event, I could have been a bit more assertive in seeking out the possible cause of these symptoms with my own family doctor.

As I look back on this part of my cancer journey I realize that it has redefined who I am and has reshaped me as an educator. It has reinforced my desire to be responsive to the *other* and to ensure I seek first to understand. I realize that it is vitally important to not dismiss the smaller stories that are going on around us and to not frame these other stories as insignificant. Instead, I realize that I must always strive to take time to hear the other side of things and to hold off on a quick fix or easy end to a problem. I wish to ensure that those individuals who are in the midst of the situation are provided with a chance to make sense of things for themselves and have opportunity voice to their concerns, perspectives and ideas. The importance of working as a team in pursuit of a better alternative is crucial for success, which in Part 2 of this narrative, is addressed in greater depth.

**Part 2 Transformations, Creativity, Caring and Accountability**

> *Our Vision: Achieving global impact*
> *Our Mission: Exemplary patient care, research and education*
> *Our Purpose: We are a caring, creative and accountable academic hospital, transforming health care for our patients, our community and the world.*
> *Our Values: * Caring * Excellence * Teamwork * Innovation * Integrity * Leadership * Respect (University Health Network)*

It was three days following my cancer surgery. I lay in the hospital bed reflecting on my journey with this frightening disease. This rare form of bone cancer, chondrosarcoma, resulted in the necessary removal of a large portion of my hard palate. The typical course of treatment following the surgery would have involved insertion of an obturator (a prosthesis used to close the opening left as a result of the removal of bone and tissue), but fortunately for me, my course of treatment was not typical. I was under the care of an innovative and talented surgeon who has transformed the level of patient care, particularly for this form of oral cancer. As I lay there, I heard a familiar voice. I looked up and at the open door of my room stood Dr. Gilbert.

He was dressed in shorts and smiling. This was completely unexpected, since it was a holiday (August 1st) and I had been informed that no doctors would be making rounds today. As he entered the room he asked, "How is my patient doing today?"
I was thrilled to see him and so impressed at the degree of caring he showed, taking time during this holiday (his day off) to make an unscheduled visit. We talked about next steps involved in my recovery and then, during our discussion, something quite magical happened. Like a light bulb going off in my head, I could see the connection between this surgeon's unyielding commitment to patient care, his innovative practice and how these beliefs, actions and way of thinking, needed to somehow be captured and transcended into educational reform. What I realized at that very moment was that I needed to understand why this physician desired to revolutionize patient care and understand what pushed him past the resistance of the *status quo*. I wanted to find a way to connect my understanding of how this surgeon's thinking, passion, commitment and drive could lead

to a framework for how we can make a difference in our schools, organizations, educational institutions.

In our dialogue, it became apparent that Dr Gilbert‘s first priority was enhancing the quality of a patient’s life. He was empowered by the belief that the status quo was not good enough. He believed if one really cares about a patient’s quality of life a better solution needs to be pursued and found. His quest for a better solution unfolded over a period of eight years and within the context of over two thousand surgeries. I asked him how he came to develop this radical method of bone and tissue graft (which utilizes the shoulder blade and muscle) as a new standard of reconstructive surgery for this particular form of maxillofacial cancer. He explained that the previous method of treatment involving prosthesis, which was widely accepted and practiced by most doctors around the world as the standard form of care, did not provide the patient with adequate quality of life. In this standard approach, the patient is left with facial abnormalities that are never fully rectified, since without a replacement of the removed bone, the face literally drops when the obturator or prosthesis is removed. Having been in the position of facing this as my possible reality, I recall the emotion that completely overwhelmed me at the thought of the permanent disfigurement that I would have endured if this standard approach had been utilized.

Dr Gilbert went on to explain that in knowing he needed to develop a bone and tissue graft to replace the removed portion of the jaw and palate he had to keep in mind a bone he could use that had a blood supply so that it would continue to be integral to the body and would survive radiation should this be required as a follow up treatment. He

carefully re-examined the human anatomy searching, in particular, for all the bones with a blood supply that could potentially be used for grafting purposes. In his search, he noticed that the shape of the shoulder blade appeared to closely resemble the shape of the bone in the jaw. To be sure, he made an overlay of the two areas and remarkably, as the two images were superimposed on one another, he discovered they were virtually a perfect fit. The challenge now became how to harvest this bone and tissue and to develop surgical procedures and techniques that would ensure success. Many colleagues were wary and skeptical of this new treatment option, warning him that it was too radical and risky. But, convinced that it could be done, he persevered and innovated treatment protocols and developed procedures that are now world-renowned. As he presents this technique in medical conferences around the world, he is still occasionally greeted with skepticism and doubt, but his record of over two thousand surgeries with a 99% success rate speaks for itself.

