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

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aculty 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 long-standing 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," 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.² There are many bright persons in medical schools and medical centers who often have a lot to sav about a topic-but as Peter Drucker suggests, being bright is no substitute for knowledge.3 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." 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.⁵

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."6 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 Academic Physician & Scientist • January 2008

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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



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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-theart 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." *

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