

# Table of Contents:

---

## Academic Physician & Scientist:

- [Aligning Faculty for Improved Organizational Performance: Tools We Can Use to Effectively Head Cats \(November 2006\)](#).....  
*By: David J. Bachrach, FACMPE/FACHE*
- [Annual Performance Evaluations with a Positive Twist \(September 2008\)](#).....  
*By: Judith Kapustin Katz, EdD, Roberta E. Sonnino, MD, and Page S. Morahan, PhD*
- [Are You a Future-Oriented Faculty Member? \(June/July 2009\)](#).....  
*By: R. Kevin Grigsby, DSW, Wiley W. Souba, MD, ScD, MBA, and David Hefner, MPA*
- [Are You Really a Team Player? \(July/August 2006\)](#).....  
*By: R. Kevin Grigsby, DSW*
- [Committee, Task Force, Team: What's the Difference? Why Does It Matter? \(January 2008\)](#).....  
*By: R. Kevin Grigsby, DSW*
- [Find a \*Functional\* Mentor \(January 2009\)](#).....  
*By: Luanne E. Thorndyke, MD, Maryellen E. Gusic, MD, and Robert J. Milner, PhD*
- [Five Potential Pitfalls for Junior Faculty at Academic Health Centers \(May 2004\)](#).....  
*By: R. Kevin Grigsby, DSW*
- [Five Ways to Fail as a New Leader in Academic Medicine \(January 2010\)](#).....  
*By: R. Kevin Grigsby, DSW*
- [Investing in a Postdoc for Your Lab \(June 2008\)](#).....  
*By: R. Kevin Grigsby*
- [Managing Organizational Pain in Academic Health Centers \(January 2006\)](#).....  
*By: R. Kevin Grigsby, DSW*
- [Retain or Replace: The True Costs of Unintended Faculty Departures and How to Minimize Them \(March 2005\)](#).....  
*By: David J. Bachrach, FACMPE/FACHE*
- [Strategies for Successful Faculty Retention \(September 2005\)](#).....  
*By: Deborah C.K. Wenger*
- [The Deadly Trap of Gossip: A Pitfall for Junior Faculty \(January 2007\)](#).....  
*By: R. Kevin Grigsby, DSW*
- [The Fine Art of Apology: When, Why, and How to Say 'I'm Sorry' \(June 2007\)](#).....  
*By: R. Kevin Grigsby, DSW*
- [The Need for Succession Planning \(April 2005\)](#).....  
*By: Luanne Thorndyke, MD, and R. Kevin Grigsby, DSW*

**What Is Team Coaching, and Why Use Co-Coaches? (March 2009)**.....  
*By: Judith Kapustin Katz, EdD, Sally Rosen, MD, MFS, and Page Morahan, PhD*

**You've Been Offered The Chair...But Do You Know Enough to Take It? (November/December 2008)**.....  
*By: David J Bachrach, FACMPE/FACHE*



## Aligning Faculty for Improved Organization Performance: Tools We Can Use to Effectively Herd Cats

BY DAVID J. BACHRACH, FACMPE/FACHE

Creating order, direction, and progress in academic medical centers (AMCs) has often been likened to the process of “herding cats”—cats being highly independent and disinclined to take direction or be compliant. That being said, deans, chairs, and hospital leaders have no choice but to harness the incredible power of their faculty in order to move their organizations forward. But how does one do so when traditional methods (often those used in the corporate world) seem not to work? There is a way, but it takes structure and discipline—and the adoption of tools that make this possible.

Leadership of AMCs and their components requires copious amounts of hard work. Effective leaders are successful because they have developed an understanding of, and a facility in the use of, those tools that make this difficult work possible.

*David J. Bachrach has more than 34 years of experience in academic medicine administration and provides leadership coaching to physicians in academic medical centers and teaching hospitals. He may be reached at (303) 497-0844 or www.PhysXCoach.com.*

This article will describe a package of tools that the leaders of AMCs and their faculty can use to achieve success in the pursuit of the organization’s mission and the realization of its vision. When properly applied, these tools will allow their organizations to thrive, not merely survive—and will likely reduce the burnout rate for deans and hospital CEOs.

### First, It’s About the People

Jim Collins, in his book, *Good to Great*,<sup>1</sup> offers several constructs that distinguish great institutions from lesser ones. First and foremost is that great organizations select

the right people to be “on the bus,” in the right seats and roles, and they get the wrong people off the bus because they can be toxic and undermine the efforts of others. Collins goes on to offer other important elements, such as the “Hedgehog Concept” (focus on what you are passionate about; do that better than anyone else, and be sure that it also drives your economic/resource engine); and the “Flywheel Concept” (have discipline in all you do—disciplined thought, disciplined people, and disciplined action; continue to build mass and momentum in pursuit of that “breakthrough moment” when the organization ‘takes off’).

### Challenges When Leading Professionals

Medical education trains physicians to be independent thinkers, take initiative and minimize risk, and often to look for “perfect” outcomes (it does not value mistakes). In contrast, an organization’s success requires collaboration and timely decision making with less than perfect information, and allows for midcourse corrections or even the abandonment of a project that appears not to be achieving desired outcomes.

### Tools for Aligning Faculty and Improving Organization Effectiveness

Medical schools often fail to put in place the structures and mechanisms that make it possible, even relatively easy, to achieve faculty performance consistent with organization objectives. Some attempt to get the job done with partial processes, frequently poorly timed, that are often awkwardly and inconsistently implemented. There are alternatives. Here is one model that has all of the elements for success (see Figure 1).

### Part 1: Creating a Culture of Effectiveness

The successful organization embraces the

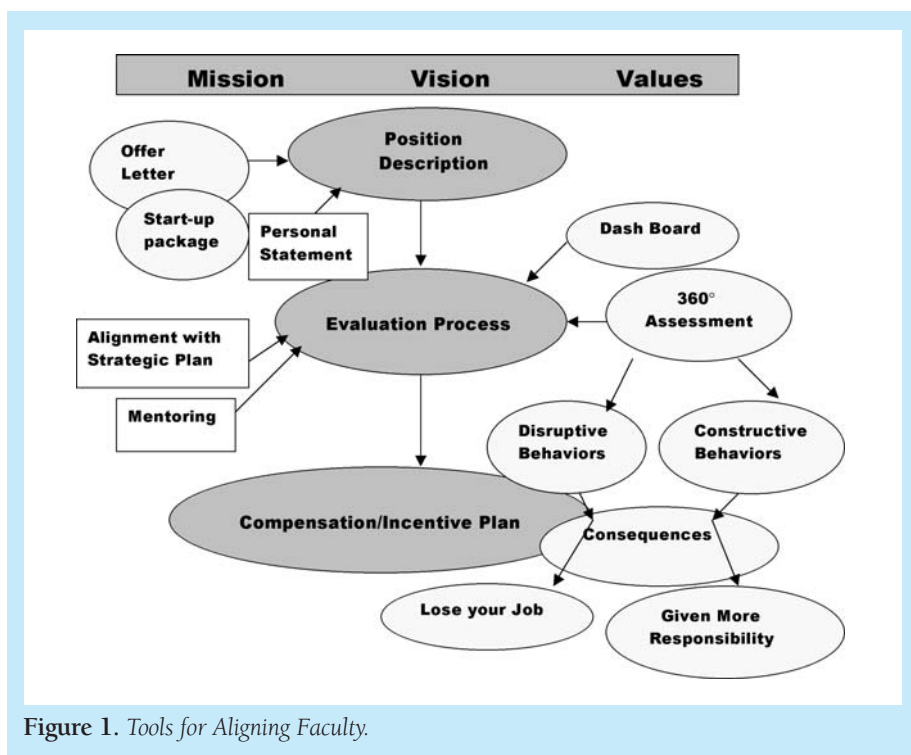


Figure 1. Tools for Aligning Faculty.

concept of community: an assembly of people bound together by a common mission, vision, and values. All faculty know and embrace *why we exist, where we are going, and the rules by which we travel*. This is communicated to candidates for positions, as well as reinforced on a regular basis with all members of the community. We don't invite people to join our community if they cannot commit to such principles—and we invite those within the community to leave if they cannot adhere to these principles.

We clearly define and effectively communicate the organization's mission, vision, and values. We openly discuss examples of good—and bad—behaviors. Each has its consequences. We always do the right thing; we take the “high road”; and we acknowledge good deeds and accomplishments.

When recruiting, we vet candidates for knowledge and skill, and we embrace and pursue diversity, but we also consider a candidate's “fit” within our community. We don't invite people into the community who will not share our values.<sup>2</sup> There are timely and definitive consequences for transgressing these principles; we do not tolerate such behaviors, and people understand that.

Faculty know what's expected of them. They have a well-developed position description that describes these expectations. There is a linkage to the organization's strategic plan—faculty know their role relative to the strategic objectives and can tie their activities back to those that have been determined to be important to the success of the institution.

Recently recruited faculty can turn to a well-thought-out offer letter that unambiguously states expectations (and includes many of the documents referenced here) of the individual during his or her initial year(s). There are clear goals—measurable and reportable expectations for rolling 12- to 18-month periods.

These faculty have a clearly defined role within the organization: their duties, responsibilities, and deliverables are expressed in relationship to those around them (organization chart). They know how and by what means those above and around them expect to be communicated with, and how often (personal statement).

They know the consequences of their performance: the awards, rewards, and likely consequences should outcomes not mea-



*“All faculty are expected to be both mentors and mentees—providing support to those who can benefit from their wisdom, knowledge and experience, and receiving guidance from those who can offer such support to them. Healthy communities maintain an environment that fosters mentorship from all who will benefit.”*

sure up to expectations. They are given access to resources that are sufficient for them to achieve what is expected of them. These are in the form of a well-articulated and clearly funded start-up package, as well as ongoing resources sufficient to sustain the academic and clinical service expectations to which they will be held. There is a well-defined and easily accessed mechanism for adjusting resources based upon a changing environment and arising opportunities.

### **Part 2: Introducing Faculty and Key Staff to the Culture**

The organization has a robust orientation program that transcends the usual introduction to the faculty handbook and sign-up for benefits. It continues throughout the initial 90 to 120 days and involves not just didactic presentations but also dialogue with those who will be resources to the new faculty throughout the duration of their time at the institution. At the end of the process, new faculty know how to navigate the system using well-developed information sourcing tools and know whom to go to for answers.

There is a well-reasoned and monitored mentoring program. All faculty are expected to be both mentors and mentees—providing support to those who can benefit from their wisdom, knowledge and experience, and receiving guidance from those who can offer such support to them. Healthy communities maintain an environment that fosters mentorship from all who will benefit.

Not only does such a process accelerate knowledge acquisition and skill development, but it also fosters the bonds that give organization strength and resilience to work effectively during challenging times.

### **Part 3: Evaluation and Feedback**

It is difficult to motivate faculty without standardized measures of performance. Identifying metrics that measure meaningful factors is a critical element in the process. Measurements over time and comparing to benchmark standards of best-performing peers are two ways to look at data. Faculty thus know the criteria by which their performance will be measured and the time frame within which deliverables are expected.

There are instruments to measure performance on a real time or near-real time basis. Critical success factors are presented as a “dashboard,” a tool that provides measurable and reportable data to those who can act on this information in a timely fashion to affect outcomes.<sup>3</sup>

### **Part 4: Awards and Rewards**

We acknowledge successes with recognition and rewards. We celebrate our colleagues' successes. We provide certificates and plaques. We publicly fete them, and while some may suggest that it is crude and crass, the fact is that most people respond well to economic rewards. Such rewards may come in the form of increased personal compensation, but may also come in the form of increased resources (discretionary funds, space, equipment, travel, additional support staff and/or trainees) provided in support of their academic quest.

We use economic rewards to achieve alignment. If alignment makes it possible for the organization to travel faster and farther, both more efficiently and more effectively, then we can use financial rewards provided to parties who work together in a collaborative fashion to advance the organization's mission, help it more rapidly realize the organization's vision, and foster a stronger and more resilient enterprise.

We do this, in part, by “joining people together at the hip.” We do not allow for evaluations, let alone incentive compensation rewards, to be driven by one person's success at the expense or to the detriment of another's, as to do so may lead to the organi-

*Continued on page 9*



## News & Views

### Stanford Joins Schools Banning Gifts from Drug Manufacturers

Under a new policy aimed at limiting the influence of the pharmaceutical industry on patient care and physician education, Stanford University Medical Center will prohibit physicians from accepting any gifts, no matter how small, from pharmaceutical companies. Stanford thereby joins Yale and the University of Pennsylvania in instituting this policy.

The new policy, which became effective

October 1, also prohibits physicians from accepting free drug samples and from publishing articles in medical journals that are ghost-written by industry contractors.

The policy also applies to gifts from sales representatives from makers of medical devices and other companies, not just pharmaceutical companies. Company representatives are barred from areas where patient treatment and physician education occur. Physicians buying medical equipment must report any financial relation-

ships with equipment suppliers and could be excluded from decision-making, the university said.

The new policy does not cover consulting agreements between faculty members and companies aimed at developing drugs or medical devices, which are governed by an existing conflict-of-interest policy.

### Women Face Barriers to Hiring, Promotion at Research Universities

A new report from the National Academies finds that women face barriers in hiring and promotion in science and engineering at major research universities, concluding that eliminating such bias will require global reform and decisive action by university administrators, professional societies, government agencies, and Congress.

- ❖ The report presents a wide range of recommendations, including the following:
- ❖ Top levels of university administration should provide clear leadership to change the culture of their institutions to recruit, retain, and promote women into faculty and leadership positions.
- ❖ University departments should be required to provide evidence of fair, broad, and aggressive talent searches to fill departmental vacancies.
- ❖ Departments should be held accountable for the equity of their search processes and outcomes.
- ❖ Universities should form a collaborative body to develop standards for faculty recruitment, retention, and promotion. ❖

#### Career Watch

Continued from page 5

zation's ultimate failure. Great benefits may come from such techniques when the dean and the hospital CEO are in alignment. Tying their incentive compensation rewards together may be an effective means of accomplishing organization objectives.

Similarly, incentive compensation plans that tie the success of the medical school's chief administrative officer (business and finance) and practice plan director to the hospital's CFO and managed care/reimbursement contract officer can promote similar collaboration. Such constructs encourage these players to spend time and energy working for common goals rather than in efforts to divide a finite "pie." We act on the performance of our leaders in a timely and meaningful way. We reward success, not only with pay and recognition, but often by giving increased or additional responsibility; and we punish poor performance by not rewarding it economically, and often by removing duties and responsibility.

#### Conclusions

Failing to apply or misusing tools to achieve progress often leaves organization leaders frustrated, exhausted, and discouraged. Similarly, it leaves the faculty con-

fused, angry, and disenfranchised. When applied properly and skillfully, however, it is a beautiful thing to watch. The organization travels forward rapidly and smoothly, outdistancing its competitors year after year, attracting and retaining the best and the brightest to its ranks. ❖

#### Notes

1. Collins J. *Good to Great, Why Some Companies Make the Leap ...and Others Don't*. Harper Collins, 2001.
2. Bland C et al. *The Research-Productive Department; Strategies from Departments That Excel*. 2005.
3. Elger WR. Managing resources in a better way: a new financial management approach for the University of Michigan Medical School. *Acad Med* 2006;81(4):301-305.

**For an expanded version of this column, including additional tools, visit the APS Web site at [www.acphysci.com](http://www.acphysci.com).**

### COMING IN DECEMBER

The first all-electronic issue of APS, featuring a compilation of **Career Watch** articles providing valuable information on giving your academic career a boost.

#### ATTENTION ALL DEPARTMENTS:

This electronic issue of APS will include fully searchable ads.

Visit the APS Web site at [www.acphysci.com](http://www.acphysci.com) for further details—and look for the special issue in December!





## Annual Performance Evaluations with a Positive Twist

BY JUDITH KAPUSTIN KATZ, EdD, ROBERTA E. SONNINO, MD,  
AND PAGE S. MORAHAN, PhD

In earlier columns we have discussed the use of the formula **PAR** (Problem + Action + Result) as a construct to determine accomplishments and, ultimately, competencies.<sup>1</sup> Deconstructing the competencies yields a cluster of generic skills and traits, which can help determine a career path. The results of **PAR** work can then be used as bullet points in executive summaries,<sup>2</sup> and as the basis for “stories” in interviews.<sup>3</sup> Behavioral interviews specifically beg for the “stories” that can be generated from preparation that includes a review of one’s PARs.

Through the years, feedback from search committee members and applicants for positions has lauded the usefulness of an applicant taking the time to do the **PAR** work. It has provided a strong basis for determining the extent to which one knows he or she has the skill sets that are being marketed, and whether the opportunity is a good match with the skills one excels in and enjoys using.

Let’s take a moment to review the construct **PAR** as a method for competency analysis. Reflecting on your achievements, **P** asks that you determine if there was a problem, issue, challenge, or opportunity to be solved or resolved, and **A** asks for the action or activities taken to do this. **R** stands for the positive result, outcome, or benefit, phrased in as quantitative terms as possible.

An accomplishment statement begins with the **A** and follows with the **R**. This can become a bullet point on an executive summary<sup>2</sup> and might read, “Chaired departmental program review for re-accreditation, which resulted in full accreditation for seven years.”

### PAR Use Expanded

With this summary of the **PAR** method, let’s consider how it can be extended beyond

*Judith Kapustin Katz, EdD, and Page S. Morahan, PhD, work with scientists and faculty to provide strategic planning for rewarding careers. They are independent consultants and members of the Executive Leadership in Academic Medicine (ELAM) Leadership Program Consulting Alliance. Contact Dr. Katz at 601-664-4785 or katzknect@aol.com; contact Dr. Morahan at 215-947-6542 or psmorahan@att.net. Roberta E. Sonnino, MD, is Associate Dean for Faculty Affairs at University of Minnesota Medical School in Minneapolis. Contact Dr. Sonnino at 612-624-5442 or rsonnino@umn.edu.*

applying and interviewing for positions, into performance management.

*“...the task of leadership is to align strengths in ways that make weaknesses irrelevant.”*

—Peter Drucker



*Judith Kapustin Katz: “We believe that the use of the **PAR** process in performance appraisal adds a much-needed dimension to the traditional faculty–chair meeting.”*

What has become increasingly clear is that determining competencies is also quite helpful in preparing for annual performance appraisal or review. Focusing on strengths is increasingly acknowledged as an effective approach to managing performance appraisals and coaching employees for

change. Many experts today recommend strength- or asset-based approaches rather than a more traditional deficit- or problem-based approach.<sup>4,5</sup> Moreover, Torbeck and Wrightson<sup>6</sup> have advocated for determining promotion criteria for family medicine residents based on demonstrated competencies in a

variety of areas suggested by the Accreditation Council for Graduate Medical Education (ACGME). Their report provided guidelines for developing and demonstrating knowledge, skills, and attitudes.

Clifton and Harter give another rationale for the focus on strengths, writing, “When people become aware of their talents, through measurement and feedback, they have a strong position from which to view their potential. They can begin to enlarge their awareness of their talents with knowledge and skills to develop strengths.”<sup>7</sup>

Information such as the above and feedback from clients has led to our recommendation to use the **PAR** work approach in preparing oneself for an annual evaluation. Reviewing **PAR**s for the past year and deconstructing them as suggested<sup>1</sup> provides one with an understanding of his or her competencies. Moreover, the **PAR** approach enables preparation of a performance report that is focused on results or outcomes, rather than being the all-too-common list of activities conducted during the year.

### Moving from PAR to CAR for Performance Management

To focus on goals for the coming year, we find it helpful to substitute **C** for **P** and use the acronym **CAR**. Challenges, problems, opportunities, or issues can be set, with details of the **Action** to be taken and the **Results** expected. This acronym, **CAR**, implies forward movement and is thus distinguished from past

accomplishments. In our framework, the **PAR** then becomes a focus on **Past Problems**, opportunities, issues, or challenges and **CAR** on **Current/ future challenges**, opportunities, issues, or problems.

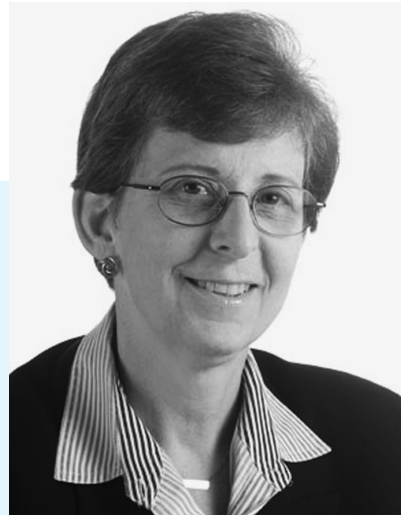
One to several **CARs** can be written for each area to be appraised—such as teaching, research, service, and scholarship. The amount of detail and degree of “stretch” in the goals is up to you and your supervisor to determine—whether your **CAR** is a high-performance Porsche or a reliable and efficient Prius.

Here are a couple of examples that depict the basic format:

- ❖ **Scholarship:**
  - ❖ **Challenge**—Submit two articles for publication.
  - ❖ **Action**—Complete data collection and draft manuscripts for intradepartmental review.
  - ❖ **Results**—Submit articles to the *Journal of XXX* by April 1.
- ❖ **Teaching:**
  - ❖ **Challenge**—Develop integrated curriculum for pathology course.
  - ❖ **Action**—Collect and review curriculum from several other institutions; convene small task force to discuss and draft proposal.
  - ❖ **Result**—Submit new curriculum to department chair by April 30.

