

# **The Search Process in Academic Medicine: Perspectives of Executive Search Consultants**

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The search consultants who routinely assist academic medical centers in the search process for leadership positions have a ground-level understanding of the challenges that medical schools and teaching hospitals face. To help frame and dissect these challenges, AAMC staff conducted in-depth interviews with a dozen search firm leaders from the nation's most prominent executive recruitment firms.

This document captures the common themes that pervaded the interviews with these individuals. This paper is intended to generate discussion; it does not reflect the opinion of any particular individual, nor does it represent the views of the AAMC.

### Overall Themes

- The “search process” is slowly evolving into a system of “talent management.” Aspects of this model include:
  - (1) *Developing and managing a “talent bank.”* Do you know where good potential leaders are? Have you identified them so that you are ready to recruit them when you need to?
  - (2) *Managing searches for the whole organization and centralizing the search process.* Using a search firm or not, this approach enables integration between leadership selection and institutional culture;
  - (3) *Focus on organizational and talent assessment*—for example, internal leadership institutes or talent assessments (psychological assessment tools) to know what people's strengths and weaknesses are.
- When done well, the academic search process can be of great benefit; it provides broad exposure to the institution and offers a good understanding of the issues that confront the organization. It can lead to collective learning and can tap the collective intelligence of the organization.
- At the foundational level, there is a dearth of talent in all industries—academic medicine and healthcare no exception. The problem is how these industries go about training and developing future leaders. In academic medicine, people get national recognition through individual performance: grants, papers, national meetings, awards.

But there seems to be little, if any, thought to team-based leadership, to how people develop teams. Traditionally, academic medical centers have not been hospitable places for teams. This environment is slowly starting to change, as some AMCs have become part of a much broader organization; they are just now starting to think about leadership development.

## The Search Process

### 1. Organizational Assessment

- Typically, there is little attention to the front-end of the process. Roles are not well defined before the search begins. The position really must be defined in outcome terms: What do you want to see in 1-3 years to know that you've been successful with this recruit? What are you trying to get done? The person you hire is a solution to a problem. Leaders and search committees typically do not think in these terms.
  - Historically, chairs (especially clinical chairs) have been hired based on success in research (and publication) and program building. Inherent in building a program are leadership skills: managing budgets, recruiting and retaining talent, etc. But there is not an explicit focus on leadership skills, especially the ability to create, develop, and manage broad-based strategic relationships. In the best departments, chairs have these competencies, but despite the search process, not because of it.
  - Interdisciplinary centers are changing that traditional model. Because of the current environment that demands collaboration and teamwork, more chairs are “getting it” but not necessarily because of a purposeful change in approach by institutional leaders.
  - Academic medicine is not good at defining in advance what they want, which leaves the search committee to focus on academic skills and not leadership skills.
  - Rarely do you see a definition of expectations. What do we want this person to do in the first 2-3 years?
  - With the identification of outcomes (i.e., the three things we want this person to do), the organization then must ensure that the new leader has the authority and responsibility to achieve those outcomes; they need to be aligned. This organizational alignment is crucial, and it takes time.
    - The “hiring authority” needs to prioritize those expectations. What is most important? If this prioritization is not done, it should be no surprise if there is disagreement over the direction of department and skills of the leader.
  - The typical assessment process isn't rigorous. Often a vision is not articulated. Rather, the search tends to be a reaction to the past. The major tasks and challenges are never put in writing. The organization and its leaders don't look at what skills are needed to fulfill those tasks.
  - An added complication is that many positions in academic medical centers are complicated. Many, like center directors and chief medical officers, are new and ill-defined.
  - To overcome these shortcomings, the committee (and/or the search firm) needs to meet with constituents to understand tasks and barriers. In doing so, this helps stakeholders

think collectively of problems as opportunities, so when whatever new leader comes into the position, there is a shared understanding of problems.

### *Scoping documents*

- For department chair searches, medical schools rarely use a scoping document because (1) there are too many searches, and (2) for clinical chairs, the medical school and hospital need to be well aligned (they need to agree on what the problems and solution are), which is often not the case.

## **2. The Search Committee**

- Committees can be problematic.
  - There can be a mixed bag of interest: some people are placed on the committee because of arcane requirements of committee composition. They don't necessarily want to be there.
- Search committee composition
  - More than 6-8 people is too big; the committee becomes impossible to convene and control.
  - Often the wrong people are put on the committee: to protect an interest rather than to help think about the future. They are chosen to represent a constituency, not the institution.
    - A challenge is to get the group around a common denominator.
    - Is there a way to streamline the search committee?
    - One solution is to involve many more people in the prior step (organizational assessment), but fewer people in the committee
- The committee typically doesn't know the department well enough to represent it, to understand its challenges. Committee members tend to have assumptions that lead to a misdiagnosis of the problem. To address this problem, the first step needs to be the education of the committee.
  - An exaggerated view of the search committee is that they don't know what to do. They write an ad, call up their buddies, but then they never meet because they can't find time. But there is some truth behind this exaggeration!