Now, as I reflect on this conversation, I see that Dr. Gilbert's frame for thinking and his mindset provides great potential and inspiration as a model for innovation in education and for making a difference in our schools. This story offers us a metaphor that is "morally resonant and contributes to our knowing" (Noddings & Witherell, 1991, p. 1). This narrative of medical innovation, when connected to Freire's theories in *Pedagogy of the Oppressed* (1970), I contend, acts as a frame of reference that can effectively guide and support system change and innovation in education. In order to free the oppressed, Freire proposes that one must problematize one's own life in order to realize that a different status is required and can be achieved. Two stages of this transformation are

proposed. The first stage involves becoming conscious of the reality that the individual lives as an oppressed being subject to the decisions that the oppressors impose; the second refers to the initiative of the oppressed to fight and emancipate themselves from the oppressors. He suggests this approach can come across *limiting situations* that block them, and that these situations are the product of resistance on the part of the oppressing classes to any change in the status they protect. Oppressors fall into the naïve thinking that one should adapt to existing conditions, rather than construct the new and appropriate conditions required by critical thought– the kind of thought that builds spaces and opportunities for liberation and the overturning of oppression through conscious action. Dr. Gilbert problematized the issue of the quality of life for the patient and in so doing, realized that a different status was required and could be realized. The oppressor, in this narrative, is represented by the traditional body of knowledge in the medical profession and particular way of dealing with maxillofacial cancers. The doctors who embraced this traditional way, informed by the current body of knowledge, acted as the oppressors in their attempt to block the initiative because they believed the patients (the oppressed) should adapt to existing conditions (accept the prosthesis) rather than experience new conditions (the bone graft innovation) that would actually liberate them (enhance their quality of life). I contend that in order for innovation to occur, individuals within organizations need to examine the realities in existence, thinking critically about how existing procedures might be oppressing others and, with determination, passion, and drive, initiate emancipation from the oppression as demonstrated by Dr Gilbert and his quest for innovation.

To keep moving forward with innovation, Roger Van Oech, President of Creative Think, a California based consulting firm suggests the following tips in his book *A Whack on the Side of the Head: How You Can Be More Creative (1990):*

- **Be Dissatisfied**- Dissatisfaction can be beneficial to the creative process. Otherwise you lose the prod you need to spot potential problems and opportunities.

- **Map Out Your Plans**- Determine your objective, visualize reaching your objective.

- **Take a Whack At It**- You can't hit a home run unless you step up to the plate. Don't wait for your idea to happen, make it happen.

- **Get Rid of Excuses**- It takes more creativity to get rid of excuses we put in the way than it does to come up with the idea in the first place.

- **Have Something At Stake**- Survival, self-esteem, money, reputation, having something at stake will keep you motivated to make your idea successful.

- **Get Support**- It is easier to be creative if your environment both supports and expects new ideas.

- **Sell, Sell, Sell**- It is not creative unless it sells. Identify what benefits does it provide? What does it promise?

- **Be Courageous**- To fight a bull when you are scared requires courage. Determine what gives you courage to act on your idea.

- **Give Yourself a Deadline**- The ultimate inspiration is the deadline. That's when you have to do what needs to be done.

- **Fight For It**- Two basic rules of life are: 1) change is inevitable; and 2) everybody resists change. Much of the world has its defenses up to keep out new ideas. "The human mind likes a strange idea as little as the body likes a strange protein and resists it with a similar energy" (W.I. Beveridge,) Thus you need to become a warrior and do what's necessary to make your idea a reality. Sometimes this means fighting past the obstacles you encounter.

- **Be Persistent-** Once upon a time, two frogs fell into a bucket of cream. The first frog, seeing that there was no way to get any footing in the white fluid, accepted his fate and drowned. The second frog didn't like that approach. He started thrashing around in the cream and doing whatever he could to stay afloat. After awhile, his churning turned the cream into butter, and he was able to hop out. How persistent are you? (*pp. 169-182)*.