These statements are written in the present tense, are grounded in your history, represent a preferred future, and move toward positive accomplishments and change that you desire for your career. The statements also help you identify aspects of your work that ultimately will make you feel good about yourself. Finally, the work of constructing your **CARs** helps to define areas on which to focus in the following year as you do your yearly reflection, with questions such as: How much of my current position allows me to use the skills that I enjoy? Are there ways that I can build more of this into my current job?

We believe that the use of the **PAR** process in performance appraisal adds a much-needed dimension to the traditional faculty–chair meeting. The process enables faculty and their supervisors to identify, and then to acknowledge, faculty members’ concrete results-oriented contributions to the school—traditional peer-reviewed publications and grants, clinical service, or teaching—as well as nontraditional contributions that advance



*Roberta E. Sonnino: “This change in performance appraisal will require a shift to focus on how to document the outcomes, rather than just listing the activities in which a faculty member is involved.”*

the missions of the school. As recently highlighted by an AAMC Consensus Meeting on documenting and evaluating contributions in education, there is a great need for medical schools to develop methods that document and value contributions such as advising, mentoring, directing courses, and the like.<sup>8</sup>

Some internal CV report templates allow for short verbiage to describe such contributions, and we suggest that more schools could usefully adopt this process as an optional component of the annual review. Formal inclusion would benefit all parties:

- ❖ The faculty member gets credit for a task well done, yet not easily added to a traditional CV, and takes personal satisfaction in the accomplishment. Furthermore, the deconstruction allows the faculty member to identify skills and strengths that can be developed further.
- ❖ The department benefits from faculty willingness to take on projects that otherwise would not be considered worth their time and effort (“What do I get out of doing this?”).
- ❖ The school, which always benefits from the success of its faculty, will identify a pool of talented individuals with specific skills that may be invited to participate in important processes that enhance the school’s mission.

This change in performance appraisal will require a shift to focus on how to document

the outcomes, rather than just listing the activities in which a faculty member is involved. For example, it is not sufficient to note that one served on the IRB committee; for this to be used as an accomplishment, the faculty member must focus on what was accomplished that year. This requires considering elements such as: Was the process streamlined so that time from application submission to approval was shortened? Were there improved explanations of what was needed in IRB applications, so that fewer resubmissions were required?

This recommended approach for using **PAR** for past accomplishments and **CAR** for current and future challenges aligns with the values of “appreciative inquiry.” One model uses the appreciative approach to determine strategic objectives by analyzing **Strengths and Opportunities, Action, and Result**.<sup>9</sup> The **CAR** focus is thus strength-based, and one is being valued for contributions as well as potential. Your annual review becomes a *valuation* rather than an evaluation—built on strengths rather than deficits. ❖

## References

1. Katz JK, Morahan PS. Dissecting accomplishments as a career compass. *Academic Physician & Scientist* October 2006: 4–5.
2. Morahan PS, Katz JK. How to use the executive summary when applying for positions. *Academic Physician & Scientist* February 2005:2–3.
3. Morahan PS, Katz JK. We’d like to have an initial interview with you! *Academic Physician & Scientist* October 2005:2–3.
4. Buckingham M, Clifton DO. *Now, Discover Your Strengths*. New York: Free Press, 2001.
5. Orem SL, Binkert J, Clancy AL. *Appreciative Coaching: A Positive Process for Change*. San Francisco: Jossey-Bass, 2007.
6. Torbeck L, Wrightson AS. A method for defining competency-based promotion criteria for family medicine residents. *Acad Med* 2005;80(9): 832–839.
7. Clifton DO, Harter JK. Investing in strengths. In Cameron KS, Dutton JE, Quinn RE, eds. *Positive Organization Scholarship: Foundations of a Discipline*. San Francisco: Berrett-Koehler Publishers, 2003: 111–121.
8. Simpson D, Finscher RM, Hafler J, Irby D, Richards B, Rosenfeld G, Viggiano T. Advancing educators and education: defining the components and evidence of educational scholarship. Summary report and findings from AAMC group on Educational Affairs Consensus Conference on Educational Scholarship. Washington, DC: AAMC, 2007: 1–15.
9. Stavros J, Hinrichs G. SOARing to high and engaging performance: An appreciative approach to strategy. *AI Practitioner*, August 2007.



## Are You a Future-Oriented Faculty Member?

BY R. KEVIN GRIGSBY, DSW, WILEY W. SOUBA, MD, ScD, MBA, AND DAVID HEFNER, MPA

Lately, you notice that your department chair is under mounting pressure to increase revenue through clinical productivity, increase extramural research funding, and maintain or reduce the costs of teaching, even as class size expands. Different demands are now being placed on you, creating a dilemma: The core component of what differentiates academic medicine and makes it unique—scholarship—is being diluted and, at times, neglected, and you are beginning to question your career choice. The professional literature in academic medicine describes changes in organizational structure, leadership, and culture.<sup>1,2</sup> What has not been explored is the question of whether a different “model” of faculty member is needed. This is a good time for faculty members to ask: Am I a “future-oriented” faculty member? Do I possess the key ingredients—values, skills, and commitment—necessary for future success in academic medicine?

### A New Model

The prevailing culture in academic medicine is often described as individualistic, autonomous, scholarly, expert-centered, competitive, focused, high-achieving, and hierarchical.<sup>3</sup> It is not surprising, therefore, that many faculty members are highly competitive, high-achieving individuals who strive for autonomy in narrow areas of expertise and scholarship. These individuals are comfortable in hierarchical systems, typically having done well in similar systems throughout their careers. Senior faculty members are likely to have been rewarded for individual achievement and expect to see the same in the faculty who succeed them in the world of academic medicine.

### The Current Dilemma

To paraphrase Spencer Johnson (a physician), someone moved the cheese.<sup>4</sup> The qualities and characteristics that led to success in the past are becoming less relevant

**R.** Kevin Grigsby, DSW, is Senior Director of Organizational Leadership Development at the AAMC. E-mail: [kgrigsby@aamc.org](mailto:kgrigsby@aamc.org). Wiley W. Souba, MD, ScD, MBA, is Dean of Ohio State University College of Medicine. David Hefner, MPA, is President of University of Chicago Medical Center.

in the changed environment. If you want to be a successful faculty member in the coming years, you should be sure you are equipped to deal with the changed environment and newly emerging culture of academic medicine.<sup>5</sup> A different behavioral repertoire and skill set will likely be required.<sup>6</sup> But upgraded skills alone are only a part of required changes in behavior. If you want to truly adopt an orientation toward the future of academic medicine, other changes will be necessary.

### Characteristics of the Future-Oriented Faculty

Future-oriented faculty members are similar to present-day faculty in several ways. Most have developed an ability to postpone gratification as they work toward future goals that are often in the distant future. Most are deeply committed to helping others and generating new knowledge in the service of improving the human condition. However, there are significant differences between today's faculty and the future-oriented faculty.

First, the future-oriented faculty member is much more likely to be female and/or to be from an underrepresented minority. These individuals will probably have experience working in teams with collegial or collaborative members. If the person is trained as a scientist, he or she will quite possibly be oriented toward the conduct of translational or clinical research, and as such, more comfortable with team science. The future-oriented faculty will be less concerned about the accumulation of knowledge and more oriented toward the practical

application of that knowledge—in other words, it will be *competency*-centered rather than *knowledge*-centered. (For a table comparing traditional and future-oriented faculty, see the expanded version of this article at [www.acphysci.com](http://www.acphysci.com).)

### The Changing Organizational Culture

Academic medicine is under pressure to sustain itself in the face of declining reimbursement, rising levels of uncompensated care, a decreasing NIH budget when adjusted for inflation, and ever-increasing costs of labor and supplies. The need for tighter alignment between the health system and the physician practice plan is becoming increasingly apparent, given the need to partner in supporting salaries, invest jointly in capital expenditures, and implement business strategy. In the research enterprise, extramural grant funding is necessary, but not sufficient, to support research. One analysis found the need to subsidize 17% of academic medical centers' research funding in 2003 with clinical enterprise dollars or endowment interest and gifts providing the additional revenue needed to support research.<sup>7</sup>

### Becoming Future-Oriented

In order to be successful in the transition to a future orientation, you should create a customized career development plan that is carefully planned, linked to measurable goals, monitored routinely, and reinforced by effective feedback and coaching.<sup>8</sup>

In order to protect the integrity of the academic medical center, the unifying theme of the new community of future-oriented faculty must be *scholarship*. Keeping academic medicine anchored in scholarship has several advantages. First, all faculty will contribute to scholarship. Newer reward systems will have to acknowledge team contributions to science and to technology, commercialization, and licensing. Second, the litmus test of scholarship



will be simple: Does the scholarship, via knowledge creation or transfer, add value to the people we serve in academic medicine? Finally, collective scholarship will help to attract new faculty and will serve as the “glue” that retains and sustains faculty. The organization’s mission—improving people’s lives through scholarship—remains its most fundamental reason for existence, one that goes far beyond generating a margin. This mission is one that will resonate extremely well with the various stakeholders the institution must engage.

Although scholarship remains at the core of all the missions—teaching, research, patient care, and service—there is less time available to both clinicians and researchers to engage in the process of creating new knowledge and innovating. Ernest Boyer proposed a broad definition of scholarship—one that went beyond emphasizing pure discovery to one that included “integration, application, and teaching.”<sup>9</sup> This broad definition of scholarship applies aptly in academic health. To a degree, evidence of these changes is all around us as greater emphasis is placed on clinical and translational science and less on basic science research. In effect, the question of value from funding agencies (NIH and others) has changed from “What have you discovered?” to “What have you cured?” The emerging organizational culture of academic medicine now requires a parallel-processing *applied research* model—and a faculty with the requisite skills to conduct applied research.

Likewise, intellectual pursuits have become more transdisciplinary and less insular. In the past, individualism prevailed, as a largely male workforce defined themselves through work. Physicians now entering the workforce are different, however, as they seek a work environment that values family and other quality-of-life issues.<sup>10</sup>

Some of this change may be the result of the changing demographics in medicine, as more than 50% of medical students are female, effectively reshaping the medical workforce. Some authors argue that in and of itself, this shift in demographics may result in more emphasis on humanistic, psychosocial and other softer factors in health care.<sup>11,12</sup> The “feminization” of medicine<sup>13</sup> and the controversies about the dearth of women in science<sup>14</sup> are likely to become manifest in the near future.



R. Kevin Grigsby, DSW: “In order to be successful in the transition to a future orientation, you should create a customized career development plan that is carefully planned, linked to measurable goals, monitored routinely, and reinforced by effective feedback and coaching.”

In terms of recruiting future-oriented faculty members, Bickel and Brown suggest that generational differences will require novel recruitment and development strategies.<sup>10</sup> Much of the challenge of recruiting, retaining, and sustaining the future-oriented faculty member involves the ability to promote scholarship at the same time as asking clinicians and scientists to maximize revenue, ensure efficient use of resources, and “right-size” the entire enterprise. In the past, many of the rewards to faculty members originated “within” the individual faculty member rather than from within the organization. In the future, the cultural expectation will need to focus on “we” (collective success) rather than on “me” (individual success). Although this may sound contradictory, it is not. The crucial element within the organization is to create a culture that rewards collaboration and simultaneously promotes the vitality of the individual faculty member.

Academic medical centers will be challenged to change their organizational culture swiftly enough to recruit and subsequently retain future-oriented faculty. A future-oriented organizational culture is likely to be manifested as collaborative, transparent, outcomes-focused, mutually accountable, team-based, service-oriented, and patient-centered.<sup>3</sup> Rewarding *interdependence*

rather than independence, supporting work-life balance, and ending the reliance on individualistic rewards are likely to be other key features of successful academic medical centers in the coming years.

If you are a faculty member who wants to be successful in the future, anticipate and prepare for it. Adopt an orientation to the future, align your workplace behavior accordingly, and relish the fact that you are a part of creating the future of academic medicine. ❖

#### References

1. Barrett DJ. The evolving organizational structure of academic health structures: the case of the University of Florida. *Acad Med* 2008;83:804–808.
2. Kirch DG, Grigsby RK, Zolko W, Moskowitz J, Hefner DS, Souba WW, Carubia JM, Baron SD. Reinventing the academic health center. *Acad Med* 2005;80:980–989.
3. Kirch DG. Culture and the courage to change. Washington, DC: AAMC. AAMC President’s Address, 2007.
4. Johnson S. *Who Moved my Cheese?* New York: G.P. Putnam’s Sons, 1998.
5. Shuck JM. Personal observations on the cultural evolution in surgery. *Am J Surg* 2002;183:345–348.
6. Grigsby RK, Hefner DS, Souba WW, Kirch DG. The future-oriented department chair. *Acad Med* 2004;79:571–577.
7. Moses H, Dorsey ER, Matheson DH, Their SO. Financial anatomy of biomedical research. *JAMA* 2005;294:1333–1342.
8. Staveley-O’Carroll K, Pan M, Meier A, Han D, McFadden D, Souba W. Developing the young academic surgeon. *J Surg Res* 2004;118:109–113.
9. Boyer EL. *Scholarship Reconsidered: Priorities of the Professorate*. Princeton, NJ: Carnegie Foundation for the Advancement of Teaching, 1990.
10. Bickel J, Brown AJ. Generation X: Implications for faculty recruitment and development in academic health centers. *Acad Med* 2005;80:205–210.
11. Dufort F, Maheux B. When female medical students are the majority: Do numbers really make a difference? *J Amer Med Women’s Assoc* 1195;50(1):4–6.
12. Howell LP, Servis G, Bonham A. Multi generational challenges in academic medicine: UC Davis’s responses. *Acad Med* 2005;80:527–532.
13. Paik JE. The feminization of medicine. *JAMA* 2000;283:666.
14. Ceci SJ, Williams WM. Why aren’t more women in science? Washington, DC: APA Press, 2007.

**For an expanded version of this article, including a table comparing traditional and future-oriented faculty, visit the APS Web site at [www.acphysci.com](http://www.acphysci.com).**



## Are You Really a Team Player?

BY R. KEVIN GRIGSBY, DSW

It seems that everyone is talking about teams these days. The popular business literature is brimming with books and articles about teams. Although teams have been used in academic health centers (AHCs) in the past, AHCs have begun to embrace the use of teams as a new way of addressing “old problems.” The NIH Roadmap is explicit in describing the expected use of “research teams of the future.”<sup>1</sup> The days of the isolated but dedicated scientist toiling away in the lab accompanied only by a faithful assistant (undoubtedly a post-doctoral fellow) are already long gone in most AHCs.

Although nearly everyone has some familiarity with teams and teamwork, it has been my experience that most people don't know about or understand what it means to be a member of a *real* team. Your future success may depend on your ability to be a real team player. Many readers may already be a part of a team (or will be). How can you tell if you are *really* a team player?

### Teams Are Different

Many team members may be members in name only. Although they may be participating in a group called a “team,” the approach may be no different than that of a committee, task force, or other work group charged with completing a task or tasks. Real teams are different. A team is *a small group of people with complementary skills who are committed to a common purpose, performance goals, and approach for which they hold themselves mutually accountable.*<sup>2</sup> Teams differ from other groups in many ways. Shared leadership, members holding each other accountable, embracing conflict, measuring performance, and creating collective work products are only a few of the salient differences between real teams and other work groups.

### Different Behaviors Are Necessary

Real teams require a different behavioral repertoire. One cannot expect success if the

**R.** Kevin Grigsby, DSW, is Vice Dean for Faculty and Administrative Affairs at Penn State College of Medicine in Hershey, PA. E-mail: kgrigsby@psu.edu.

approach to team membership is the same as the approach to other work group activities. Successful teamwork demands behavior conducive to meeting the common purpose of the team, setting and reaching performance goals, and creating collective work products. Real team players need to determine if they are on target. This requires team members to assess their own behavior and to modify it to meet the needs of the team.

### Self-Knowledge

Team members have complementary skills. In fact, selection of team members should be based on the unique skills and perspective each of the members brings to the table. All team members should be fully cognizant of why they have been selected for the team and of the expectations of them as members of this team. Individuals need to ask of themselves: Am I bringing what is needed? Are my skills up to date? If you don't have the skills, it may be best to decline to participate. If your skills are out of date, you should sharpen them in order to bring your best to the team. After all, the other members are depending on you. In turn, teams need to assess whether or not the members bring the necessary skills or perspective to the team.

Another important aspect of self-knowledge is related to temperament. While learning about temperament may precede joining a team, many teams engage in a period of assessment at the outset of their formation. Administration of the Myers-Briggs Type Indicator or similar measure offers valuable information that can be very helpful in building good relationships amongst the team members as they learn to communicate, build trust, and work together.

### Commitment

Real team members demonstrate commitment to the team through their behavior. A real team player makes a commitment to the goals of the team—and honors that commitment consistently. Attending team meetings, arriving on time, and coming prepared are clear demonstrations of commitment. Too often, I've encountered persons who repeatedly announce “I'm a team player,” but attend meetings only sporadically, arrive late, or fail to have completed tasks integral to achieving team goals.

Commitment to the team process is important, too. Rather than approaching team membership with a “What's in it for me?” attitude, real team players recognize the question must be rephrased to “What's in it for us?” This approach requires not only a full commitment to the team goals, but also a continued focus on results.

### Bravery

Effective teams demand trusting relationships amongst team members. While the phrase “trust has to be earned” has some truth, one has to take the risk other team members are skillful, conscientious, and committed to the goals of the team. This can be very challenging to the “rugged individualist” who typically espouses a perspective of “if you want it done right, do it yourself.” Trust builds over time, especially as other team members demonstrate their skills and “deliver” as expected. However, some level of trust must exist from the outset or the team will never have a chance to grow in trust. Many teams engage in trust-building exercises early on in order to establish as much trust as possible.

Real team players are unafraid of conflict. Team members exhibit maturity and bravery in addressing conflict openly, especially if the organizational culture is one where ignoring, denying, or avoiding conflicts represent the status quo. All teams will experience conflict—it should be expected. Teams deal with conflict openly, recognizing that conflict often prompts creativity, which results in

collective work products that reflect the wisdom of the entire team. Patrick Lencioni argues that “fear of conflict” represents one type of team dysfunction.<sup>3</sup> Real team players have the confidence, maturity, and patience to actively engage in eliminating, reducing, or managing team conflicts. Development of skills related to resolving, reducing, or managing conflict may require specific training for the entire team.

### Listening Skills

Knowing when to keep one’s mouth shut is a virtue. Nowhere is this more evident than in the work of teams. Real team players listen keenly to other team members and often elicit more information from others (“tell me more about . . .”) in order to be certain the speaker’s message is received accurately. Good listeners ask open-ended questions (“What is your perspective on the problem?”) and often take time to “state the obvious” by summarizing the message. Asking other team members if the summary is accurate and if not, where the inaccuracies exist allows the group to build consensus. Finally, good listeners recognize that their perceptions and opinions may not be as important or as good as the perceptions and opinion of the team.

### Consensus Building

Real team players respect and honor the wisdom of teams. Just as truly listening to others is an attribute of real team players, communicating with other team members in a manner that builds consensus is an important skill demonstrated by real team players. Taking an adversarial position and “digging in heels” is unlikely to lead the team to creating better work products. Real team players understand the outcome or product may not be as they initially envisioned. Building a coalition or bloc of votes in support of one’s position may lead to a “win” on the part of the individual. Unfortunately, however, this is often at the expense of the team. In other words, real team players subordinate their own desired outcome in deference to the desired or preferred outcome of the team.

### Shared Leadership

Real team players are able to share leadership according to the task at hand. Leadership roles are shared and “move

around” the team according to which member’s skills and perspective are best suited taking the lead. One person might be formally designated as “team leader,” but this is typically limited to securing a location for team meetings and other logistical tasks. Shared leadership requires knowing when to “step up” to assume a leadership role and when to “step aside” to allow another team member to assume leadership.



*“Shared leadership, members holding each other accountable, embracing conflict, measuring performance, and creating collective work products are only a few of the salient differences between real teams and other work groups.”*

### Discipline

Real team players are disciplined. They are relentless in pursuit of the team’s goals and don’t give up easily. Discipline is very important in the formative stage of team development as it is often protracted, especially as compared to the other work groups. It takes time to build trust and to establish consensus. At times, teams may require the assistance of an expert from outside of the team to facilitate trust and build team cohesiveness. Real team players have the discipline to “stick with” the team as it forms, as it weathers “storms” of intrateam conflict, and as it establishes norms in becoming a team that truly performs.<sup>4</sup>

### Accountability

Real team players hold the team and themselves accountable. In AHCs, there is an inherent conflict in holding teams

accountable, as rewards and recognition are predicated upon individual performance. Subordinating personal success in deference to the success of the team is a new skill for many persons in AHCs. Real team players have the confidence to acknowledge personal shortcomings and to take action to acquire the skills needed to best serve the team. Truly accountable team players solicit support—and criticism—of other team members individually and collectively in order to improve personal and team performance.<sup>5</sup>

### Summary

Self-knowledge, commitment, bravery, and good listening skills are some of the behaviors required of real team players. Even those persons who seem to have a natural affinity for teamwork need to develop these skills to maximize team performance. As these skills are developed, discipline and shared leadership build team consensus. Real team players are unafraid of holding themselves accountable as individuals and as a team. Not everyone is a team player. As such, it should be expected that some persons would not be able to be a part of a team. In these cases, allowing them to be productive in their own way of working is preferable to trying to force them to fit into a team. Participation as a team member who is not really committed to the team “holds back” the progress of the team.