### *The Charge to the Committee*

- The "baton pass" from the dean to the committee (the dean's charge) can be a challenge. The committee often believes they understand what the position is and needs to be.
  - The dean needs to give committee a specific charge. It is helpful to have the committee brief the dean half-way through the search to give information and get feedback. Committees sometimes get confused that they are search and not selection committees.
  - The charge is typically not well done. By nature, the charge is prescriptive; but leaders don't like to push too hard because they committee doesn't like to be told what to think. The challenge is to get agreement about what they're looking for.
  - It's also helpful to have a mid-course meeting with all constituents/ stakeholders to provide an update on progress.

- There needs to be alignment between the search committee and decision maker.

### *Scheduling*

- Scheduling takes forever. One of the first tasks that needs to occur in the first meeting is for committee members to put on their calendars all subsequent meetings, interview dates, etc.
  - All dates need to be on calendars at the first meeting: Two days of interviewing time for semi-finalists; two weeks later for finalists' interviews. Schedule real estate time with spouses, etc.
  - It is always difficult to schedule candidate interviews in disciplines with call schedule: OB, surgery, anesthesiology, etc.
- The search process takes too long.
  - The process can be an emotional roller coaster for candidates. If the process drags too long, the candidates get worn out. They start to drop out.

### *Professionalism*

- Sometimes committee members don't understand confidentiality.
- Some committee members have displayed unprofessional behavior; in these cases, committee members have not treated candidates very well. They play "gotcha" with the candidates to prove they are smarter.
  - Committees need to see themselves as recruiters. Search committees often are hostile. The dean's message to the committee should be "your job is to recruit good people."
- Committees don't always think through the complete candidate; issues such as relocation, spouse, children, real estate, etc. can be extremely important.
- Committees should take the search as seriously as they do their academic work. They need well thought-out processes like they have for their clinical and research activities.

### *Casting the Net*

- Casting the net: The typical process is insufficient.
  - The institution needs to let the market know about the search.
  - Committees stop short. A good search means a database of 200-300 names. Searches are probability exercises: the greater the number of potential candidates, the greater likelihood of having a good outcome. This is especially true for attracting women and minorities. Volume counts.

### *Focus on Candidates*

- Committees tend to emphasize academic criteria and not management criteria. New leaders tend to have limited management experience.

- Candidate interview selection
  - Some searches identify too many semi-finalists.
  - Sometimes, no one is in charge.
  - There can be a mismatch between the desired attributes for the position and the skills of the candidates that the search committees chooses to interview. The committee doesn't take the time to learn about the candidates and their backgrounds. They migrate toward the most dynamic interviewees, who might not be the best candidates.
  - Candidates typically are chosen for the length of their CV, not leadership qualities. Do they have right value system? Do they display emotional intelligence?
    - Candidates with good management skills are often screened out, either because their academic CV doesn't compare to "academic powerhouses"
  - Academic medicine can display a "rock star" culture. Everyone wants a rock star. But what about the hidden gems?
  - The search committee (and academic culture, in general) can be too pedigree-driven
  - Committees tend to fall in love. It's okay to fall in love, but you have to ask what you really know about the person.
- If a search firm is involved, there can be mistrust of a search firm to narrow the field. The committee wants to touch every CV. This is very inefficient and slows down the process.
- Length of semi-finalist interviews can be an issue. They should be a few hours, not a few days.
- Candidates may be unsophisticated. Many candidates are eliminated in early stages (e.g., in airport interviews) because they have a lack of sophistication and/or they have unrealistic expectations.

#### *Working with Search Firms*

- Many in academic medicine resist using search firms, even though the use of such firms are becoming more and more commonplace. There can be resistance in the faculty culture to "headhunters."
  - Hiring a search firm can be seen as a sign of failure, that the school cannot successfully recruit a leader on its own. Paradoxically, *not* using a search firm can indicate that the position is not important to the institution.

### 3. Institutional and Leadership Priorities

- The search process is embedded in institutional culture. To change the search process, organization executives need to do more than change forms or procedures; they have to transform the underlying assumptions and values people have about how the organization works.
  - In department chair searches, there can be a tension between the department vs. institutional point of view. In dysfunctional searches, an out-of-control department can undermine a good search. There is great importance of balance with institutional and departmental points of view
- Sometimes the dean is not willing to devote the time and effort to recruitment.
  - Leaders can change the culture of an institution through whom they hire. Deans need to devote the energy and time that it deserves.
  - Some deans haven't been willing to make time for interviews. This commitment has to have priority.
- Some schools have a designated search coordinator, a person who handles the administrative details for all searches. This approach can be very effective because it prevents reinventing the wheel for each new search.
- Schools can misstep when closing the deal if they low-ball their top candidate. Organizations should endeavor to make market rate offers.
- University presidents and hospital and university boards need to get involved when there are disagreements between medical school deans and hospital executives.

### 4. Succession Planning

- Succession planning should not be confined to the process of identifying which person can assume responsibility for a particular job. Rather, succession planning should be a broad, strategic roadmap for the future leadership development and talent development of the organization.
- There is not much evidence of succession planning in academic medicine (as defined as planning for succession at the institutional level). Within the whole academic medicine enterprise, however, moving from one institution to another is a sign of success for the originating institution. There is a moral commitment to field of academic medicine in which institutions build leaders for them to be recruited away.
- Why is it always a surprise when there is an opening?
  - Succession planning takes management skills and time commitment, but tends not to be a high priority.
    - Executives tend to take the view that succession planning is not in their control, nor are they being directed by the board to do so. It is not part and parcel of the culture.