As an extremely successful organization in the forefront of cancer research and cure, the hospitals that are part of the University Health Network and the doctors who are part of this organization embrace most (if not all) of Van Oech's mentioned tips. Dr. Gilbert's innovative and comprehensive approach to treating this form of cancer, I contend, embraces these creativity tips from Van Oech (1990). In the narrative interview with Dr. Gilbert (found in Chapter 4) many aspects of these tips are uncovered. The mindset for innovation as described by Van Oech's tips is echoed within the conclusions in Chapter 5 through the Four Directions of Leadership model that I present as a means to transform our educational systems and institutions. The statement of purpose of the University Health Network (as shared at the beginning of Part 2 of this chapter, p. 31) is grounded in the premise of exemplary care and is reliant on the ability to be creative in order to transform patient health. It lays a foundation or condition ideal for innovation to occur. What needs to be integrally linked with the conditions for innovation, is a collective of individuals within the organization who are not constrained by current realities and are open to seeing things in new ways, seeing the potential first rather than only the drawbacks or risks. I argue that the degree to which innovation can occur in an organization is ultimately dependent on the mindsets and desire of empowered

individuals within organizations and when these individuals are supported by clarity of purpose that is focused on improving the human condition then great achievements are possible.

As I look back on this entire journey with cancer, each stage of my journey brings a new level of awareness to my beliefs as an educator. What I initially perceived as an unimportant and an unfortunate event in fact has turned out to be extremely pivotal and must be reframed as fortunate. It has helped to shape and create my future goals and desires as an educator. I am moving beyond the diagnosis into a new place and space in my life's journey. Through the process of narrative inquiry, by looking back on these experiences seeking new insights about them, I am propelled forward into a new space and place in my life. Upon reflection, I can see that a state of the lack of wide-awakeness and lack of desire to determine what is really going on becomes a roadblock to moving beyond one's current reality. The belief that the nosebleed was "just a nosebleed" reinforced the limiting actions that were taken. The limiting power of this belief held by the walk-in- clinic doctor locked him into his decision about how he would proceed with my care. In *Metaphors We Live By*, Lakoff shares that "Our concepts structure what we perceive, how we get around in the world and how we relate to other people" (1980, p. 3). Based on this understanding, I contend that the clinic doctor's inner concepts structured how he related to me in the presenting situation. Blind acceptance of *what is*, kept me and the walk-in-clinic doctor in a state of maintaining the *status quo* and literally relying on actions such as holding one's nose to get by and through the problem. If we are limited by our concepts of *what is* in education, we cannot be responsive to the

students and communities that we work with. By adopting such a limited view of the world we ignore the uniqueness of the needs of others and supplant them with *my way is the right way* framework, or worse, a *father knows best* mindset. This experience has made me consider how I can be more awake in the moment and to not "drift or act on impulses of expediency" (Greene, 1978, p. 43).

In the second stage of my journey, both the young doctor from the emergency department and the ENT specialist demonstrated the importance of wakefulness and the power of intuition. It has reinforced for me the importance of differentiating between what one thinks is happening and carefully deciphering or determining what is really going on, looking beyond the *what is* with curiosity and a burning desire to find out. If we do this we can make a greater difference and perhaps arrive at the correct diagnosis and ultimately the best treatment plan. But how do we get beyond the diagnosis? The answer for me lies in the final stage of my journey, in the events that followed my cancer surgery. It lies within the conversations that I have had with Dr. Gilbert. I realize from these powerful conversations, the significance of a mindset, particularly one that is based on excellence of care, a focus on improvement and a strong desire for innovation. The combination of excellence of care, desire to innovate, and embracing of creativity, enables significant transformation in our lives and the lives of others, in very powerful and positive ways.

As I move beyond the diagnosis, I arrive in a new and exciting space and place where my life story continues to unfold– a space where I am determined to embrace a mindset that is shaped by curiosity, creativity, innovation, caring and wide-awakeness.

This new space propels me towards seeking better ways to transform our educational systems and institutions with renewed passion and hopefulness.

> *We shall not cease from exploration*
> *And the end of all our exploring*
> *Will be to arrive where we started*
> *And know the place for the first time.* (T.S. Eliot, 1942)

## Chapter 3: Redefining the Possible

Chapter 3 is divided into two sections. In Part 1, I share the first case study drawn from my own, personal experience as an educational leader of a culturally diverse elementary school. In Part 2, I share my journey as an arts teacher leader within a school charged with the task of transforming the arts programming and experiences within a particular school. These case studies, as well as the narrative interviews in Chapter 4, lay the foundation and basis for my conclusions presented in Chapter 5. The examples represent diverse fields (school administration, music education, medicine, and art). I contend these varied experiences embody perspectives that actually share many commonalities and intersections. These inform my perspectives regarding the spaces and places in organizations where creativity and innovation might flourish and provide us with the opportunity and basis for moving beyond *what is* in educational systems and organizations.