For those of us privileged to be members of high-performing teams, it is hard to imagine working in any other way. The benefits of having team members who are real team players are easily seen and measured through high quality collective work products. The benefits of high-performing teams far outweigh the investment of time and energy in training real team players. ❖

### References

1. <http://nihroadmap.nih.gov/researchteams/index.asp>, Accessed May 15, 2006.
2. Katzenbach JR, Smith DK. *The Wisdom of Teams*. Boston: Harvard Business School Press, 1993.
3. Lencioni P. *The Five Dysfunctions of a Team*. San Francisco: Jossey-Bass, 2002.
4. Tuckman BW. Developmental sequence in small groups. *Psychological Bulletin* 1965;63:384-399.
5. Katzenbach JR, Smith DK. The discipline of teams. *Harvard Business Review* 1993;71:111-120.



# Committee, Task Force, Team: What's the Difference? Why Does It Matter?

BY R. KEVIN GRIGSBY, DSW

Faculty members new to medical schools and centers face many challenges as they try to learn about organizational culture. Faculty members who have been around the school and centers for a more lengthy period of time can be surprised when they find that they hold longstanding misinterpretations of the “meaning” of some aspect of the culture. The nuances of any organization complicate our working with other persons who may have a different understanding of “the way things work are around here,”<sup>1</sup> leading us to “work at working together.”

Sooner or later, all of us participate as members of *work groups*—a group of individuals assigned to work together toward an outcome. Specific types of work groups may be better tools, depending on the work to be done. Knowing which tool to use can be very helpful in understanding what is expected of the work group and in successfully completing the work. Unfortunately, most of us have never really been taught how to best use the tools called *committees*, *task forces*, and *teams*.

## Why Does It Matter?

Too often, meetings result in too much talking and not enough doing. Knowing the type of work group helps to clarify what needs to be done and can lead to more specific conversations covering “what needs to be talked about.” Jeffrey Pfeffer and Robert Sutton describe the pitfall of the “smart-talk trap,” where groups confuse *talking* about something with *doing* something.<sup>2</sup> There are many bright persons in medical schools and medical centers who often have a lot to say about a topic—but as Peter Drucker suggests, being bright is no substitute for knowledge.<sup>3</sup> Likewise, knowledge is no substitute for action. Our behavioral repertoire should be adjusted according to the type of work group, as they all require different approaches and different behavior. The descriptions that follow offer some

**R.** Kevin Grigsby, DSW, is Vice Dean for Faculty and Administrative Affairs at Penn State College of Medicine and Milton S. Hershey Medical Center in Hershey, PA. E-mail: kgrigsby@psu.edu.

insight to the differences—and similarities—of these three types of work groups.

## Committees

Committees, the most formal of these types of work groups, are groups of persons appointed or selected to perform a function on behalf of a larger group. In a sense, the larger body entrusts a smaller subset of members to do something for them.

Often defined in organizational by-laws or statutes, committees serve very specific functions within organizations. Typically, they are headed by a committee chair and are composed of individuals representing different points of view (junior or senior faculty), different organizational components (departments or divisions), or different constituencies (female basic scientists or post-doctoral scholars). Every medical school has committees, often required by regulatory bodies such as LCME, JCAHO, or the Department of Health and Human Services.

Some committees are enduring, as they have no fixed endpoint. Others may be ad hoc committees, appointed with a well-defined charge and deadline, after which the committee will cease to exist.

## Task Forces

Task forces are work groups typically comprising experts in specified areas of knowledge or practice. Task forces are small groups of people—and resources—brought together to accomplish a specific objective, with the expectation that the group will disband when the objective has been completed.

Whereas committees are typically defined in organizational by-laws, charters,

or other formal documents, task forces are created on an “as needed” basis. The impetus for the creation of a task force is often the result of some event, often unexpected or unanticipated, causing the need for an organization to acquire knowledge as to how to best respond to the event, related events, or to a similar situation. One difference between task forces and committees is the assignment of “forces and resources.”<sup>4</sup> That is, personnel and materials needed to enhance the chance for success of the task force are put to work simultaneously. Task force work products are collective and address the specific charge to the group.

## Teams

A team is a group of persons linked together for a common purpose. For the most part, teams consist of persons with complementary skills organized to function cooperatively as a group. Katzenbach and Smith have written extensively about teams and offer the following definition:

*A team is a small number of people with complementary skills who are committed to a common purpose, performance goals, and approach for which they are mutually accountable.*<sup>5</sup>

In a previous Career Watch article in *Academic Physician & Scientist*, I made the point that “while nearly everyone has some familiarity with teams and teamwork, it has been my experience that most persons don’t really know about or understand what it means to be a member of a real team.”<sup>6</sup> High-performing teams are made up of diverse members who agree on a purpose; establish a set of ground rules for working with one another; understand their respective roles on the team; acknowledge, expect and value conflict; and produce high-quality collective work products. Teams rarely vote, relying on working toward consensus as the preferred model for decision making. Members are selected based on skill set or perspective, rather than as representing



some component or constituency of the organization. Although there may be a designated leader, leadership moves from member to member based on the topic or task assigned and the member's skills. Successful teamwork requires members to behave in ways allowing work toward a collective product.

### An Example from Academic Medicine

A common academic function is the process of recognition and reward by promotion through the professorial ranks. Committees, task forces, and teams might all have a role in the promotion process, as shown below.

#### The Committee

Most of us are familiar with the role of the promotion committee, although it may be labeled differently in different organizations. The creation of the committee is a result of the college or university by-laws, statutes, or policies and is required in every academic department and college within the university. By definition, the committee is responsible for rendering decisions. The group of senior faculty members, led by an appointed or elected chairperson, review carefully prepared dossiers of faculty being considered for promotion and discuss or deliberate about the qualifications and performance of candidates. Committees most often render a decision by voting. Following the vote, the committee chair prepares a letter or letters revealing the outcome of the committee vote. In many systems, those letters become a part of the dossier.

#### The Task Force

Say that during recent promotion committee deliberations, members noticed a precipitous decline in the quality of dossiers submitted on behalf of junior faculty members. Many promotion committee members feel that the declining quality of dossiers is evidence of the need for change.

In response, a task force composed of experts in the areas of faculty development, academic promotion, and university promotion policies is appointed to explore options for improving the process for developing junior faculty members. The charge to the task force is to review policies and programs at other medical schools and to report on how your school can have state-of-the-art



*"Our behavioral repertoire should be adjusted according to the type of work group, as they all require different approaches and different behavior."*

faculty development services by the beginning of the next promotion cycle. The task force report will need to include a strategy, operational plan, and related budget.

#### The Team

Assume that recent deliberations by the college promotion committee found a precipitous decline in the quality of dossiers submitted on behalf of junior faculty members. In turn, a review of faculty hiring revealed a high turnover rate for junior faculty members. Exit interview findings indicate that junior faculty members do not feel supported by department chairs and senior faculty, and dossiers of junior faculty members reflect a decline in scholarly productivity.

Based on a report from the task force on faculty development and promotion, a "career enhancement team" is formed to support junior faculty. The team consists of physicians with skills in the area of mentoring, basic scientists who have a track record of successfully mentoring junior faculty, junior faculty members involved in the promotion process, senior faculty members with a historical view of promotion of faculty over time, an expert in employment benefits and policies, a human resources department member, and other faculty members who are well-published in the area of faculty development.

Team members agree to hold each other accountable, to embrace conflict and make it work for the team, and to produce a program plan, design, and budget (a collective

work product) within the next 90 days. As interdependent team players, the members subordinate their individual desired outcomes as they work toward consensus as to the best approaches to supporting junior faculty members in pursuit of promotion. The team creates and implements a state-of-the-art faculty development service before the beginning of the next promotion cycle. The report from the task force provides the strategy, operational plan, and related budget.

### No One Said It Would Be Easy

Undoubtedly, there are committees that should be task forces or teams, task forces that should be committees or teams, and teams that probably should be committees or task forces. Even if the right type of group is appointed and the members are clear about the charge, there are plenty of opportunities for becoming mired in the work itself. Teams are well suited for many of the complex, system-oriented problems we all encounter in medical schools and health centers. However, even if a team approach is appropriate, organizational change in medical schools and health centers can be slow. In recent times, there has been much greater interest in the team approach across a wide range of organizations. I believe we will see this organizational form adopted more often in medical schools and medical centers as we move into the future, but committees and task forces still serve—and likely will serve—useful functions and should be used as the "best tool for the job." ♦

#### References

1. Bower JL. *The Will to Manage: Corporate Success through Programmed Management*. New York: McGraw-Hill, 1966.
2. Pfeffer J, Sutton RI. The smart-talk trap. *Harvard Bus Rev* May–June 1999: 134–142.
3. Drucker PF. *The Essential Drucker*. New York: HarperCollins, 2003:220.
4. Webster's II New Riverside University Dictionary. Boston: Houghton Mifflin, 1988.
5. Katzenbach JR, Smith DK. *The Wisdom of Teams: Creating the High Performance Organization*. Boston: Harvard Business School Press, 1993.
6. Grigsby RK. Are you really a team player? *Academic Physician and Scientist*. July–August 2006: 4–5.

**For an expanded version of this article, including additional discussion, see the APS Web site at [www.acphysci.com](http://www.acphysci.com).**





## Find a Functional Mentor

BY LUANNE E. THORNDYKE, MD, MARYELLEN E. GUSIC, MD,  
AND ROBERT J. MILNER, PhD

Are you having trouble finding the mentoring that you need? Feeling isolated and alone? Don't know where to start or whom to ask? Functional mentoring may be the answer.

Jane Brown, MD, has just been hired on the clinician-educator track in the OB-Gyn Department of Big State University Medical Center. She has a busy practice in women's health, specializing in infertility, seeing patients four days a week, participating in the call schedule of the division on a rotating basis, and precepting a resident clinic once a week. Her chair has asked her to develop a new clinical rotation for fourth-year medical students in reproductive endocrinology. She has the clinical skills and the content knowledge, but she has never created a curriculum before. What should Jane do?

This situation is typical of new faculty in a busy academic health center. Junior faculty, hired for their expertise in a clinical or research area, often have limited understanding of the world of academic medicine. Most lack the full array of skills necessary to excel as academicians. Some academic health centers have begun to nurture junior faculty through professional development programs and mentoring.

Effective mentoring enhances both individual and institutional performance. Professional societies have also recognized the importance of networking and mentoring, and some have developed programs that incorporate mentoring for professional socialization. Despite the increased emphasis on faculty development and mentoring, are you feeling isolated and left to make it on your own?

At its heart, mentoring encompasses a supportive relationship and a teaching-learning process. In the fullest context, mentoring involves advising, coaching, role modeling, assessing, providing feedback, and sponsoring others. For the individual, mentoring provides skill development, professional socialization, and career counseling—ideally leading to faculty advancement and enhanced career satisfaction.<sup>1</sup> Institutions benefit from the retention of native faculty

Luanne E. Thorndyke, MD (lthorndyke@hmc.psu.edu), is Associate Dean for Professional Development and Professor of Medicine; Maryellen E. Gusic, MD (mgusic@hmc.psu.edu), is Associate Dean for Clinical Education and Professor of Pediatrics; and Robert J. Milner, PhD (rmilner@hmc.psu.edu), is Director, Office of Post-Doctoral Affairs and Professor of Neural & Behavioral Sciences at Pennsylvania State University College of Medicine, Hershey, PA.

talent, enhanced productivity of faculty (both protégés and mentors), and continued engagement of faculty—leading to sustained institutional vitality.<sup>2</sup> Traditionally, mentoring relationships develop through informal interactions with other faculty members. However, junior faculty often struggle to find mentors.<sup>2,3</sup>

### How Can Dr. Brown Get the Help She Needs?

Functional mentoring is one solution. Functional mentoring occurs between a faculty member with specific needs and a mentor with the specific skills and expertise to meet those needs. They come together to focus on a project such as developing a course or curriculum, writing a grant, starting a new area of research, or developing a new clinical service. The mentoring relationship develops as work on the project progresses. Functional mentoring lasts until the project is completed, but may continue if both parties agree. It may involve discussions beyond the project (such as career counseling) and lead to further work together. Functional mentoring is a strategy to “jump-start” your search to obtain the mentoring that you need—with or without the assistance of a formal institutional mentoring program.

### How Does One Find a Functional Mentor?

Start by identifying the issue or a project that is important for progress in your

academic career. Ask yourself the following questions:

- ❖ What are the knowledge, skills, and expertise that I need to be able to do this project or tackle this issue?
- ❖ What strengths do I bring to this project?
- ❖ What are my areas of need?
- ❖ What specific help do I need to be able to complete this project?
- ❖ What scholarly products (publications, presentations) do I hope to generate from the project?

Next, identify a senior person, preferably in your institution—but potentially at your university, or within your profession nationally—who has the skills and ability to fill the gaps that you have identified. You might ask your division chief or chair for assistance in identifying an appropriate individual. Search the faculty database at your institution and the university. Look in the membership directory and within the organizational leadership of your regional and national professional organizations. The faculty affairs/faculty development dean at your institution may be another resource to help you identify an appropriate individual.

In Jane Brown's case, her goal is to develop a new course in reproductive endocrinology. She needs a mentor with specific expertise in education and curriculum development. Jane might look at current course directors, members of curriculum committees, or others involved in education within her institution. An education expert at another school or from the education committee of her professional society may be the one to meet her needs. Jane's mentor does not need to have expertise in ob-gyn or reproductive endocrinology; Jane has that content knowledge. She needs educational expertise.

Think big! You may be surprised by the affirmative response by a faculty “star” or academic leader when you approach him or her with a focused, specific request for assistance. A word of caution, however: Be prepared when you approach the faculty member. A request for mentoring that is specific,

focused, and time-limited is more likely to be considered by busy senior faculty. Identify the time frame for the project, the deadlines for task completion (such as grant proposal deadlines), and the time that you anticipate that you will need from the faculty member.

Once you have secured an agreement from your new mentor, use the time efficiently and wisely. Schedule regular meetings, come prepared for them, and be open to feedback and critique. Respect the time and other commitments of your mentor by being diligent in your work efforts and efficient in your communications. Utilize multiple forms of communication (e-mail, phone calls, lunch or coffee breaks) to keep information flowing back and forth on a regular basis, especially when your mentor is particularly busy, traveling, or located at a site other than yours.

Be sure to consider your goals for scholarship in discussing your project with your mentor. Remember that academic work is not complete until it is published and disseminated. You will be measured for advancement in the promotion and tenure process by your record of scholarship. Opportunities for scholarship are not always obvious. Although it is straightforward to envision a paper or papers generated from a bench or clinical research project, projects in education or community engagement may need more forethought to plan appropriate evaluation to demonstrate their impact. You may need to work with your mentor to identify opportunities for grant funding, and also for publication and/or presentation of results.

*In Jane's case, for example, it is not sufficient for her to design and implement a new course; she must also evaluate the effectiveness of her approach and disseminate the results. That evaluation will generate scholarship: a presentation at her national professional meeting and ultimately a publication. Her mentor should be a rich source of advice, providing suggestions about where to present, where to submit, as well as critical reviewer of presentations and papers.*

### Does Functional Mentoring Work? Can It Be Applied at the Institutional Level?

Functional mentoring has been incorporated into a professional development



*Robert J. Milner, PhD, Luanne E. Thorndyke, MD, and Maryellen E. Gusic, MD (left to right): "In the fullest context, mentoring involves advising, coaching, role modeling, assessing, providing feedback, and sponsoring others."*

program at the Penn State College of Medicine: the Junior Faculty Development Program.<sup>4,5</sup> The mentoring program complements a year-long course with a curriculum in career development, research, education, and clinical practice. Each participant undertakes an individual project that he or she has identified and has received approval from the chair to conduct. The junior faculty engage in a process to self-assess their (mentoring) needs and, after utilizing the resources available at our institution, identify a potential mentor. Just as we have described with Jane Brown, participants determine the aspects of their projects for which they need guidance and identify senior faculty who have the corresponding skills or expertise. Once the mentoring pairs are finalized, junior faculty identify the goals for their projects, establish timelines, and schedule meetings. The mentor provides review, critique, and suggestions for the project. The mentor works with the junior faculty member for the length of the course (approximately nine months), although some pairs have continued to work together to complete projects lasting more than one year and on new or additional projects.

In the last five years of the program, more than 125 junior faculty have completed projects in research, education, and clinical areas. In fact, the "Janes" in our program have created 34 new curricula and courses for medical students, residents, and faculty

in the College of Medicine. Evaluations show continued high satisfaction with the program, and reveal that mentors had a significant impact on projects.<sup>4,5</sup> Junior faculty report that the projects have a significant impact on their career focus and potential for advancement. In addition, projects were new ventures that made a contribution to the institution. Many junior faculty report that mentoring extends beyond the focus of the project—an unanticipated, yet desirable, outcome. Importantly, junior faculty have developed the ability to establish and navigate new mentoring relationships—an important skill for their ongoing development and success.

### Take Charge!

So, don't wait for that mythical, all-knowing mentor to find you; get moving! You need a functional mentor! Think about a project or a task that you have been asked to do, one that you would like to do, or one that you believe will advance your academic career. Identify your needs to make this project a success, and find a functional mentor to meet those needs. Your efforts will pay off with a tangible product at the end of the process—a completed and successful project to add to your dossier and, in turn, advance your career. Finally, take time to celebrate with your mentor, and then move on to a new goal! ♦

### References

1. Sambunjak D, Straus SE, Marusic A. Mentoring in academic medicine: a systematic review. *JAMA* 2006;296:1103–1115.
2. Bland CJ, Seaquist E, Pacala JT, et al. One school's strategy to assess and improve the vitality of its faculty. *Acad Med* 2002;77:368–376.
3. Palepu A, Friedman RH, Barnett RC, et al. Junior faculty members' mentoring relationships and their professional development in U.S. medical schools. *Acad Med* 1998;73:318–323.
4. Thorndyke LE, Gusic ME, George JH, et al. Empowering junior faculty: Penn State's faculty development and mentoring program. *Acad Med* 2006;81:668–673.
5. Thorndyke LE, Gusic ME, Milner JR. Functional mentoring: a practical approach with multilevel outcomes. *J Contin Educ Health Prof* 2008; 28:157–164.

**For an expanded version of  
this column, visit the APS Web site  
at [www.acphysci.com](http://www.acphysci.com).**

**ACADEMIC PHYSICIAN & SCIENTIST:**

The comprehensive source of professional growth and development, recruitment, and career enrichment information for all academic medicine faculty and administrators, from entry to senior levels.

**EDITORIAL ADVISORY BOARD**

**David J. Bachrach, MBA, FACMPE/FACHE**  
The Physician Executive's Coach  
Boulder, CO

**Janet Bickel, MA**  
Career Development and Executive Coach  
Faculty Career & Diversity Consultant  
Falls Church, VA

**Rosemary B. Duda, MD, MPH**  
Associate Professor of Surgery,  
Harvard Medical School  
Director, Center for Faculty Development,  
Beth Israel Deaconess Medical Center  
Boston, MA

**R. Kevin Grigsby, DSW**  
Vice Dean for Faculty and  
Administrative Affairs  
Penn State College of Medicine  
Hershey, PA

**Susan R. Johnson, MD, MS**  
Associate Provost for Faculty  
University of Iowa  
Iowa City, IA

**Page Morahan, PhD**  
Co-Director, ELAM  
Drexel University College of Medicine  
Philadelphia, PA

**Michael L. Rainey, PhD**  
Associate Dean, Academic Advising, Retired  
SUNY, Stony Brook School of Medicine  
New York, NY

**Susan R. Rosenthal, MD**  
Assistant Dean of Students  
Clinical Professor of Pediatrics  
Robert Wood Johnson Medical School  
New Brunswick, NJ

**Junior Faculty**

# Five Potential Pitfalls for Junior Faculty at Academic Health Centers

BY R. KEVIN GRIGSBY, DSW

**R.** Kevin Grigsby, DSW, is Vice Dean for Faculty and Administrative Affairs at Penn State College of Medicine in Hershey, PA. He may be reached at 717-531-3570 or at kgrigsby@psu.edu.

Are you at any early stage in your career? Does the ticking of the tenure and promotion clock seem to get louder with each passing week? Maybe you have started thinking about what you need to do to “climb the ladder” of academic promotion. If this sounds familiar, then this article may be helpful to you.

As a faculty affairs dean, I am responsible for the oversight of the academic appointment, promotion, and tenure process in the College of Medicine at my university. Every year, junior faculty members—those persons who have just received their first academic appointment—join the ranks of our faculty. Typically, this enthusiastic bunch is quickly assimilated into the organization's rank and file without much fanfare.

