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.

First, It’s About the People

Jim Collins, in his book, Good to Great, 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
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. 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 measure 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.

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.

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-

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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 relationships 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.
❖ Universities should form a collaborative body to develop standards for faculty recruitment, retention, and promotion.
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❖ 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.

Notes

For an expanded version of this column, including additional tools, visit the APS Web site at www.acphysci.com.

COMING IN DECEMBER

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

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