-Step Process and McKinsey's 7S can help strengthen recovery plans and provide a transferable model for SCM.

## Conclusion

Spring 2020 began societal change as we knew it, using masks, staying home, and governments deciding what they believed was best for their citizens. This study explored the challenges associated with adopting hybrid curriculum methods and frameworks as perceived by one small graduate university, Sunny's College of Medicine (SCM). Specifically, we looked at its pain points and places to improve, which stemmed far less from technology use and more from decisions made by leaders that skipped readiness assessments, used weak governance guidelines, and limited the faculty engagement to have less resistance at the leadership levels. This study looked at insights from digital transformation, change management, and ethics frameworks, in which the analysis demonstrated that recovery requires both reform and cultural alignment. Use of key models such as Saldanha's Five-Stage transformation, Kotter's 8-step change process, and Hare's ethics checklist offers actionable roads to stabilize operations and rebuild stakeholder trust. Concluding ideas of this discussion were limited to focusing future research on small, independent medical schools whose risk is heightened during digital transformations due to limited resources and smaller governance structures. Finally, we believe institutions that embed iterative evaluation, shared governance, and real-time ethics checkpoints into their digital strategies will be best positioned to transform disruption into sustainable educational innovation.

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