My position as faculty affairs dean allows me to serve as a “participant observ-

er”; I can observe these individuals as they move through the promotion (and tenure, if applicable) process. Based on what I have learned from my own experience and in observing what happens to others in the promotion process, I have identified some common pitfalls of the junior faculty member. In the worst cases, these pitfalls may account for a failure in the award of tenure. In less dire circumstances, delays in promotion may result.

No one warned me about these pitfalls during my junior years—but someone should have! I hope I can help you by alerting you to the lurking dangers.

The pitfalls are:

- ❖ Too much service effort.
- ❖ Diffusion and confusion.
- ❖ Lack of mentoring or guidance.
- ❖ Exploitation by other faculty members.
- ❖ Lack of discipline and perseverance.

**Pitfall 1: Too Much Service Effort**

To a newly arriving faculty member, it can feel like quite an honor to be nominated to serve on an important committee. On the other hand, committee work is likely to require many more hours than you will



Tomorrow's Doctors. Tomorrow's Cures.®

*Academic Physician & Scientist* (ISSN 1093-1139), a comprehensive source for recruitment news and classified advertising in academic medicine, is published 10 times a year by Lippincott Williams & Wilkins (LWW), a global medical publisher, and is endorsed by the Association of American Medical Colleges (AAMC), which represents the 125 accredited U.S. medical schools; the 16 accredited Canadian medical schools; some 400 major teaching hospitals, including Veterans Administration medical centers; more than 105,000 faculty in 98 academic and scientific societies; and the nation's 66,000 medical students and 97,000 residents. Subscription is free to all members of the academic medical community residing in the United States. For all others, annual paid subscription rates are: \$96, US individuals; \$131, U.S. institutions; \$122, non-US individuals; \$168, non-US institutions. © 2006 Lippincott Williams & Wilkins. Printed in the U.S.A. Opinions expressed by the authors and advertisers are their own and not necessarily those of the AAMC or of LWW. Neither the AAMC nor LWW guarantees, warrants, or endorses any product, service, or claim made or advertised in this publication.

**Editor:** Deborah Wenger

**Art Director:** Monica Dyba

**Associate Director of Production:**  
Barbara Nakahara

**Desktop Manager:** Peter Castro

**Production Coordinator:** Nick Strickland

**Executive Editor:** Serena Stockwell

**Publisher:** Ken Senerth

**Manager of Circulation:** Deborah Benward

**Circulation Associate:**

Fred Rella

**Manager of Advertising Sales:**

Martha McGarity

**Advertising Account Managers:**

Michelle Smith, Miriam Terron-Elder

**Director of Advertising Sales:** Michael Guire

**Vice President, Executive Publisher:**

Ray Thibodeau

**Editorial Office:**

333 Seventh Avenue, 19th Floor  
New York, NY 10001

**Advertising, production, all other publishing matters:**

APS, Lippincott Williams & Wilkins  
333 Seventh Avenue, 19th Floor  
New York, NY 10001  
(646) 674-6536  
fax (646) 674-6503

**New subscriptions, changes of address:**  
www.acphysci.com

**Subscription cancellations:**

Send e-mail to APSCirc@lww.com with complete data from your mailing label, or fax request to 978-671-0460.

**Web site for Academic Positions Listing:**

www.acphysci.com  
APSEdit@lww.com

Lippincott  
Williams & Wilkins  
a Wolters Kluwer business

spend in the actual committee meeting. As an assistant professor, some service effort is important, as you want to demonstrate that you are a “team player” and committed to the department and institutional missions. Too many service obligations can interfere with establishing a trajectory toward the successful award of tenure and/or promotion, particularly for women and minority group members. Junior faculty members who invest a small portion of effort in service until they are awarded tenure or promoted seem to have fewer problems with demonstrating their value to the institution.

### **Pitfall 2: Diffusion and Confusion**

The early stages of an academic career can be a dizzying experience. Arrival on an unfamiliar campus, a lack of understanding of the campus culture, and a teaching load that far surpasses anything experienced as a teaching assistant (TA) can leave a junior faculty member with both feet planted firmly in the air. Typically, junior faculty members have only a rudimentary understanding of what is expected of them: teaching, research, and everything else. It seems logical that assisting junior faculty members with establishing the foundation upon which to build a career would be a core function of any medical school faculty



*“The ‘tyranny of the urgent’ sets priorities on a day-to-day basis while a ‘conspiracy of interruptions’ ensures that the junior faculty member delays establishing a clear plan for the future.”*

arrival. Finding a mentor has a number of advantages, not the least of which is helping the junior faculty member to develop a plan for the future. From an institutional perspective, developing a plan for the future improves the chances that the junior faculty member will build on a firm foundation and achieve success.

***“The combination of good mentoring and discipline can be very effective in helping to you move beyond what feels like rejection.”***

affairs office. Without guidance of some sort, the typical junior faculty member hasn’t a clue as to what is or isn’t a priority. Page Morahan, Jennifer Gold, and Janet Bickel argue that “while a consensus is emerging about the functions of a faculty affairs office, no school has a comprehensive faculty development system.” The “tyranny of the urgent” sets priorities on a day-to-day basis while a “conspiracy of interruptions” ensures that the junior faculty member delays establishing a clear plan for the future. This is manifested in a promotion dossier that is hit or miss—evidence of trying to do anything and everything simultaneously without any clear focus or target. “I’m working so hard but I am not getting anything done” is a common complaint of the person in this situation. Part of the solution is to establish a clear plan shortly after

### **Pitfall 3: Lack of Mentoring or Guidance**

Mentoring and guidance are important in the development of careers in academic medicine. This appears to be especially true for women and underrepresented minorities, who often have a difficult time identifying mentors. Ideally, institutions should have a system for identifying and linking mentors and protégés. However, it is likely that junior faculty members will need to find mentors on their own. Ideally, mentors assist junior faculty members with moving away from the “tyranny of the urgent” and toward a plan that will support the personal and professional growth of the junior member. However, the mentor-protégé relationship is complex. Multiple mentors may be needed to span the diversity of job demands where

guidance is needed. Junior faculty should understand that no senior faculty member is likely to ask: “May I be your mentor?” In fact, some senior faculty members may approach the junior person with an agenda that is not in the junior faculty member’s best interest.

### **Pitfall 4: Exploitation by Other Faculty**

I wish I could report that all other faculty members are kindly mentors who take pride in assisting their junior colleagues in becoming successful. This may not be the case, however. An invitation to assume the role of co-investigator on a grant can be very flattering and a healthy step in the right direction. On the other hand, being saddled with all of the “grunt work” associated with a project is far from flattering and is likely to steal valuable time and effort from accomplishing what one needs in order to be successfully promoted and/or tenured. Accepting additional responsibilities always comes at some cost. Therefore, it is wise to be very specific. Draft a Memorandum of Understanding that clearly states your role, your expectations, and the commitment you are making. You should state your understanding of the role of the other party, what you understand as being expected of you, and your understanding of the commitment being made to you. Both parties should initial the document to indicate agreement and each party should retain a copy. The aphorism that “good fences make good neighbors” is very applicable as the document may prevent misunderstanding in the future. The process of constructing a Memorandum of Understanding is valuable in and of itself. It will give you a good “feel” for the potential working relationship. In fact, it may lead you to say, “No thanks.”

### **Pitfall 5: Lack of Discipline and Perseverance**

Not exercising discipline and perseverance in the pursuit of extramural funding, improved teaching, and development of manuscripts is the downfall of many bright and energetic junior faculty members. The award of extramural funding is important for two reasons. The first reason is that it pays the bills. The second reason, which is often overlooked, is because it validates your research efforts. In other words, some person or persons (peer reviewers, program officers)



think enough of your efforts to provide you with financial support. Junior faculty should not expect success with the first submission of a grant application. Likewise, it is atypical for a new faculty member to receive superior teaching evaluation scores the first time he or she offers a lecture or course. It's no different concerning the development of a manuscript. It may require several iterations

before it is publishable. Don't give up! Junior faculty members should develop the discipline to remain focused on a project until success is achieved. Receiving a low priority score or a rejection letter is demoralizing—but it isn't the end of the world. Learning to use these experiences to produce better scholarship is in the best interest of the individual, the profession, and science. The

combination of good mentoring and discipline can be very effective in helping to you move beyond what feels like rejection.

I am certain that other pitfalls exist for junior faculty members. The five pitfalls listed may not be the most daunting. From my perspective, they seem to be the most common. I hope that learning about these pitfalls will help you to avoid them. ❖



## Non-Tenure Tracks Now More Respected

BY DAVID J. BACHRACH, FACMPE/FACHE

**D**avid J. Bachrach has more than 30 years of experience in academic medicine administration and provides leadership coaching to physicians in academic medical centers and teaching hospitals. He may be reached at The Physician Executive's Coach, 2650 Juilliard Street, Boulder, CO 80305; (303) 497-0844, or [www.PhysXCoach.com](http://www.PhysXCoach.com).

**S**ome say the “triple-threat” faculty member is becoming an artifact of history. The exponential expansion of knowledge, combined with increasing competition for research grants and the demand for ever-expanding clinical service loads, has made it nearly impossible for all but the truly exceptional individual to perform both significantly and substantially in all three sectors of academic medicine. Thus, there has been steady movement since the early 1990s toward more highly regarded research and clinical tracks for the full-time faculty member whose career is better suited to a concentration in one or two of the traditional sectors of academic medicine.

### Growth in Medical Schools

Table 1 shows how medical schools have changed between 1975 and 2000.

The number of medical students has increased during this 25-year period by only 550, to 15,901 (3.6%), but faculty size has increased by 63,000; federal grants now exceed \$8 billion; and clinical revenue, at nearly \$15 billion, exceeds 50% of the total operating costs of US medical schools in

contrast to less than 3% in the mid-1960s, when Medicare and Medicaid were enacted into law.

Medical education is a priority but it now competes (and sometimes not very well) with research and patient care.<sup>1</sup> The considerable growth in faculty was stimulated by competition for federal grant funding—often the “gold standard” of excellence in ranking medical schools—and clinical income as the cost of maintaining these hugely expensive enterprises continues to rise.

### Status of the Tenure Track

Tenure used to be the benchmark of excellence for most individuals in academic medicine (and still is for many). It represents, however, a substantial liability to the medical school and its parent university when tied to total salary, as was often the case. With increasing frequency, the tenure commitment has been uncoupled from salary or its definition has been recast to limit it to a core uni-

versity base salary, often a fraction of total salary for the faculty member in a clinical department. In a 1997 article in *Academic Medicine*, Jones and Gold reported on the evolving growth in the number of institutions that are introducing clinical and research tracks to accommodate the changing landscape in academic medical centers.<sup>2</sup> This has required a culture shift for many, as faculty assigned to these tracks in the past were often regarded as “second class” citizens in the academy.

Schools that have made progress in achieving respected status for faculty in these tracks have found it possible to recruit excellent talent and allow them to thrive in their focal area. Thus, the tapestry of the well-balanced school is now rich with dimension and texture in proper proportion because its broad, tripartite missions of education, research, and patient care have been accomplished with a balance of a relative few triple-threat individuals coupled with an increasing number of those who demonstrate exceptional performance in one of the mission areas, while contributing in a supportive role in at least one other.

Schools with the most rigorous criteria expect the individual to contribute in a meaningful fashion to the teaching process and to the advancement of the science and art of medicine through the publication of observations and the presentation of findings and technique at professional meetings. Highly respected institutions, such as Johns Hopkins, offer rather long-term commitments (as much as ten years) to individuals at rank whose performance warrants it but

**Table 1.** Changes in medical schools, 1975-2000

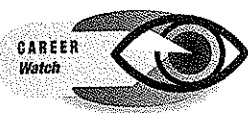
	Increase
Number of Medical Students	3.6%
Number of Residents	161%
Number of Basic Science Faculty	65%
Number of Clinical Faculty	223%
Total faculty	163%
State Support*	50%
Federal Grant Support*	269%
Clinical revenues*	967%

\*Adjusted for inflation

Source: *Acad Med* 2003;78(7):660.

<http://www.academicmedicine.org/cgi/content/full/78/7/659>.





# Five Ways to Fail as a New Leader in Academic Medicine

BY R. KEVIN GRIGSBY, DSW

There is no shortage of literature on successful leadership. I'm always amazed at the range of books on leadership I encounter in airport bookstores alone—the professional business and management literature is replete with books and articles about how to be an effective leader. The table of contents for almost any issue of *Harvard Business Review* (HBR) typically includes one or more articles on leadership. In fact, HBR published a collection of articles about effective leadership that have appeared in the journal over the last few years.<sup>1</sup> From time to time, HBR publishes articles on leadership challenges or problems;<sup>2</sup> seldom is the focus on failure as a leader. Accounts of failure—failed mergers, for example—have been published in recent years.<sup>3</sup> But when I tried to obtain information about how and why leadership failures occur in academic medicine, I felt daunted—there isn't much of anything available.

This really caught my attention, as most of us frail humans have had not one, but several, failure experiences. And I think that most of us agree that failure can be a powerful learning experience. Forty years ago, one of the founders of family therapy, Jay Haley,<sup>4</sup> published an article titled "The Art of Being a Failure as a Therapist."<sup>5</sup> Haley argued that too much emphasis had been placed on how to be successful, and not enough had been placed on how to fail as a therapist. He elucidated 12 steps leading to failure as a therapist. More recently, Stewart Shevitz published a corollary to Haley's article that applies aptly to administrative psychiatry.<sup>6</sup> He agrees with Haley: Too much emphasis has been placed on how to be successful as a leader, and not enough has been placed on how to fail.

It is unlikely that Haley or Shevitz wrote in the hope of helping others to fail. Both authors recognize, however, that an examination of failure is a powerful teaching tool. Haley's article has become a classic for helping new therapists understand "what *not* to

**R.** Kevin Grigsby, DSW, is Senior Director of Organizational Leadership Development at the AAMC in Washington, DC. E-mail: [kgrigsby@aamc.org](mailto:kgrigsby@aamc.org).

do" in the hope that this knowledge will improve the chance of success as a therapist. Similarly, Shevitz uses the same approach to help those new to administrative psychiatry to know "what *not* to do."

## Keys to Failure as a First-Time Leader

I think a similar approach can be helpful to academic medical faculty members who are in leadership positions for the first time. Whether you have already accepted an invitation to serve or if you are still considering a "first-time" leadership appointment, this article is written with you in mind. It may be that an opportunity will come your way when an unanticipated vacancy occurs and interim leadership is needed—you may be tapped to lead. As an interim leader, you will have a short period of time to demonstrate your competence—or incompetence—as a leader. My aim is to help you make the most of it by learning as much about what *not* to do as you learn about what to do. Don't get me wrong—there are many ways to fail. Some are more elaborate than others and often involve multiple "failure factors." Haley offers 12 steps to failure and Shevitz parallels all 12 in his description of the art of failure. I offer only five, but all five are sure-fire ways to enhance your chance of failure as a first-time leader in academic medicine.

### 1. Ignore the culture.

Ignoring or failing to understand the organizational culture has been the undoing of many new leaders. This is especially true for persons entering organizations from outside as the new leader. Even if the leader has a successful track record in a similar position

elsewhere, moving to another organization means the leader is "new" to the organization. This pitfall can apply to a leader who has been promoted within an organization; in your new role, you will be perceived differently by your peers. In fact, when you become the new leader, it's likely you will no longer be regarded as a peer—you are now regarded as a "boss."

Simply put, organizational culture is "the way we do things around here." Leaders, whether new to the organization, new to the leadership role, or both, must consider the consequences of any decision within the context of "the way things are done around here." Sometimes, new leaders fall prey to making "the right decision in the wrong culture." In other words, engaging in what might have been an effective action in one's former role or organization is ineffective, at best, and dysfunctional at worst, in the context of the new leadership role or organization. Sometimes the best advice for new leaders is to suggest: "Don't just do something, stand there." In other words, your impulse to act may be off target. What worked in your previous role or organization won't work in the new role or organization. Wait until you have a better understanding of the culture before acting.

### 2. Focus too much attention on quick wins.

Quick wins, sometimes referred to as "harvesting low-hanging fruit," allow new leaders to demonstrate early success and gain the confidence of those they lead. Sacrificing the long term in favor of quick wins may feel good—after all, everyone loves a winner! In fact, we love ourselves when we win, and healthy self-love is a part of effective leadership. Unfortunately, too much focus on short-term, easy wins may overshadow lurking long-term, complex problems that may soon become urgent.<sup>7</sup> The current crisis in banking is a good example of short-term "irrational exuberance"<sup>8</sup> where quick

wins led many to the belief a downturn in the housing market was “impossible.” As we now know, they were wrong. Long-term, complex problems were lurking—and the consequences of failing to effectively deal with them are dire.

### 3. Stop listening; start squawking.

New leaders are often plagued by a tendency to talk too much. In his illuminating fable, *Squawk!*, Travis Bradberry describes this tendency to swoop in, squawk loudly, and dump orders as “seagull management.”<sup>9</sup> Although well-intentioned, this behavior isn't helpful. Some of this tendency is probably born of anxiety, but too much talk often originates in the belief that leading is all about making decisions. Effective leadership requires so much more. A leader may believe he or she was selected because of his or her history of making good decisions. This may be true, but making decisions as an individual is different from making decisions as a leader. Showcasing your own brilliance as a leader by offering immediate solutions is risky. Part of leading is about learning to listen to the wisdom of others. Understanding the diverse perspectives of others leads to better decision making. A rule of thumb is to *be sure you are listening twice as much as you are talking*. After all, we have two ears—but only one mouth.

### 4. Ignore conflict.

A corollary to “stop listening, start squawking,” ignoring conflict can greatly enhance the chance of failure. New leaders often hold the mistaken belief that ignoring conflict will make it go away. Some remain silent, hoping people will forget about the issue. One of the facts of life in leadership is that you can not avoid conflict. You can repress it, suppress it, ignore it, or postpone it, but you can not avoid it. Sooner or later, you will have to face it—and even when you face it, you may not be able to resolve it. This behavior is often deeply rooted in the cultural myth of the “rugged individualist” who attributes success to determination and hard work. We hear vestiges of this belief in the lyrics of pop songs (“I did it my way”) and in the adage “If you want it done right, do it yourself.” Ignoring conflict is often a sign of immaturity and/or narcissism on the part of the leader. Believing conflict will “just go away” is not a delusion. But for



*“Take the time to gain a better understanding of the organizational culture. Recognize that you are unlikely to be the smartest person in the room all of the time. Listen at least twice as much as you speak.”*

some leaders, it is an enduring fantasy. Ultimately, living this fantasy will result in leadership failure as conflicts endure and, in some cases, escalate over time.

### 5. Create a strategic plan that is neither.

Many new leaders are very keen on engaging in a period of strategic planning. Too often, many persons in the organization invest weeks or months in the planning process only to emerge with a strategic plan that contains no real strategy. Likewise, it isn't really a plan—it is a statement of what the leader aspires to leave as his or her legacy. Too often, the commitment of resources is not included as part of the plan. Unless there is a clear statement of strategic intent tied to a commitment of resources with identified sources, then it is neither strategic nor a plan.

### Conclusion

There are plenty of other ways to fail as a new leader. If you want to be successful, don't fall into the trap of viewing academic medicine as being so unique that business and social science knowledge does not apply. Our organizations are more similar than dissimilar when compared to other businesses, nonprofits, or governmental entities. That's not to say we don't have our own organizational

nuances and quirks—understanding the culture of academic medicine is imperative. Take the time to gain a better understanding of the organizational culture. Recognize that you are unlikely to be the smartest person in the room all of the time. Listen at least twice as much as you speak. Stay away from the toxic behaviors Robert Sutton describes in his 2007 Quill Award-winning book on leadership.<sup>10</sup> Above all, “walk the talk” and make certain your actions are consistent with the things you say. It's like being a parent: Kids watch what we do far more keenly than they listen to what we say.

These principles for failure as a leader are not applicable only to persons in first-time leadership roles. The same principles can be helpful to anyone in a leadership position. Unfortunately, I suspect that many of you have observed one or all of these principles enacted in your own workplace. If you want to be unsuccessful as a leader, keep these principles in mind. Enact as many of them as possible as often as possible. Keep in mind that others are watching and will learn from your failure. If you are truly expert at failure, you may create a legacy of failure as others model your behavior and enact these principles.

Truth be told, I doubt you want to be remembered as a failure. Learn how to be a great leader and, in turn, let others learn from your success. ♦

### References

1. Harvard Business Review. *Leadership Insights: 15 Unique Perspectives on Effective Leadership*. Boston: Harvard Business Press, 2003.
2. A good example of an article about leadership challenges is: Campbell A, Whitehead J, Finkelstein S. Why good leaders make bad decisions. *HBR* 2009;87:60–66.
3. Mallon W. The alchemists: a case study of a failed merger in academic medicine. *Academic Medicine* 2003;78:1090–1104.
4. For a brief biography of Jay Haley, see [www.haley-therapies.com](http://www.haley-therapies.com). Accessed March 19, 2009.
5. Haley J. The art of being a failure as a therapist. *J Orthopsychiatry* 1969;39:691–695.
6. Shevitz S. Jay Haley revisited: the art of being a failure as an administrator. *Psych Services* 2000;51:1047–1048.
7. Van Buren M, Saffersstone T. The quick wins paradox. *HBR* 2009;87:55–61.
8. Akerlof GA, Shiller RJ. How “animal spirits” wrecked the housing market. *The Chronicle of Higher Education*, 2009;55(32):B6–7.
9. Bradberry T. *Squawk!* New York: Collins Business, 2008.
10. Sutton RI. *The No-Asshole Rule*. New York: Warner Business Books, 2007.



## Investing in a Postdoc for Your Lab

BY R. KEVIN GRIGSBY, DSW

The National Science Foundation (NSF) reports that 45% of recent recipients of doctoral degrees in science, engineering, and health completed or were completing postdoctoral appointments.<sup>1</sup> How did they find a laboratory? Too often, faculty scientists have the faulty belief that “if the science is good, nothing else matters” when it comes to selecting postdoctoral scholars. Even though finding a postdoctoral scholar with a scientific profile similar to your own and a set of skills in hand is an important consideration, making a decision about bringing someone into the laboratory based on this dimension alone is a mistake. Too often, the fantasy of the “ideal candidate” wears off quickly and problems begin to emerge.

This column is directed toward faculty members who plan to invest the time, energy, effort, and resources required to bring a postdoc into their laboratory. Knowing what to look for in a potential postdoc leads to selecting candidates offering the greatest promise for success—and the least “promise” for creating problems. When one calculates the effort, expense, and sacrifices—as well as the lost opportunities—required to recruit, appoint, and train a postdoc, it becomes clear that making the best choice is a critical decision. Regarding the selection of a postdoc as an investment in one’s science is reasonable. Before embarking on the search for a postdoc for your laboratory, you should carefully assess your needs and ask: Is a postdoc appropriate for the project, or would a technician suffice? Are resources available to support a postdoc? Am I prepared to share credit with a postdoc? Your decision to recruit a postdoc should be fully informed in order for you to make and protect your investment.

### Recruiting a Good Postdoctoral Scholar

Although it may seem self-evident to some readers, asking the question, “What is a postdoctoral scholar?” is a good first step. Just last year (2007), the NIH and NSF defined a postdoctoral scholar as:

**R.** Kevin Grigsby, DSW, is Vice Dean for Faculty and Administrative Affairs at Pennsylvania State College of Medicine in Hershey, PA. E-mail: kgrigsby@psu.edu.

*An individual who has received a doctoral degree (or equivalent) and is engaged in a temporary and defined period of mentored advanced training to enhance the professional skills and research independence needed to pursue his or her chosen career path.<sup>2</sup>*

All investigators should understand that this definition clearly specifies that postdoctoral scholars are to be mentored—an important distinction faculty scientists sometimes fail to consider in the selection process. An orientation and training period will be expected from the day the scholar arrives, and ongoing mentorship is an expectation. In other words, recognize that you are not hiring an employee. You are agreeing to host a trainee, albeit a trainee already in possession of a high degree of knowledge and related skills.

Before beginning to search for a postdoc, take the time to review the definition and to learn the relevant policies at your university. Meet the people who are responsible for the oversight of human resources issues for postdocs.

### Finding a Postdoctoral Scholar

Ideally, a valued colleague who is very familiar with your line of research will contact you with information about a protégé who is finishing or has just finished his or her degree. Ideally, the protégé’s science and skills are aligned with yours and, temperamentally, you find the individual to be compatible with your work style. You should consider contacting colleagues to inquire about potential postdocs—especially if you know the skills and knowledge you desire in a postdoc. The Sigma Xi Postdoc Survey reports that a significant number of postdocs found their current positions through personal contact with their future mentors.<sup>3</sup>

Selection of the right postdoc requires due diligence. Remember, you are making an investment. As with other investments, you should read the “fine print” and make well-informed decisions. Do you want someone with the skills to continue with an ongoing project? Or do you want someone with a new set of skills and who will take your laboratory to “the next step”? Fortunately, resources now exist to assist with recruiting the right person. There are a number of Web-based services that will allow you to advertise postdoc positions.<sup>4</sup>

Remember, recruiting is only the first step. You should start early—six to nine months before you need the person in the laboratory—as it may take this long to recruit and select a scholar. Once you begin to receive inquiries or applications, you will need to screen responses and offer interviews to the most promising candidates. Whether you rely on e-mail and telephone interviews or have the resources to arrange face-to-face meetings, it is critical you take the time to carefully check references.

### Bringing a Postdoc into Your Laboratory

Crafting a detailed letter of offer/appointment is of the utmost importance. Engaging the postdoc in this process is a chance to “test drive” a working relationship. In my experience dealing with both disgruntled scholars and disgruntled faculty members, I have found the lack of clarity around expectations to be common—one party generally accuses the other of failing to live up to his or her part of an agreement.

Authorship concerns, access to research data after the postdoctoral period, and the expectation for the length of the experience should be included in the appointment letter. You should include information about remuneration, moving costs, assistance with visa issues, and other pertinent issues. Details related to what happens after the period of postdoctoral scholarship should be discussed and documented. For example, will the postdoc have the option of

using the research data to build a foundation to support independent scholarship? A savvy postdoc will expect training and mentorship in exchange for his or her contribution to your science. You might think you do not have time to deal with these details “up front.” Experience suggests that setting and documenting expectations *before* the candidate agrees to come to your laboratory makes life easier for the candidate and improves the quality of the experience.<sup>5</sup> More important, it makes life easier for you!

### Be Prepared to Ask and Answer Questions

Good candidates will ask good questions, and so should you. After all, you are trying to find a partner with whom you will share your life's work. As a mentor, you will be sharing knowledge, expertise, and, to some degree, rewards with your postdoctoral colleague. Discussing the length of the commitment you are making to the postdoc and what you expect in return should be a part of the conversation. Although most postdocs are in the laboratory for about two years,<sup>6</sup> some faculty sponsors may not have the resources to support a postdoc for two years or may want a commitment of three or more years. Be explicit in your answers and include them in the offer or appointment letter.

You should be prepared to explain whether your organization uses the National Research Service Award (NRSA) stipend scale<sup>7</sup> levels or a different formula for establishing postdoctoral stipends. After accepting a postdoc, but prior to his or her arrival, you may want to work with him or her to prepare an application for an NRSA Postdoctoral Fellowship (F32) Award. This may enable the person to arrive with some resources in hand.

Things are not the same all over; helping the candidate to understand differences in the cost of living across the country can be very helpful to candidates, as the differentials can be remarkable. Several online calculators designed to compare the costs of living in different areas of the country are available.<sup>8</sup>

### When the Postdoc Arrives

Review your expectations with the postdoc. Because these should be included in the letter of offer or appointment, there should be no surprises. If your university is a member of the National Postdoctoral Association (and even if it is not), introducing the post-



*“Before embarking on the search for a postdoc for your laboratory, you should carefully assess your needs and ask: Is a postdoc appropriate for the project, or would a technician suffice? Are resources available to support a postdoc? Am I prepared to share?”*

doc to the NPA Web site is to your advantage.<sup>9</sup> Likewise, if your campus has an office for postdoctoral affairs, introduce your scholar and link her or him to any orientation classes offered.

Introducing the scholar to other postdocs helps the newcomer begin to establish a social network of support for the newly arrived scholar. Peer relationships are invaluable to the newly arrived. One of the most common mistakes I've seen made by mentors is keeping postdoctoral scholars isolated in the mistaken belief that it leads to maximum productivity in the laboratory. Nothing could be further from the truth! If the postdoc feels unsupported and isolated, productivity is likely to be less robust than if the postdoc feels supported both in and outside the laboratory. Helping the scholar to focus is important, but failing to establish a social support network typically results in poor productivity and, at times, early departure.

### When It's Over—Launching Postdoctoral Scholars

Too often, the “what's next question” is not addressed until very late in the process. This conversation should begin before the scholar arrives in your lab. Although this may sound premature, it is not. A candidate should know whether he or she is expected to find another position after the postdoctoral period, whether he or she has the option of employment at your institution

after the postdoctoral experience, and, if so, whether obtaining extramural funding is expected. Engaging in conversation about what's next should occur before the scholar arrives, and should be repeated frequently through the duration of the scholarship period. You have an obligation to help launch the postdoc into the next phase of his or her career. In fact, the postdoc's success will reflect favorably on you—and vice versa. Helping the postdoc to know what to expect is in his or her—and your—best interest as you go about sharing success.

### Notes

1. Scheff J. Best places to work: postdocs. *The Scientist* 2008;22(3):53. [www.nsf.gov/statistics/infbrief/nsf08307/?govDel=USNSF\\_141](http://www.nsf.gov/statistics/infbrief/nsf08307/?govDel=USNSF_141), accessed April 4, 2008.
2. National Postdoctoral Association, [www.nationalpostdoc.org/site/c.eoJMIWOBIrH/b.1390015/apps/s/content.asp?ct=3524369](http://www.nationalpostdoc.org/site/c.eoJMIWOBIrH/b.1390015/apps/s/content.asp?ct=3524369), accessed April 4, 2008.
3. Sigma Xi Postdoc Survey, <http://postdoc.sigmaxi.org/>, accessed April 7, 2008.
4. See <http://aaas.sciencecareers.org/js.php>, [www.nationalpostdoc.org/site/c.eoJMIWOBIrH/b.1532377/k.8C40/NPA\\_Job\\_Board.htm](http://www.nationalpostdoc.org/site/c.eoJMIWOBIrH/b.1532377/k.8C40/NPA_Job_Board.htm), or [www.acphysci.com/aps/app](http://www.acphysci.com/aps/app). Accessed April 4, 2008.
5. Sigma Xi Survey Offers Surprising Insights. [www.sigmaxi.org/postdoc/release.html](http://www.sigmaxi.org/postdoc/release.html), accessed April 7, 2008.
6. Hoffer TB, Grigorian K, Hedberg E. Postdoc participation of science, engineering and health doctorate recipients. National Science Foundation, March 2008. [www.nsf.gov/statistics/infbrief/nsf08307/?govDel=USNSF\\_141](http://www.nsf.gov/statistics/infbrief/nsf08307/?govDel=USNSF_141), accessed April 4, 2008.
7. National Institutes of Health. Revision: Ruth L. Kirschstein National Research Service Award (NRSA) Stipend and Other Budgetary Levels Effective for Fiscal Year 2007. <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-07-057.html>, accessed April 4, 2008.
8. CNNMoney.com. How far will my salary go in another city? <http://cgi.money.cnn.com/tools/costofliving/costofliving.html>, accessed April 4, 2008.
9. National Postdoctoral Association, [www.nationalpostdoc.org/site/c.eoJMIWOBIrH/b.1388059/](http://www.nationalpostdoc.org/site/c.eoJMIWOBIrH/b.1388059/), accessed April 4, 2008.

### Acknowledgment

The author appreciates critical comments and suggested edits from Rob Milner, PhD, Professor of Neural and Behavioral Science and Director, Office for Postdoctoral Affairs at Pennsylvania State College of Medicine.

**For an expanded version of this article, including additional tips and references, visit the APS Web site at [www.acphysci.com](http://www.acphysci.com).**





# Managing Organizational Pain in Academic Health Centers

BY R. KEVIN GRIGSBY, DSW

Despite dire predictions, academic health centers (AHCs) continue to survive, and in some cases, to thrive.<sup>1</sup> All too often, however, conflicts among departments, work units, and individuals result in an organizational environment that is less efficient and less satisfying for the individuals comprising the human element of the organization. Emotional pain is generated in the course of everyday workplace activities. Left unchecked, an undesirable by-product known as *organizational toxicity* will emerge and manifest in a loss of self worth, feelings of hopelessness, and a loss of energy and drive on the part of individuals in the organization.<sup>2</sup> Management of this pain is necessary if an organization is to be successful in the creation of a workplace where working together adds value to work units, individuals, and the organization as a whole.

Recent contributions to the professional business literature have identified persons within organizations who “voluntarily shoulder the sadness and the anger that are endemic to organizational life.”<sup>3</sup> These individuals, known as *toxin handlers*, manage organizational pain and, as such, are of great

**R.** Kevin Grigsby, DSW, is vice dean for faculty and administrative affairs, Penn State College of Medicine and Milton S. Hershey Medical Center, Hershey, PA. E-mail: kgrigsby@psu.edu.

strategic value. In AHCs, the dean of faculty affairs or director of human resources frequently serves as a *formal* toxin handler and, as such, plays a critical role in managing organizational pain. Typically, they are not the only persons involved in mitigating organizational pain. In addition to individuals who formally shoulder sadness and anger endemic to life in an organization, *informal* toxin handlers exist within organizations and are equally critical to the success of the organization. Formal toxin handlers are seldom acknowledged or rewarded for much of this work within organizations, but informal toxin handlers may be overlooked entirely, often at the expense of the individual. These individuals may be deans, department chairs, division chiefs, or simply trusted peers in the organization. Acknowledging their presence and rewarding them for serving in this role leads to improved organizational performance.

## What Is Organizational Pain?

Organizational pain is the emotional or affective response of individuals in an organization to events occurring in the everyday life of the organization. Organizational pain is ubiquitous—and inevitable.

Painful events may be obvious, such as downsizing and related layoffs, widely publicized accounting irregularities, and mergers (or failed mergers). Other painful events may be less obvious, such as changes in leadership, a shift in organizational culture, or the loss of market share. Ineffective responses to organizational pain detract from and, at times, may destroy an environment conducive to success. The faulty belief that the organization can ignore organizational pain until it “blows over” often compounds the problem. When an individual’s attitudes or an organization’s policies disregard “the emotional attachment people have to their contributions to work,” the result can be the creation of an emotionally toxic environment.<sup>4</sup>

## Role of the Toxin Handler

It is critical that organizations understand the role of the toxin handler and, in turn, acknowledge and reward him or her for the



Tomorrow's Doctors, Tomorrow's Cures®

**Editor:** Deborah Wenger  
**Art Director:** Monica Dyba  
**Associate Director of Production:** Barbara Nakahara  
**Desktop Manager:** Peter Castro  
**Production Coordinator:** Nick Strickland  
**Executive Editor:** Serena Stockwell  
**Publisher:** Ken Senerth  
**Manager of Circulation:** Deborah Benward

*Academic Physician & Scientist* (ISSN 1093-1139), a comprehensive source for recruitment news and classified advertising in academic medicine, is published 10 times a year by Lippincott Williams & Wilkins (LWW), a global medical publisher, and is endorsed by the Association of American Medical Colleges (AAMC), which represents the 125 accredited U.S. medical schools; the 16 accredited Canadian medical schools; some 400 major teaching hospitals, including Veterans Administration medical centers; more than 105,000 faculty in 98 academic and scientific societies; and the nation's 66,000 medical students and 97,000 residents. Subscription is free to all members of the academic medical community residing in the United States. For all others, annual paid subscription rates are: \$96, US individuals; \$131, U.S. institutions; \$122, non-US individuals; \$168, non-US institutions. © 2006 Lippincott Williams & Wilkins. Printed in the U.S.A. Opinions expressed by the authors and advertisers are their own and not necessarily those of the AAMC or of LWW. Neither the AAMC nor LWW guarantees, warrants, or endorses any product, service, or claim made or advertised in this publication.

**Circulation/Production Assistant:** Fred Rella  
**Manager of Advertising Sales:** Martha McGarity  
**Advertising Account Managers:** Michelle Smith, Miriam Terron-Elder  
**Director of Advertising Sales:** Paul Tucker  
**Vice President of Advertising Sales:** Ray Thibodeau

**Editorial Office:** 333 Seventh Avenue, 19th Floor  
 New York, NY 10001  
**Advertising, production, all other publishing matters:** APS, Lippincott Williams & Wilkins  
 333 Seventh Avenue, 19th Floor  
 New York, NY 10001  
 (646) 674-6536; fax (646) 674-6503  
 e-mail: apssales@lwwny.com  
**New subscriptions, changes of address:**

See form on back cover or visit  
[www.acphysci.com](http://www.acphysci.com)

**Subscription cancellations:**  
 Send e-mail to [dbenward@lwwny.com](mailto:dbenward@lwwny.com) with complete data from your mailing label, or fax request to 978-256-1703.

**Web site for Academic Positions Listing:**  
[www.acphysci.com](http://www.acphysci.com)

**Editorial e-mail:**  
[APSEdit@lwwny.com](mailto:APSEdit@lwwny.com)

Lippincott  
 Williams & Wilkins  
 a Wolters Kluwer business



value added to the organization, as these persons play a key role in organizational success.

Toxin handlers alleviate organizational pain in five ways. In formal and informal meetings with individuals and group, they:

- ❖ Listen empathetically.
- ❖ Suggest solutions.
- ❖ Work behind the scenes to prevent pain.
- ❖ Carry the confidences of others.
- ❖ Reframe difficult messages.<sup>5</sup>

The behavioral manifestation of *empathetic listening* is “lending an ear” to a colleague, student, or staff member when she or he has experienced a painful organizational event. Sometimes, the toxin handler does nothing more than to listen to another ventilate feelings of disappointment, anger, or feeling neglected. Responses may include nothing more than “tell me more” or a nod of the head. Empathetic listening validates the speaker’s feelings. Even if the person’s perceptions are off-target, the toxin handler is experiencing an emotional reaction to those perceptions. Although this may sound much like psychotherapy, it is not. The sole focus is, and should remain, limited to organizational issues. It is neither fruitful nor appropriate for the toxin handler to assume the role of therapist—although the work may be therapeutic in the context of the organization.

*Suggesting solutions* offers the opportunity to develop alternative perspectives and approaches to resolving, reducing, or managing pain. This may take the form of brainstorming, recalling or reviewing what has happened in the past in similar cases, or making the decision to involve more formal actions to make the organizational pain less intense.

Some toxin handlers have a proclivity for *working behind the scenes* to prevent organizational pain. This is not to say that they are invested in trying to avoid experiencing pain. To the contrary, these persons have an uncanny ability to sense the potential for pain and to intervene to effectively prevent its manifestation. In some cases, individuals may be referred to as “natural peacemakers,” as they have no formal training in how to prevent pain—they just do it.

*Carrying the confidences of others* requires the toxin handler to be sensitive and respectful of coworkers. Trust is paramount, as sensitive information about one’s feelings is often shared in describing reactions to organizational pain or to the potential for organizational pain. When individuals

expect to have a “difficult conversation” with a coworker or if they have received painful news, those individuals can often find comfort sharing that information with someone he or she trusts.

*Reframing difficult messages* requires translation skills on the part of toxin handlers. Often, the intended message of the speaker does not result in the expected impact of the message. The recipient of the message may need assistance in understanding that she or he has misinterpreted the intended meaning. The linguist Deborah Tannen describes this situation aptly: “Every time we open our mouths to speak, we are taking a leap of faith—faith that what we say will be understood by our listeners, more or less as we mean it.”<sup>6</sup> Misunderstanding can lead to both acute “flare-ups” of organizational pain or to chronic pain in the organization. Reframing involves stating the message in language familiar to the listener as a means for helping the listener “get it.”



**“Organizational pain is the emotional or affective response of individuals in an organization to events occurring in the everyday life of the organization.”**

### Value of the Toxin Handler

Toxin handlers add value to organizations in many ways. At present, rapid change is a fact of life in most AHCs. Leadership turnover, declining bottom lines, and downsizing of personnel can all be sources of organizational pain, even during periods of relative organizational stability. Organizational instability and rapid change can lead to acceleration in the generation of organizational pain. A climate in which uncertainty is rampant is often manifested in collective anxiety, a form of organizational pain stemming from the ambiguity endemic to rapid organizational change.

Toxin handlers detect collective anxiety early in the change process. They intervene to minimize and manage the pain, and by doing so add value to the organization. In effect, toxin handlers play a critical role in the creation of a humane workplace.

### The Bottom Line: Recognizing, Supporting, and Rewarding Toxin Handlers

Moses et al. believe that two fundamental changes must occur in academic medical centers to meet the challenge of the future. They argue that the ties between academic and private practitioners must be strengthened and that the organizational structure of AHCs must be simplified.<sup>7</sup> As these fundamental changes occur, organizational pain will be endemic. Even in an ideal organization, it is unlikely that management of organizational pain will be systematic and comprehensive. Toxin handlers, whether formal or informal, will help to mitigate the organizational pain that is a result of the status quo or as a result of rapid change.

Frost and Robinson recommend several actions in support of toxin handlers. The first is simply to acknowledge that toxin handlers exist and serve an important role. Second is to create opportunities for toxin handlers to share experiences with one another and to support one another. In fact, the organization may need to import an expert on the topic to facilitate the creation of support networks. Finally, some toxin handlers may need respite from the stressful environment or may need to exit the stressful environment entirely.<sup>8</sup>

Ultimately, recognizing, supporting, and rewarding toxic handlers in AHCs will help the organization to function more effectively and efficiently—even in the midst of rapid change. ❖

### References

1. Moses H, Thier SO, Matheson DHM. Why have academic medical centers survived? *JAMA* 2005;293:1495-1500.
2. Frost PJ. Toxic emotions at work. Boston: Harvard Business School Press, 2003.
3. Frost PJ, Robinson S. The toxic handler: organizational hero-and casualty. *Harvard Business Review* 1999 (July-August):97-106.
4. Frost, 2003, p. 56.
5. Frost and Robinson, 1999, p. 99.
6. Tannen D. Talking from 9 to 5. New York: William Morrow and Co., 1994, p. 242.
7. Moses et al, 2005, p. 1498.
8. Frost and Robinson, 1999, pp. 102-104.

**For an expanded version of this article, visit the APS Web site at [www.acphysci.com](http://www.acphysci.com).**



# Retain or Replace: The True Costs of Unintended Faculty Departures and How to Minimize Them

BY DAVID J. BACHRACH, FACMPE/FACHE

Sears had a classic saying that it offered to new trainees: “If you don’t have time to do it right, how will you ever have time to do it over?” A variation on this theme applied today in academic medicine might be: “If you don’t have the time/resources to nurture your current valued faculty, how will you ever have the time/resources to recruit his or her replacement?”

In a perfect world our medical schools would be filled with just the right people all the time. When we create a new position, a suitable candidate will be immediately available to fill it. When a faculty member announces that they were leaving, the perfect replacement would slide into position as the departing colleague’s moving van pulls out—a new candidate so perfect that he or she would require no training or orientation and would slide into the slot “up to speed” and ready to assume a full complement of responsibilities.

It is no surprise that we do not live in a perfect world—we’re not even close. In fact, more often than not we operate at below-optimal staffing levels and often take far longer than most of us feel we should to recruit, relocate and orient new faculty.

**D**avid J. Bachrach has more than 30 years of experience in academic medicine administration and provides leadership coaching to physician executives in academic medical centers and teaching hospitals. He may be reached at The Physician Executive’s Coach, 2650 Juilliard Street, Boulder, CO 80305, (303) 497-0844 or [www.PhysXCoach.com](http://www.PhysXCoach.com).

Some of this is unavoidable but the process can be improved upon. More important, some faculty turnover need not occur at all if we maintain an effective process of faculty communication. (At a future time we’ll explore the benefits that should be present in a well thought-out and executed recruitment process.)

## Are You Communicating Effectively with Your Faculty?

There are several essential components inherent in an effective faculty communication process. When they are present, we have good to great outcomes. When they are absent, we suffer disruptions in our mission areas, loss of “customer” loyalty (not only patients but also medical student and resident candidates), increased costs, and diminished revenues. What is needed? Let

us start with these five major elements:

1. Clearly articulated roles, goals and performance expectations conveyed in a well-written and understood position description. Includes objective and subjective measures of performance that are reported to the incumbent at appropriate intervals (at least annually) and discussed with their supervisor.
2. A well-defined and consistently applied performance evaluation process. The process includes incumbent self-evaluation and goal setting for the year(s) ahead followed by face-to-face discussion with a supervisor who confirms and/or adjusts the document to be consistent with the needs and expectations of the operating unit in which the individual resides.
3. Mechanisms for performance recognition that reward accomplishment of expected goals, as well as attainment of “stretch” goals that exceed minimum expectations. Longer-term recognition of performance comes in the form of academic advancement and, for those who seek it, increased responsibilities associated with advancement in the administrative ranks to section chief, chair, or dean.
4. An effective compensation review



**ASSOCIATION OF  
AMERICAN  
MEDICAL COLLEGES**

*Academic Physician & Scientist* (ISSN 1093-1139), a comprehensive source for recruitment news and classified advertising in academic medicine, is published 10 times a year by Lippincott Williams & Wilkins (LWW), a global medical publisher, and is endorsed by the Association of American Medical Colleges (AAMC), which represents the 125 accredited U.S. medical schools; the 16 accredited Canadian medical schools; some 400 major teaching hospitals, including Veterans Administration medical centers; more than 105,000 faculty in 98 academic and scientific societies; and the nation’s 66,000 medical students and 97,000 residents. Subscription is free to all members of the academic medical community residing in the United States. For all others, annual paid subscription rates are: \$96, US individuals; \$131, U.S. institutions; \$122, non-US individuals; \$168, non-US institutions. ©2005 Lippincott Williams & Wilkins. Printed in the U.S.A. Opinions expressed by the authors and advertisers are their own and not necessarily those of the AAMC or of LWW. Neither the AAMC nor LWW guarantees, warrants, or endorses any product, service, or claim made or advertised in this publication.

**Editor:** Deborah Wenger

**Art Director:** Monica Dyba

**Associate Director of Production:**

Barbara Nakahara

**Desktop Manager:** Peter Castro

**Production Coordinator:** Jay Rivera

**Executive Editor:** Serena Stockwell

**Publisher:** Ken Senerth

**Manager of Circulation:** Deborah Benward

**Manager of Advertising Sales:**

Martha McGarity

**Advertising Account Managers:**

Michelle Smith, Miriam Terron-Elder

**Director of Advertising Sales:** Paul Tucker

**Vice President of Advertising Sales:**

Ray Thibodeau

**Editorial Office:**

333 Seventh Avenue, 19th Floor

New York, NY 10001

**Advertising, production, all other publishing matters:**

APS, Lippincott Williams & Wilkins

333 Seventh Avenue, 19th Floor

New York, NY 10001

(646) 674-6536; fax (646) 674-6503

e-mail: [apssales@lwwny.com](mailto:apssales@lwwny.com)

**New subscriptions, changes of address:**

See form on back cover or visit

[www.acphysci.com](http://www.acphysci.com)

**Subscription cancellations:**

Send e-mail to [dbenward@lwwny.com](mailto:dbenward@lwwny.com) with complete data from your mailing label, or fax request to 978-256-1703.

**Web site for Academic**

**Positions Listing:**

[www.acphysci.com](http://www.acphysci.com)

**Editorial e-mail:**

[APSEdit@lwwny.com](mailto:APSEdit@lwwny.com)



LIPPINCOTT  
WILLIAMS & WILKINS

**Career Watch**

continued from page 2

process that includes periodic examination of marketplace and competitive factors such that compensation (salary and benefits) are set at levels that will allow an organization to attract and retain the faculty they want and need to meet their multi-dimensional goals of teaching/research/patient care/administration. While it should go without saying, and it often doesn't, this process should include equity reviews to affirm that any salary differences are due to time-in-grade and demonstrated performance rather than gender/race or other factors of diversity. Adjustments to achieve equity goals must often compete with meritorious performance rewards for attention but should, in fact, be made before merit adjustments.

5. While performance excellence may include noneconomic recognition, the harsh reality is that additional income (often in the form of incentive awards that do not become a part of the individual's base compensation) is often the best near-term motivator of such performance. As modest or robust as such a mechanism may be, it should be objective, unambiguously measured, consistently applied and equitably awarded in a timely fashion based upon individual and/or (as predetermined) group performance.

While all these are essential to an effective process, I have found that the element that is often missing, or least well developed, is that which deals with a well defined, executed, and meaningful evaluation process.

### Are You Maintaining an Effective Evaluation System?

Faculty turnover occurs, in part, when faculty do not know where they stand. Do your faculty know what you *think* of them? Do they know what you *expect* of them? Do they know *how they are doing*? Is their view of themselves *consistent* with your view of them? If the answers to these questions leave the faculty member in doubt, then whatever mechanism you presently have in place would appear not to be working. Here are some thoughts that may lead to a remedy.

### The Role of the Chair in This Process

Chairs—as well as deans, in their relationship to chairs—have three priority functions, all essential and all of equal value. If each of them is done well the chair is likely to be judged a success; with one or more done poorly, it will be difficult for the chair to succeed in his or her role. The time that must be committed to these activities will vary according to the size and complexity of the department, but a large department may require that 50 to 60% of the chair's time if he or she is to be successful—this is not a part-time job. The first of the three applies most directly to faculty retention.



"The element that is often missing is that which deals with a well defined, executed, and meaningful evaluation process."

- ❖ Recruit, nurture, cultivate, encourage, foster, mentor, promote (and, when necessary, discipline and even dismiss) the faculty.
- ❖ Establish and communicate the vision of the department, consistent with the vision of the medical school, and translate this vision into individual and collective faculty activities, measures of performance, outcomes, and deliverables.
- ❖ Effectively steward resources: Garner, allocate/re-allocate, properly conserve, and apply to their highest-and-best use the resources entrusted to them consistent with the objective of fulfilling the mission of the organization (why does it exist?), advancing the organization toward its vision (where is it going?), and operating within its principles (by what rules does it operate?).

### Retention is the Goal

Are you able to keep the faculty you want? When you lose faculty to another institution, is it because of legitimate reasons such as a spousal move or promotion? If you are losing faculty due to disenchantment or dis-

illusionment then there is an opportunity, as well as a need, to fix the problem.

The cost of replacing faculty is considerable. In recent publications on the subject J. Deane Waldman, MD, examines the elements of cost for different categories of employee within an academic health center.<sup>1</sup> When the components of recruiting, lost productivity during training of the new employee, lost efficiencies of others in the unit, and lost revenues are factored in, this cost may amount to as much as 5% of the operating budget of the academic medical center (AMC). In an organization with 5100 employees (including 625 physicians) and a \$500 million annual budget, that amounts to \$25 million. It is not difficult to imagine that a far smaller investment in systems and processes, coupled with a modest investment in a competitive compensation strategy, could be easily accommodated within the scope of this figure.

### Where Do We Go from Here?

While some will elect to maintain a "business as usual" approach, and thus are likely to continue to be faced with costly faculty turnover, others will venture forth with a commitment to an effective evaluation tool that is consistently applied in a timely fashion across the faculty. This may best be done by the dean committing to the process by applying it to the chairs whom he or she is responsible for evaluating. While this requires a considerable amount of time to implement, once in place the benefits received year after year far outweigh the typical annual time commitment. Further, the most effective programs will not be "stand-alone" but rather will be an integral part of an enhanced communication program that goes beyond evaluation to include other factors that lead to an improved sense of community within the institution. All such programs lead to a stronger, more resilient, and thus more effective organization. ❖

#### Note

1. Waldman JD et al. The shocking cost of turnover in health care. *Health Care Management Review* 2004;29(1):2-7 and Waldman JD et al. Measuring retention rather than turnover: a different and complementary HR calculus. *Human Resources Planning* 2004;27(3).

For an expanded version of this article, visit the APS Web site at [www.acphysci.com](http://www.acphysci.com).

# ACADEMIC PHYSICIAN & SCIENTIST

THE COMPREHENSIVE SINGLE SOURCE FOR RECRUITMENT IN ACADEMIC MEDICINE

## HIGHLIGHTS FROM

**ACADEMIC MEDICINE**  
THE JOURNAL OF THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES

www.academicmedicine.org

- ▼ The Complex Relationship Between Osteopathic Medicine and Primary Care
- ▼ Achieving a Balance of Power Between Medical Schools and Teaching Hospitals
- ▼ Evaluation of a Faculty Development Program in Palliative Care
- ▼ Learning Styles Affect Efficacy of CME Programs

See pages 6-8 for these topics and others



## Strategies for Successful Faculty Retention

BY DEBORAH C.K. WENGER

### INSIDE

Page 2

**Career Watch**  
Deciphering the Organizational Culture and Developing Political Savvy  
by Janet Bickel, MA



Page 5

**Skipjack Project**  
How Should Medical Schools Respond to the Changing Expectations of Students?  
by Cathy J. Lazarus, MD

Visit APS Online at  
[www.acphysci.com](http://www.acphysci.com)

for expanded versions of APS articles and for weekly updates of positions listed for academic medicine.

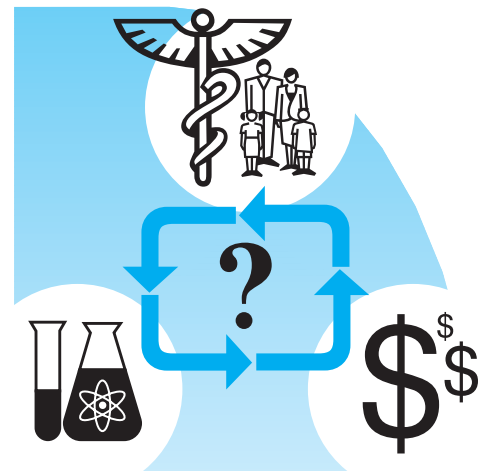


Tomorrow's Doctors, Tomorrow's Cures

Developing a stable academic department virtually from the ground up is a challenge under any circumstances in today's climate. It is an even greater challenge for an orthopedics department affiliated with a public hospital, which receives no direct research support from its institution. Yet the Department of Orthopaedic Surgery at Denver Health Medical Center has done just that, moving from a one-person department in 1998 to its current 12 physicians—all with a subspecialty focus, and establishing a research department in only eight years.

"People who go into academics are few in number and have significantly different interests and needs" from orthopedists who go into private practice, says Wade R. Smith, MD, Director of Orthopaedic Surgery at Denver Health Medical Center and Associate Professor at University of Colorado Health Sciences Center. "We have to try to make sure that we fulfill those needs. Teaching, research, the opportunity to develop in a focused area, creativity in lifestyle—if you can offer those things, that will keep that small group of people who like academics happy."

The key is "keeping the work environment balanced with the hospital's need to be productive and run a good business," Dr. Smith continues. His department functions in a synergistic way with the other three hospitals in the



institution's system. "We're the trauma portion of the University of Colorado," he explains. "We see the highest volume of patients every month. It's very intense, but it decreases the pressure on the other hospitals in the system, so they can focus on other services."

Concentrating trauma services in one area among the four hospitals frees up other orthopedic surgeons to focus on the subspecialties of their choice. Dr. Smith elucidates: "Elective surgeons have gone into academics because they want to work at an advanced tertiary level; they're doing

Continued on page 4

See Page 9 for listings of positions in academic medicine



## Orthopedic Faculty Retention

*continued from page 1*

their own research and they're never going to be good trauma surgeons. University hospitals that are not willing to support a strong trauma program will force these surgeons to take call, which is meaningless in terms of their academic interests. If you can get things focused—if you can establish a separate hospital or academic department that has enough people who are compensated appropriately and have the academic incentive to form a trauma program, they will also enable the elective portion to grow.”

### Transparency

Transparency is another key feature of the department. “We run a very open department,” Dr. Smith observes. “We're all salaried, and our salaries are competitive enough so that we can hire top-quality people, and the fact that there are no financial incentives becomes irrelevant. Because they're not competing with each other, they work better together, which improves the quality of care.”

**The key is ‘keeping the work environment balanced with the hospital's need to be productive and run a good business.’**

“We have no hidden pool of money. Everyone knows what everyone else makes and we make all our financial decisions openly. We have economic, financial, and political realities just like any business, but in general, all decisions are made transparently, with input from every level.”

### Research and Mentoring

“You have to make it clear to the people you hire that research is part of the job,” says Dr. Smith. “We mentor them, but we also have accountability that works within the system for productivity.” Mentoring takes place on a number of different levels. “We have a resident research program within the university, and we have initiated a formal research mentoring program to teach young researchers how to be mentors for residents. This has also proven to be a great way to teach researchers how to do research—in reality, you're mentoring them too.”

“In our department, we sit down with new faculty and outline their goals and areas

of interest and we create timelines. If their interests aren't obviously available here, we'll figure out how to change that.”

Kagan Ozer, MD, Assistant Professor at the University of Colorado Health Sciences Center, gives a concrete example of how the system works: “Working in a level 1 trauma center is the challenge that attracted me the most. I am a hand/microsurgeon who previously spent quite some time in microvascular research; we are currently setting up a microvascular lab for research and training.”

One of the catalysts for a successful research program is, of course, funding. In these strained financial times, funding must arise from a variety of sources. “If you have a critical mass of initial research in your department and your group works together and keeps good records, you can start to accumulate some industry research money, which can become seed money for bigger studies and peer-reviewed grants,” Dr. Smith notes. “We're currently approximately 60% funded by industry grants and 40% peer-review funded, but we hope to reverse that to 60-40 the other way soon.”

“Most people who remain in academia are interested in research, teaching, or both. The ‘carrot’ for them is to have strong research support, having a research department that is large enough to run clinical and nonclinical studies,” says Steven J. Morgan, MD, Associate Professor of Orthopedics and Residency Program Director at University of Colorado School of Medicine. Ideally, he says, the institution should support funding to the extent that the core of the research department should not be dependent on outside funding. “The pressure is always on to get funding. Some research will not be funded at all, ultimately not every study is going to get peer-reviewed funding. There ought to be a core of research support that is funded by the institution. The general practice, however, is to offer someone funding for the first few years; then they are required to become self-supporting. In many cases the emphasis of the researcher then ultimately becomes locating funding sources as opposed to research. A quality partially sup-

ported research department alleviates some of this stress. You have to have some sort of core resources available to do research.”

Funding, of course, is not the only “carrot” for researchers, particularly in this department. “You also have to make it a fun place to work,” says Dr. Morgan. There are other incentives as well for those inclined to academic careers. “People typically don't have to build a practice in these institutions. There's a large volume of patients that you can care for, so the system allows people to concentrate on their areas of interest. You can just focus on your own area without having to spend time on other things.”

“If people have an acumen for academics, we try to steer them in that direction. Trainees are introduced to research during residency; they have to do two research projects over five years. They participate in the research process from start to finish—they work on developing the research, recruiting funding, doing the research, and producing a publication-quality paper.”

### Directions and Goals

Dr. Morgan reports that the department is attempting to develop a researcher residency program, in which the resident will be placed on an academic track that will incorporate one or two years of mentored research during the course of the residency. “We could do a better job of rocketing them into academic positions if we train them that way,” he says. “If you can identify someone early, as they enter the residency program, they can get the mentoring to be a good clinician and a good scientist. They'd also get a head start on building a body of work that would enable them to compete for peer-reviewed research grants.”

“Our department is going to continue to expand,” declares Dr. Smith. “Our real goals are to continue our education mission in training trauma fellows from all over the world, as well as continuing to expand our research in trauma and our patient care volume.”

“You can never expand until you suffer—your suffering will prove that you need to grow.” ❖

For an expanded version of this article, visit the APS Web site at [www.acphysci.com](http://www.acphysci.com).



# The Deadly Trap of Gossip: A Pitfall for Junior Faculty

BY R. KEVIN GRIGSBY, DSW

One of the many challenges junior faculty members face is knowing whom to trust. For the most part, faculty, staff, students, and administrators welcome new faculty with open arms—at least, it usually appears this way. In the initial period of appointment, introductions are offered, receptions are held, and efforts are made to help new faculty feel welcome.

After only a few weeks, however, routine has returned, veterans have resumed their roles, and the recruits have faded from view as “the new faculty members.” This is a critical time period, as the neophytes come to rely on the few persons in the immediate vicinity who are willing to help them learn to navigate the new organizational culture. Of course, this process includes learning about the various personalities and other subtleties that comprise the cultural landscape of the organization. Inevitably, someone will share less-than-flattering information about someone else. Some comments may be no more than idle chatter, but other revelations may include intimate details of a highly personal or even sensational nature. Although there was no intention of becoming involved, some persons may suddenly find themselves drawn into the trap of gossip.

## What Is Gossip?

The body of literature about gossip is significant. Gossip is a key human social activity.<sup>1</sup> As such, it has been studied by anthropologists, sociologists, and linguists. Some sociolinguists have focused on gossip, viewing it as a gendered form of communication.<sup>2</sup> However, other research clearly demonstrates gossip is a social activity of both males and females.<sup>3</sup> Levin and Arluke found that although women spent more time gossiping than men and were more likely to gossip about friends and family members, there were no significant sex differences about the derogatory tone of gossip.<sup>4</sup>

Gossip has a social function. While the

**R.** Kevin Grigsby, DSW, is Vice Dean for Faculty and Administrative Affairs at Penn State College of Medicine in Hershey, PA. E-mail: kgrigsby@psu.edu

use of gossip as a means of social control may immediately come to mind, research findings suggest that gossip may serve as a strategy for enhancing the status of individuals.<sup>5</sup> Through gossip, persons are recognized as members of a group, allowing participants to “negotiate aspects of group membership, and the inclusion or exclusion of others, by working out shared values.”<sup>6</sup> No person living or working in proximity to others is isolated from gossip. In academic health centers (AHCs), the trap of gossip is not limited to junior faculty. Everyone can benefit from learning how to deal with gossip. Other persons seem to have an uncanny knack of becoming the topic of gossip. The seasoned faculty member has usually found some way of managing her or his involvement with gossip, but those who are new to the organization need to find an effective strategy for managing gossip.

## Managing Gossip

Over the years, I have found it useful to view gossip as a technique people employ to express interpersonal conflict. Often, gossip is a tool used by persons who are unaware of more effective means of dealing with conflict or who are unable to enhance their own status in their organization through their own accomplishments or contributions. Just as there are ways of eliminating, reducing, or managing other conflicts, such as significant financial conflicts of interest, there are techniques for successfully eliminating, reducing, or managing gossip and the related interpersonal conflicts.

Some organizational cultures embrace conflict, recognizing it is a part of human interaction that can be used to improve overall organizational performance. Other organizations seem to eschew conflict by deny-

ing, ignoring, or repressing it. Truth be told, conflict is inevitable. At best, it can only be postponed. Likewise, gossip is inevitable. Denying, ignoring, or repressing gossip only makes things worse. Just as it is unlikely interpersonal conflict will be eliminated in the workplace, it is unlikely gossip will be eliminated. As with other conflicts, if gossip can't be eliminated, it is best to find strategies to reduce or manage it.

## Strategies for Gossip Management

Some persons argue the best strategy to manage gossip is not to respond when one hears it. “I just let it go in one ear and out the other” may sound reasonable. Behaviorists would argue that a verbal response to gossip “rewards” the speaker, leading to repetition of gossip. It would seem that the response of silence would not constitute positive reinforcement—but this is not the case. The euphemism “silence is consent” applies in the case of gossip. Silence is often taken as agreement with the statement made by the speaker—no matter how outrageous the statement may be. Silence is not an effective response if one wants the gossiping party to cease and desist.

A verbal response is best. However, scolding the person for gossiping is unlikely to be effective, especially if it is done in the view of others. Taking the person aside and clearly stating your lack of comfort may be effective, but it may also alienate the other person. It is very difficult to communicate overt disapproval without the other person feeling scolded or embarrassed.

One simple verbal response is to let the person know you heard the comment, but then to ask directly, “Why are you telling me this?” The advantage to this response is twofold: It puts the person on notice that you have heard the comment, and it places the responsibility for any action on them. You have not “accepted” the comment. Of course, you should not repeat the comment

you heard to others.

A similar verbal response is to ask the speaker, "What do you want me to do with this information?" Again, the speaker is put on notice that the comment has been heard—but the comment has not been accepted. Instead, the responsibility for explaining the rationale for the utterance is placed on the speaker. Should the response to your question be "I don't know," simply acknowledging you heard the response by stating "OK, I wasn't sure" is sufficient.

Another strategy to change the direction of the conversation is to politely reject the comment with a more neutral response. For example, the remark is made: "You know she is such a flirt!" In turn, the response "I don't know her very well. Some people are just really friendly" is more neutral and, as a result, disarming. The initial remark has not been validated and no "scolding" has occurred. Responding to gossip with the retort: "You shouldn't talk about other people. Shame on you!" is unlikely to stop the gossip. No one likes to be scolded, especially in the view of others. In fact, this response may lead to the speaker becoming the next target of gossip.

An additional strategy is to respond to the gossip by asking for clarification. For example, the remark "He is so vain!" might be met with the question: "What do you mean?" or with the statement: "I don't really understand what you mean." Again, you have not accepted or validated the remark and you have placed the onus for explaining the remark on the speaker.

Remaining on good terms with the speaker is important, especially if the person is of higher status (senior faculty member), is a superior (division chief), or has control over resources (office assistant). As a junior faculty member, you want to establish a reputation as a person who listens to others and is not aloof. At the same time, you want to avoid the dreaded trap of being labeled as a gossip or of becoming the subject of gossip. This takes skill, as most of us never had specific professional training as part of our curriculum as physicians and scientists.

### Three Major Rules

In a recent Career Watch article, I stated, "Knowing when to keep one's mouth shut is a virtue."<sup>7</sup> Nowhere is this more true than when dealing with gossip. If a person is



*"Denying, ignoring, or repressing gossip only makes things worse....As with other conflicts, if gossip can't be eliminated, it is best to find strategies to reduce or manage it."*

identified and confirmed as the source of gossip, the ability to create trusting relationships and to establish credibility will be severely compromised.

The first two rules should be followed to establish and maintain trust and credibility:

1. Don't become a source or channel of gossip, and
2. Even if you have been privy to gossip, don't repeat it to anyone.

Following these rules and managing gossip encountered in the workplace does not guarantee overwhelming success. On the other hand, following these rules and managing gossip can be a critical factor on the road to engendering trust and credibility and, ultimately, being perceived by others as a person of integrity—an immensely helpful attribute for which we all strive.

Rule number three is often unstated or understated. It is critical to success, however. Simply put, don't engage in behavior that can lead to your becoming the subject of gossip. Keep your personal affairs personal. Long hours in the laboratory or clinics may leave little time for socialization outside the workplace. Junior faculty may find themselves drawn to coworkers, residents, postdoctoral scholars, or students. It may be tempting to become involved in personal relationships with those in closest proximity, especially if there are similarities in age, interests, and in the developmental tasks of entering a profession. It is important to be very cognizant that things have changed. You are a faculty member and your behavior

will be judged differently. When students and residents begin dating, others scarcely notice. If and when a faculty member begins dating a coworker, a resident, a postdoctoral scholar, or a student, however, everyone notices and people start talking. You may be the last to know that people are talking about you. In fact, you may not know until it is too late, especially if the relationship sours. You have worked very hard, invested heavily in your career, and, in turn, had to make many sacrifices. You are on your way to establishing credibility and a establishing a solid reputation as a professional. There is always some risk of becoming the topic of gossip, even if you don't do anything to deserve it. You must ask yourself if it is worth the risk you take when you allow your personal life to become the topic of gossip. If you choose to bring your personal life into the workplace, you should be prepared to endure the consequences. Those who have been in the world of the AHC for a long time will tell you it is not worth the risk, as we have all seen the negative consequences brought about by allowing one's personal life to become the topic *du jour* in the workplace. ❖

### References

1. Dunbar R. *Grooming, Gossip, and the Evolution of Language*. London: Faber and Faber, 1996.
2. Thornborrow J, Morris D. Gossip as strategy: the management of talk about others on reality TV show "Big Brother." *J Sociolinguistics* 2004;8(2): 246–271.
3. Brenneis D. Telling troubles: narrative, conflict, and experience. In C. Briggs (ed.) *Disorderly Discourse: Narrative, Conflict and Inequality*. Oxford: Oxford University Press, 1996, pp. 41–52.
4. Levin J, Arluke A. An exploratory analysis of sex differences in gossip. *Sex Roles* 1985;12(3–4): 281–286.
5. McAndrew FT, Milenkovic MA. Of tabloids and family secrets: the evolutionary psychology of gossip. *J Appl Soc Psychol* 2002;32(5):1064–1082.
6. Jaworski A, Coupland J. Othering in gossip: "you go out and have a laugh and you can pull yeah okay but like ...". *Language in Society* 2005;34:667–694.
7. Grigsby RK. Are you really a team player? *Academic Physician and Scientist* 2006;July/August:4–5.

**For an expanded version of this article, including additional tactics for managing gossip, see the APS Web site at [www.acphysci.com](http://www.acphysci.com).**



# The Fine Art of Apology: When, Why, and How to Say ‘I’m Sorry’

BY R. KEVIN GRIGSBY, DSW

Knowing when, how, and why to apologize isn't easy. As with the practice of medicine, proficiency requires not only knowledge, but also skill in the art of apology. We are all human—and, as such, fallible. Whether we can admit it or not, we would love to be infallible. A few folks may believe they are infallible—but we all know that everyone makes mistakes that may result in some emotional or physical injury to others. A sincere apology for those mistakes can go a long way in promoting and maintaining positive relationships with those who have experienced emotional or physical injury because of our errors.

## What Is an Apology?

Some persons and some organizations are better than others at dealing with interpersonal or organizational conflict. Conflict is pervasive in human relationships. Although some persons appear to be predisposed to act as “peacemakers,” this is certainly not the norm. In the face of this fact, some organizations, including a growing number of academic health centers (AHCs), offer conflict management training to their faculty and staff. As a result (hopefully) conflicts are more readily resolved or managed.

Even with conflict management training, sooner or later, we will find ourselves in the uncomfortable position of having been wrong. At this time it is important to remember the even the best of us make mistakes. When we make mistakes, most of us will agree that acknowledging our error(s) and/or wrongdoing and offering a sincere apology is a reasonable response. The psychologist, marriage and family therapist, and pastoral counselor Carl Schneider defines apology as follows:

Apology involves the acknowledgement of injury with the acceptance of responsibility, affect (felt regret or shame—the person must mean it), and vulnerability—the risking of

**R.** Kevin Grigsby, DSW, is Vice Dean for Faculty and Administrative Affairs at Penn State College of Medicine in Hershey, PA. E-mail: kgrigsby@psu.edu.

an acknowledgement without excuses.<sup>1</sup>

Knowing the definition of apology doesn't make apologizing any less difficult. Clearly, it is easier said than done. Acknowledging our human frailty is sobering, to say the least, and most persons are uncomfortable with making sincere apologies. Most of us have not had training in how and when to say “I'm sorry” other than being admonished by adults to “Say you're sorry!” when we were children. Understanding the “when, why, and how” of apology is a useful skill.

## Types of Apology

As children, we learned to admit when we were wrong within interpersonal relationships. Different approaches may be necessary depending upon the nature of the situation. In short, there are types of apology. Deborah Levi offers a “typology of apology”:

- ❖ *Tactical apology*—when a person accused of wrongdoing offers an apology that is rhetorical and strategic—and not necessarily heartfelt.
- ❖ *Explanation apology*—when a person accused of wrongdoing offers an apology that is merely a gesture that is meant to counter an accusation of wrongdoing. In fact, it may be used to defend the actions of the accused.
- ❖ *Formalistic apology*—when a person accused of wrongdoing offers an apology after being admonished to do so by an authority figure—who may also be the individual who suffered the wrongdoing.
- ❖ *Happy ending apology*—when a person accused of wrongdoing fully acknowledges responsibility for the wrongdoing and is genuinely remorseful.<sup>2</sup>

One might question if any of the first three types are really apologies at all. In fact,

they are, but they don't measure up qualitatively nor are they as effective as the “happy ending” apology. Rather than dwelling on the first three types, this article focuses on making ethically sound apologies designed to improve our relationships with others—happy endings.

## When Is Apology Warranted?

Barbara Kellerman makes the point: “When we wrong someone we know, even unintentionally, we are generally expected to apologize.”<sup>3</sup> I think most of us agree and have this expectation of others. But do we really have this expectation of ourselves? Do we really know when an apology is warranted and when it is not? To complicate matters, social roles may require different behaviors. For example, an apology to an individual family member is markedly different than the CEO of an AHC publicly apologizing for a mistake made in the AHC that resulted in the death of a patient. The complexity of AHCs requires sincere apology that transcends interpersonal relationships, especially in situations where a person or persons experienced “hurt” at the hands of an organization.<sup>4</sup> Apologizing carries risk in both cases—but the risks are very different, as a doctor speaks to a family member as an individual and the CEO speaks for the collective. Likewise, in both cases, apology has implications—but the implications are typically broad when one is in a leadership role, as in the case of the public apology by the CEO. An apology to an intimate is typically more limited, but no less important. Our lives would be less complicated if we could know precisely when an apology is warranted—and when it is not. In truth, there is no universal answer to the question of when apology is warranted. It may be better to base our decision to apologize on when one is expected. Acknowledging injury and accepting responsibility for causing an injury allows us to meet the expectation of others.



### Why Is Apologizing Important?

You may have heard the phrase, “Good fences make good neighbors.” A corollary might be: “Mending fences makes for good neighborhoods.” Offering an apology paves the way for reconciliation and, in some cases, forgiveness. Aaron Lazare argues that effective apologies must, at a minimum, meet one of seven psychological needs:

- ❖ Dignity must be restored to the offended party.
- ❖ Both parties agree on a set of values. As such, they agree that wrongdoing occurred.
- ❖ It is clear to both parties that the offended person was **not** responsible for the offense.
- ❖ The offended person is assured that the offense will not recur.
- ❖ The offended person witnesses the offending party experiencing some type of punishment.
- ❖ The offended person is compensated in some manner for experiencing the offense.
- ❖ Offended persons have the opportunity to express their feelings about the offenders, and, in some cases, are able to grieve the loss.<sup>5</sup>

Ideally, when the offended parties have more than one need, all the needs would be met by the apology. When an apology meets the needs of the offended party, forgiveness—by the offended—is possible. When an apology is effective, the offended party feels lifted of a burden. In turn, forgiveness can help the offender feel lifted of the burden of guilt.

### How to Apologize

Learning how to apologize is similar to learning any new behavior. It may feel awkward and may not be polished at first, but with practice, everyone can learn to do it. There are several tips that will help you as you learn how to apologize.

First of all, wait until the right time and you are in the right place. Although public apology is often appropriate, especially when one is apologizing for the behavior of a group or organization, discretion should be used. Most apologies can and should happen in a private setting. Remember, you will be raising a topic that may recall a bad experience or bad feelings. Be respectful as you approach this task.



*“There is a time and place for using the adversarial process—but there are many times when adversarial processes could be avoided altogether through the proper use of apology.”*

Be direct and succinct in your approach. Acknowledge the fact that injury has occurred and then take responsibility for what happened. Be authentic in expressing your remorse and demonstrate your vulnerability. In other words, avoid excuses and offer to repair the damage.

Even if you follow these steps, be prepared for rejection. Sometimes, the person apologizing has an expectation that the apology will lead to immediate forgiveness and acceptance. Forgiveness and acceptance may take time. If you think of the offense as an emotional bruise, think of the healing process as the color changes we see as a bruise heals. It may take a couple of weeks before the “natural” state has returned.

Listening to the response to our apologies is important. In a previous Career Watch column, I offered the advice: “Knowing when to keep one’s mouth shut is a virtue.”<sup>6</sup> Keeping quiet may be very difficult, as post-apology listening is not easy. We may hear unpleasant observations from another about our own shortcomings. We may hear the expression of anger or rage. We may have to endure a tearful episode that, in turn, brings us to tears. One of the ways we let others know we are truly responsible and accountable for our mistakes is by listening to the other party verbalize the feelings associated with our actions. However, there are two positive aspects that may emerge in this process. First, taking the time to listen creates an opportunity to hear an apology from the

offended party in response to our apology. The offended party may feel remorse about his or her behavior that preceded the event. He or she may be embarrassed by his or her behavioral response to the offense. Any time strong emotions are involved, the potential for “emotional bruising” increases. Second, we may hear the offended party forgive us for our faulty behavior.

### Use Apology to Everyone’s Advantage

Too often, an apology is warranted, but never happens. Resulting conflicts fester, at times resulting in an adversarial legal process involving attorneys as the wronged party seeks justice. There is a time and place for using the adversarial process—but there are many times when adversarial processes could be avoided altogether through the proper use of apology. A higher degree of “emotional intelligence” often leads to less conflict in general.<sup>7</sup> Individuals who are conscientious in understanding organizational culture and developing organizational savvy may be more adept at preventing, reducing, or managing interpersonal conflicts.<sup>8</sup> Knowing when, why, and how to apologize within an organizational culture reflects a higher degree of emotional intelligence. Whether we choose to be proactive or reactive, two things are sure: we will make mistakes and conflict will not go away by itself if we are too proud to say “I’m sorry.” ❖

### References

1. Schneider C. “I’m sorry”: the power of apology in mediation. *Mediate.com* [www.mediate.com/articles/apology.cfm](http://www.mediate.com/articles/apology.cfm) 2. Downloaded January 1, 2007.
2. Levi DL. Note: the role of apology in mediation. *NYU Law Rev* 1997;72(5):1165-1210.
3. Kellerman B. When should a leader apologize—and when not? *Harvard Bus Rev* April 2006 Reprint R0604D.
4. British Columbia Office of the Ombudsman. The power of apology: removing the legal barriers. Special Report no. 27 to the Legislative Assembly of British Columbia, February 2006.
5. Lazare A. Making peace through apology. *Greater Good* Fall 2004:16-19.
6. Grigsby RK. Are you really a team player? *Academic Physician and Scientist* 2006; July/August:4-5.
7. Bachrach DJ. Emotional intelligence is important in determining leadership success. *Academic Physician and Scientist* 2004;January:1-3.
8. Bickel J. Deciphering the organizational culture and developing political savvy. *Academic Physician and Scientist* 2005;September:1-3.



# The Need for Succession Planning

BY LUANNE THORNDYKE, MD, AND R. KEVIN GRIGSBY, DSW

The complexities of academic medical centers (AMCs) demand good leadership. Hopefully, AMCs recognize good leaders for their contributions to the organization. In spite of whether a person has been a good leader or has not, every leader is subject to his or her own mortality—be it physical or professional. Changes in leadership are inevitable. Organizations—and leaders—are usually in a reactive position to transitions in leadership each time a leadership vacancy occurs or a need for new leadership is identified. However, the choice to take a proactive approach offers advantages. Succession planning, a deliberate process designed to promote organizational stability during changes in leadership, is a useful tool that allows organizations to take a proactive approach to leadership transitions.

## What Is Succession Planning?

Succession planning is a rational and planned approach to maintaining a refreshed, renewed, and vital organization by promoting successful leadership transitions. Changes in leadership occur as a natural and inevitable part of organizational life. *Planned transitions* occur due to retire-

**L**uanne Thorndyke, MD, is the Associate Dean for Professional Development and Associate Professor of Medicine of the Penn State University College of Medicine in Hershey, PA. She is responsible for leading activities to recruit, sustain and retain faculty, and for post-graduate educational programming for physicians, nurses, and allied health personnel. R. Kevin Grigsby, DSW is Vice Dean for Faculty and Administrative Affairs and Professor in the Department of Neural and Behavioral Sciences at Penn State College of Medicine. He may be reached at [kgrigsby@psu.edu](mailto:kgrigsby@psu.edu).

ment of key leaders or career advancement of key leaders within or outside the organization. *Unexpected* departure of key leaders may occur with the diagnosis or progression of a serious illness, sudden death, termination of employment, rapid advancement elsewhere, or reassignment of duties to fill another leadership vacancy. Whether planned or unexpected, organizations should orient succession planning to both immediate and long-term leadership needs.

## Advantages of Succession Planning

Active planning for transitions offers several advantages to the organization. A forward-thinking, rational transition process allows an organization to promote or maintain continued effective organizational performance over

time. Succession planning offers an opportunity to develop the next generation of leaders and to retain the “knowledge assets” of the leader in the aftermath of his or her departure.

Everyone in a leadership position needs a succession plan. Succession planning allows an individual to plan for his or her own professional future, whether accepting a new role, moving to the next phase in a career, transitioning to another career, or returning to a previous role, e.g. a department chair returning to the teaching faculty.

## Why Is It a Difficult Topic?

Let's face facts: It's uncomfortable to think and talk about one's mortality. Most of us don't spend a lot of time thinking about or planning for “the worst.” Of course, leadership transition isn't usually death in the literal sense, but it may represent a form of “professional” death. As such, asking others to plan for “the end” is likely to be unwelcome or misinterpreted unless one is careful to include a discussion of future options. Orientation to the future is critical, because such options may in fact lead to, or result in revitalization, renewal, and greater fulfillment.

Approaching succession planning with

*Academic Physician & Scientist* (ISSN 1093-1139), a comprehensive source for recruitment news and classified advertising in academic medicine, is published 10 times a year by Lippincott Williams & Wilkins (LWW), a global medical publisher, and is endorsed by the Association of American Medical Colleges (AAMC), which represents the 125 accredited U.S. medical schools; the 16 accredited Canadian medical schools; some 400 major teaching hospitals, including Veterans Administration medical centers; more than 105,000 faculty in 98 academic and scientific societies; and the nation's 66,000 medical students and 97,000 residents. Subscription is free to all members of the academic medical community residing in the United States. For all others, annual paid subscription rates are: \$96, US individuals; \$131, U.S. institutions; \$122, non-US individuals; \$168, non-US institutions. ©2005 Lippincott Williams & Wilkins. Printed in the U.S.A. Opinions expressed by the authors and advertisers are their own and not necessarily those of the AAMC or of LWW. Neither the AAMC nor LWW guarantees, warrants, or endorses any product, service, or claim made or advertised in this publication.



**Editor:** Deborah Wenger  
**Art Director:** Monica Dyba  
**Associate Director of Production:**  
 Barbara Nakahara  
**Desktop Manager:** Peter Castro  
**Production Coordinator:** Jay Rivera  
**Executive Editor:** Serena Stockwell  
**Publisher:** Ken Senerth  
**Manager of Circulation:** Deborah Benward

**Manager of Advertising Sales:**  
 Martha McGarity  
**Advertising Account Managers:**  
 Michelle Smith, Miriam Terron-Elder  
**Director of Advertising Sales:** Paul Tucker  
**Vice President of Advertising Sales:**  
 Ray Thibodeau  
**Editorial Office:**  
 333 Seventh Avenue, 19th Floor  
 New York, NY 10001

**Advertising, production, all other publishing matters:**  
 APS, Lippincott Williams & Wilkins  
 333 Seventh Avenue, 19th Floor  
 New York, NY 10001  
 (646) 674-6536; fax (646) 674-6503  
 e-mail: [apssales@lwwny.com](mailto:apssales@lwwny.com)  
**New subscriptions, changes of address:**  
 See form on back cover or visit  
[www.acphysci.com](http://www.acphysci.com)

**Subscription cancellations:**  
 Send e-mail to [dbenward@lwwny.com](mailto:dbenward@lwwny.com) with complete data from your mailing label, or fax request to 978-256-1703.

**Web site for Academic Positions Listing:**  
[www.acphysci.com](http://www.acphysci.com)  
**Editorial e-mail:**  
[APSEdit@lwwny.com](mailto:APSEdit@lwwny.com)



LIPPINCOTT  
 WILLIAMS & WILKINS

attention to psychological understanding and sensitivity to the topic is important. Individuals may react as if “death” is imminent. Elisabeth Kubler-Ross identified stages in the process of coming to terms with death. Although the leader may not be dying literally, the stages of denial, anger, bargaining, depression, and acceptance may be demonstrated in response to a professional “terminal prognosis.” Effective succession planning encourages the leader to consciously acknowledge a “life after” the leadership transition.

As a result, succession planning is a topic often neglected in many organizations. Without an effective plan for leadership transition, an organization may lose ground when the inevitable change in leadership occurs. Organizational stability and performance may be threatened by the leadership vacancy. New leadership may be assigned to unprepared personnel. If succession planning is an afterthought, the organization may experience a difficult “lesson learned” about the wisdom of planning for a stable and predictable future.

### Start Early

Succession planning should begin on the first day on the job. A good starting point is to conduct an organizational assessment. How does your organization plan for transitions in leadership? How do you plan for transitions in leadership when you are the leader? What are the desirable knowledge/skills/behaviors for a particular leadership position? Through assessing both the short-term and long-term need for leadership, one can begin to identify and develop key personnel over time. Evaluating and assessing current personnel as potential successors should be an ongoing process. On the other hand, the organization or individual should be prepared to look outside the organization if internal talent is unavailable.

Engaging in developing, coaching, and mentoring potential successors is a sound investment, with both short term rewards as well as long term pay-off. Through this process, potential successors can be offered the opportunity to demonstrate skills on an interim—and relatively safe—basis. Recognizing that future needs may require new or additional skills allows the organization and its leaders to be proactive in developing leadership skills in current leaders and potential successors. Embedding the

expectation for succession planning in the annual performance review process offers a mechanism to weave succession planning into the fabric of the organization.

### Enhancing the Process

Start by acknowledging the uncomfortable nature of planning for and implementing transitions. Explicitly identify competencies needed for the position. A changed behavioral repertoire can enhance the transition process. Even so, the topic may be unwelcome (“This is too morbid!”) or misinterpreted (“Does this mean I’m going to get fired?”).

Organizations can prepare their leaders to incorporate succession planning in their leadership portfolio by introducing the subject to the *leadership group*. Individuals are less likely to feel singled out or threatened when the topic is raised as a theoretical construct rather than as a request for response. It is important to acknowledge that the topic is uncomfortable and allow ample opportunity for frank discussion. Emphasizing the positive aspects of succession planning will



**Luanne Thorndyke:**  
“Succession planning is a useful tool that allows organizations to take a proactive approach to leadership transitions.”

help leaders to accept it as a strategy for “protecting investment” in the organization.

Leaders want to be seen as vital to the life and success of the organization. An unexpressed wish may be that “the whole place will fall apart when I am gone” and reinforces a sense of self-importance. Effective succession planning is difficult in this mindset. A better perspective on succession planning is to view it as a specific type of mentoring designed to “build a legacy” within the organization. Mentoring for succession provides for the retention of the “knowledge assets” of the leader and leaves a continuing imprint upon the organization. From this perspective, the leader can cultivate and perpetuate impact that will transcend the change of personnel.



**R. Kevin Grigsby:**  
“Succession planning offers an opportunity to develop the next generation of leaders.”

Organizations need to recognize and reinforce effective grooming and mentoring, particularly in the area of administrative leadership. In some organizations, an effort to develop and establish a culture of mentoring within the organization may be needed. Public, tangible support for the process of succession planning can be provided through transition workshops for new (and old) leaders. Discussion of succession planning is a necessary introduction to this often-neglected topic. Additional training may be needed to fill gaps in skill sets, including the art and skill of mentoring. Again, using the annual performance evaluation process presents an opportunity to introduce the concept of succession planning and offers a mechanism to incorporate succession planning as routine within the organization.

Transitions in leadership are inevitable. A proactive pursuit is better than reactive response. Organizations should establish an expectation of succession planning as a necessary part of planning for the future. Grooming a potential successor is a form of strategic mentoring, and investing one’s knowledge assets for the benefit of the organization. Ideally, leaders should start early but the point is that it is important to start. Leaders may need to learn new skills to maintain their effectiveness and to engage in this type of planning. The organization may need to look outside for new talent. Individually, succession planning is planning for the future. The topic is uncomfortable, but it can be woven into the fabric of the organization by making it an expectation for all leaders and cultivating the concept of building a leadership legacy. ❖

For an expanded version of this article, visit the APS Web site at [www.acphysci.com](http://www.acphysci.com).



# What Is Team Coaching, and Why Use Co-Coaches?

BY JUDITH KAPUSTIN KATZ, EdD, SALLY ROSEN, MD, MFS, AND PAGE MORAHAN, PhD

At the 2007 Annual Meeting of the Association of American Medical Colleges, there was a presentation titled “Who’s on Your Personal Leadership Board.” This concept was developed to emphasize that effective leaders (and all faculty) need a mosaic of advisors or a circle of colleagues to provide advice, feedback, expertise, and counsel.<sup>1,2</sup> In contrast to traditional models of mentoring, this “mosaic of advisors” may include experts, political strategists, confidants, sounding boards, boosters/cheerleaders, peer colleagues, and executive coaches, among others. The notion of a personal leadership or advisory board speaks to the need for a range of personal and professional support, advice, and political acumen in dealing with the complex environment of the academic health center.

## Coaching and the Personal Leadership/Advisory Board

Executive coaches are important members of a personal leadership or advisory board in career management.<sup>3</sup> Long a part of the corporate world, coaching has begun to be embraced in academia and academic health centers because of the need to maximize an organization’s significant investment in talent, particularly critical in the current high-stakes, complex, fast-paced, and changing environment. Coaches can assist with strategic career planning, help with technical issues in the job campaign (e.g., cover letters, preparing the executive summary, interviews, negotiations), provide support during transitions in the workplace, help leaders to “hit the ground running,” develop new skills needed, and assess the changing environment and the best strategic response to it.<sup>4,5</sup> Executive coaches afford a confidential, independent sounding board—the valued and dispassionate “third opinion” coined by Saj-nicole Joni.<sup>6</sup>

Although they may be trained as such, coaches are *not* functioning as mentors, therapists, or employment lawyers while they are engaged in the coaching relationship;

*Judith Kapustin Katz, EdD, Sally E. Rosen, MD, and Page S. Morahan, PhD, work with scientists and faculty to provide strategic planning for rewarding careers. They are independent consultants and members of the Executive Leadership in Academic Medicine (ELAM) Leadership Program Consulting Alliance (www.elamalliance.org). Contact Dr. Rosen at 610-574-3991 or Sally.Rosen@comcast.net, Dr. Morahan at 215-947-6542 or psmorahan@att.net and Dr. Katz at 610-664-4785 or katzknect@aol.com.*

rather, they establish the coaching relationship as a “safe place” where professional and personal issues related to advancement and success in the workplace can be safely aired and addressed. In a recent study, executive coaches noted that although they were hired 97% of the time to address professional issues, they assisted their clients with personal issues 76% of the time.<sup>3</sup>

## Selecting Coaches

As suggested above, coaches come from a wide range of backgrounds and various fields of expertise. Although executive coaches typically work one-on-one with a client, it is important to note that no single individual has all the answers. Of critical importance to the success of coaching are two parameters: (1) the rapport and respect that develop between coach and coaching client, and (2) the coach’s particular expertise in relation to the client’s needs.<sup>3</sup> Typical categories of expertise might include:

- ❖ Coaches with human resources or organizational development experience are particularly useful when an academic leader needs to assess a unit such as a division or department, decide the optimum structure and job descriptions, and manage personnel throughout the hiring, development, and accountability processes.
- ❖ Coaches with career counseling expertise may be particularly valuable when

someone wishes to make a strategic career plan, manage a career or job transition, or conduct a job campaign.

- ❖ Coaches with a clinical psychology or sociology background bring invaluable perspective and skills to leaders who may be superb at the technical aspects of their jobs, but wish to improve their interpersonal skills and relationships with bosses, peers, and direct reports.
- ❖ Coaches who come with a business background bring expertise to areas such as financial management.
- ❖ Coaches who have “been there, done that”—such as former chairs or deans—may be just the right people to coach a new chair or dean because of their direct experience and perspective.

## The Co-Coaching Concept

Co-coaching offers another approach to executive coaching, and may have advantages in certain situations, essentially offering a “two-for-one” benefit for the client. Co-coaching refers to two individuals working simultaneously with a single client. Both coaches are typically present during phone or face-to-face meetings, and both review and provide input to written material, such as executive summaries, strategic plans, and the like.

Co-coaching offers several benefits:

- ❖ Multiple perspectives of the coaching team help avoid blind spots based on the limited perspective of a single coach.
- ❖ Overlapping and distinct expertise can provide a unique combination of skills that can be particularly useful in certain situations, e.g., a psychology background (for the inevitable need to increase interpersonal skills as one moves into leadership) and career counseling expertise (for the equally critical need for increased strategic focus and ability to navigate political waters).
- ❖ Coverage is greater; one of the two consultants is generally available at all times.
- ❖ Two styles of presenting may help to provide hard-to-hear feedback, which



therefore may be more likely to be “heard” by the client.

- ❖ Co-coaching helps the client understand the benefits of obtaining more than one perspective, reinforcing the concept of a personal leadership/advisory board, and lessening the likelihood of developing dependency on any one resource.<sup>3</sup>

There are additional benefits for the coach. Executive coaching can be an isolated and isolating profession. Co-coaching affords an instant consultative, collegial professional “network,” where professional opinions can be shared and strategies for the client can be discussed in a confidential environment.

### Co-Coaching Case Studies

**Case 1. Toxic Work Environment:** A highly successful senior physician faculty member takes an executive level position at an academic medical center. Within a short period of time, there is an unanticipated change in leadership at the institution. The senior physician, newly appointed to his position, suddenly finds himself the target of mistreatment—petty harassment over budget/travel expenses, exclusion from key meetings—and he is not sure how to proceed strategically to preserve his career. Does he remain on the job, hoping that things will improve? Should he plan to transition to a new position? How does he cope with the emotional toll of trying to make these strategic career decisions while remaining “successful” in his current position?

In this example, the client needs to focus on strategies to navigate a treacherous political terrain while preserving his professional integrity, and also deal with the psychological impact of working in a toxic environment. Team coaching, with both the focus on strategic career planning and the psychological perspective, can offer support for a difficult day-to-day situation and provide help in strategizing next steps. And in complex situations like this, additions to the Personal Leadership/Advisory Board, such as employment lawyers, may be needed, as well as support from others who have experienced similar situations.

**Case 2. New Leadership Position:** An associate professor of medicine, who is currently serving as a division director, wants to begin to consider applying for chair positions. Although she is very accomplished and recognized for her



Sally E. Rosen, MD: “The notion of a personal leadership or advisory board speaks to the need for a range of personal and professional support, advice, and political acumen.”

expertise in her field, she has not applied for a new position in years, let alone a position at another institution. She has always been “second in command.” Additionally, she has some doubts about her ability to assume a higher level of leadership and already feels like an “imposter” in her current position—she is concerned that if she takes a chair position, even though this is her career goal, everyone will realize that she is an “imposter.” She eventually successfully obtains a chair position, which is a great fit for her, but she finds herself hesitating to jump in and assume the mantle of leadership—of being the one in charge.

In this example, the client initially needs support and assistance in the job campaign for a new leadership position, including help with technical issues such as preparing the executive summary and working with a search firm. Once she secures the desired position, she must deal with the psychological aspects of her fear of being “found out” as an imposter in order to be successful. Again, team coaching might be of help, as both aspects—the strategic as well as the interpersonal—are critical for the ultimate success of this individual.

### Co-Coaching and the Leadership Continuum

The leadership continuum concept has been proposed as a way of viewing the actualization of the goals for advancement and

success in leadership.<sup>7</sup> The continuum has four repeating cycles: preparing for leadership; transitioning into leadership; ensuring success; and transitioning again from one leadership position to another. Co-coaching, with focus on the combination of (1) interpersonal, (2) communication style, and (3) strategic career issues, may be particularly helpful in the following situations during the cycles of the leadership continuum (see more details in the full article on the APS Web site):

- ❖ Transition into leadership.
- ❖ Strategic risk taking.
- ❖ Becoming comfortable with power “with” as well as “over.”
- ❖ Making and traversing the decision to move on.

### Conclusion

In summary, executive coaching with a single coach or a co-coaching duo can be a useful addition to the personal leadership/advisory board. This is another approach to add to one’s career consulting repertoire. In the complex environments of the academy and/or the academic health center, leaders will benefit from diverse expertise and experience with a personal and professional leadership/advisory board that is at the ready in order to assure their sustained success. ❖

### References

1. Morahan PS. How to find and be your own best mentor. *Academic Physician & Scientist* Nov-Dec 2000;8.
2. Morzinski JA, Fisher J. A nationwide study of the influence of faculty development programs on colleague relationships. *Acad Med* 2002;77:402–406.
3. Coutu D, Karrman C. What coaches can do for you. *Harvard Bus Rev* January 2009:91–97.
4. Ciampa D, Watkins M. *Right from the Start—Taking Charge in a New Leadership Role*. Cambridge, MA: Harvard Business Press, 1999.
5. Watkins M. *The First 90 Days*. Cambridge, MA: Harvard Business Press, 2003.
6. Merrill-Sands D. Commentary on the third opinion. *Reflections* 2005;6:12.
7. Morahan P, Rosen S, Gleason KA, Richman RC. A continuum of leadership development—model for sustained success for women leaders in academic medicine. *Faculty Vitae*. AAMC, Winter 2009. [www.aamc.org](http://www.aamc.org).

For an expanded version of this article, visit the APS Web site at [www.acphysci.com](http://www.acphysci.com).



# You've Been Offered the Chair...But Do You Know Enough to Take It?

BY DAVID J. BACHRACH

You've been offered the chair of a department at a different medical school and have been impressed with the way the search process has been handled over the past six months. You have submitted a carefully thought out vision statement for the department and the dean has accepted it in principle. You now have been asked to construct a comprehensive statement of expectations and resource needs. You have been invited to communicate with the school's associate deans concerning any other information you feel you may need before next month's final visit.

The information you have received throughout the search process has been helpful and quite comprehensive, but you are now wondering what questions you haven't asked, and what further information you should have in order to make a firm and final decision.

Most people undergo such a significant, life-changing decision only a few times in their careers, and although they may get advice from others who have been through the process, the best guidance may come from those who negotiate these packages all the time, even those who have done so from the "other side of the table." Here are some things you can do to help you answer the question, "Do I know enough to accept this position?"

## What Information Do I Need to Make a Decision?

### The Personal Package

Let's get the personal part of the package out of the way. Get information on competitive salaries for chairs in your discipline. The best source will be through your current chair, the department administrator, or your institution's associate dean for faculty affairs or administration and finance—if you are comfortable revealing that you are in a search. Otherwise, you may need to work through a colleague at another institution

*David J. Bachrach has more than 35 years of experience in academic medicine. For the past 10 years he has been providing leadership coaching services to physicians in academic medical centers and teaching hospitals. E-mail: PhysXCoach@aol.com; phone: 303-497-0844; Web site: www.PhysXCoach.com.*

or ask your new institution to provide documentation. These individuals likely have access to AAMC salary data and/or data collected by your discipline's society of department chairs.

You should propose a salary either at or above the AAMC's 50th percentile, or determine whether the school has a practice of compensating all its chairs at a given percentile level. Upward adjustments in high housing cost areas, or access to housing/mortgage support funds, may be discussed. Many schools offer an incentive component tied to the chair's leadership performance, although some either guarantee this in the first year or add it to the compensation package as a part of setting goals for year two and beyond.

Basic benefit packages are probably not negotiable, but some elements of the package may be discussed, including starting date; relocation costs for family members, household contents, automobiles, and office/laboratory equipment; office/laboratory renovations; office/mobile equipment, such as computers and cell phones; interim housing and travel between acceptance and relocation dates; interim travel for up to one year if your family doesn't relocate at the same time that you commence your new role; and leadership coaching support for your first year or two.

### The Chair's Leadership Package

You will undoubtedly get advice from friends and colleagues concerning the negotiation process. There are often two things told to people in your position at this time:

(1) Whatever you do, get it now and get it in writing! And (2) More is better—and a lot more is better still (sometime referred to as "package envy").

However, here are some things you *really* need to know:

- ❖ The offer needs to be "sufficient"—not necessarily large, but sufficient to get the job done. Accordingly, it's the program description that you have put forward, the timeline for its accomplishment, and the measures of success that need to be pinned down in writing, more so than the precise resources you will receive—although it is important to build and agree on an inventory of resources, as described below.
- ❖ You will not be able to anticipate everything you will need to be successful over the next five to 10 years—no one can. As such, it is more important that you, the dean, and the senior staff in medical administration agree in writing to the principle that, within reason, resources needed to be successful that are not committed to as a part of the offer will be provided in good faith in the future, to the degree that the institution can respond at that time.
- ❖ It is important is that you and the dean mutually agree to the following principle: "If I lead the department to a level of performance equal to or greater than that which has been described in your offer and my acceptance, I will have access to additional resources to take the department to the next level, as I will describe in my rolling five-year vision statement and action plan." Most deans will welcome such a discussion, as it speaks to your focus on accomplishment, and not just a large package of resources for the sake of bragging rights.

There is rarely as much information available to you as you would like; you will need to trust those with whom you have been dealing and will depend on at your

new institution. Your confidence in the commitments of others can be enhanced by taking a number of simple steps. First, plan your final visit to include one-on-one visits with the chairs who are the “power brokers” at the institution; include chairs who have been recruited by the incumbent dean in the past three years, as they can tell you how well commitments are honored. Further, meet with the search committee to convey that you intend to call on them once you arrive to assist with your transition. And third, at many institutions one or more of the associate deans are involved in developing and negotiating chair packages. With so many contributors, I have witnessed various levels of clarity—and ambiguity—in offer letters. It is important that if they do not do so, you should develop a reference document that specifies commitments, and make it a part of the offer documentation.

### *Inventory of Current and Incremental Resources*

Most recruitment package negotiations are built on a commitment to incremental resources: “How much [positions/space for various functions/dollars] will you add to the department’s resource base as a part of my recruitment?” In my judgment, the best-constructed offer packages describe *all* resources accessible to the new chair—those that now exist and those that will be added as a part of this commitment. Here is some information to ask for as you prepare for your visit:

- ❖ **People:** Ask for a list of all faculty, by subdiscipline, rank, age (yes, you can ask for this information), and any commentary on likely duration of tenure with the institution. A discussion in advance of your visit with the associate dean for faculty affairs regarding these data, and the policies and practices followed by the institution concerning adjustments in faculty appointments, will let you know how much flexibility you will have to shape the department in the next few years, and thus will provide additional justification for how many new positions (and core support) you will need to request.
- ❖ **Space:** An inventory of all space in the department (including annotations about the condition of the space and its suit-



*“Essential is a clear characterization of the department five and 10 years hence [and] a sense of trust with the dean and senior staff that resources will be sufficient to accomplish these goals.”*

ability to support the programs you have described) is essential before you start talking about incremental space or large, nonrecurring dollar allocations for remodeling or new construction. A department with grossly outdated space will require a larger package for remodeling than one that has access to new, well-designed space.

- ❖ **Schedules** of existing resources (separate schedules for positions, space, equipment, and recurring and nonrecurring funds) including what now exists, what will be added, and when this will occur, should be requested. This multidimensional matrix is complicated and will likely have many footnotes explaining complex relationships and referencing institutional policies, procedures, practices, and principles.

With a draft of your spreadsheet in hand, plan to visit with each one of the individuals who will be responsible for honoring these commitments. For example, the associate dean for research may control research space; plan to go over the commitment for new (or retained) research space with him or her, walk the space with this person and the school’s facilities expert see if their assessment of current condition is consonant with the intended use, and/or whether the dollars allocated for upgrading

will get the job done (You might say, “I am not interested, per se, in how much money is in the package for this work; I care only that it is sufficient to get the job done in such a fashion and timeframe in which I can recruit and retain faculty.”) You’ll want to go through a similar exercise for office, educational, and clinical space allocated to the department for fulfillment of your vision. Ideally, you will secure the “sign-off” of each associate dean or hospital director on your offer package for each area of responsibility.

Finally, you need to ask about the culture of the institution—not necessarily what people say they want it to be, but rather what it really is. Some institutions subscribe to the credo, “Each tub on its own bottom,” while others speak sincerely about collaboration. An institution that says “We reward collaboration and cooperation with a greater willingness to make funds available to those who demonstrate better utilization of resources by sharing expensive assets” gives you greater flexibility for deploying committed assets. Knowing the culture will be a factor in determining the level of specificity with which you will need to be comfortable when making your decision whether to accept the offer.

### **Summary**

Few candidates will have as much information, or as much time, as they would like to make a commitment to their new position. Accordingly, key factors need to be in place, along with as many specifics as can be agreed to in advance. Essential is a clear characterization of the department five and 10 years hence; a sense of trust with the dean and senior staff that resources will be sufficient to accomplish these goals; an understanding of the culture, as well as policies and practices, of the institution, with the agreement that these are sufficient to allow you to sculpt the department as needed; and, last, that those who have come before you speak to the veracity and integrity of the people with whom you will deal, so you will know that what they say is what they mean, and what they do. ❖

**For an expanded version of this column, including additional tips, visit the APS Web site at [www.acphysci.com](http://www.acphysci.com).**