

PERSPECTIVE



BY Steven L. Kanter, MD
AAHC President / CEO

If one were to ask academic health center leaders about their experiences during a leadership transition, either coming or going, I think you would find that there is no singular “right” approach. However, what you will find is a consensus that there

is a clear need for wisdom and sage advice. In this issue of Leadership Perspectives, three academic health center leaders share their personal experiences and insights on the search process, the transition process, and the post-transition period.

Jean E. Robillard, MD, former vice president for medical affairs at the University of Iowa, reflects on the role and priorities of the outgoing leader. He points out how that individual can ensure a smooth transition both during the search and after the current leader steps down. He emphasizes the importance of maintaining a concentrated focus on the organization and its needs during a critical time of change.

Richard W. Thomas, MD, DDS, FACS, MG, MC, USA (Ret), president of the Uniformed Services University of the Health Sciences, brings a personal perspective to the bittersweet nature of most leadership transitions. He credits the importance of mentors in helping him navigate the transition, while highlighting that incoming leaders need time to understand the culture of their new institution.

Daniel R. Wilson, MD, PhD, president of Western University of Health Sciences, addresses the unique history of following in the footsteps of a founding leader who had been with the institution for nearly 40 years. As he notes, this was a leadership transition that, by definition, was unprecedented. That, of course, has important implications for approaches to decision-making, planning, and instituting change. Dr. Wilson offers advice based on his experience, including the idea that institutions could benefit from appointing or hiring a transition manager.

Just as patient handoffs create risk for patients, so do leadership transitions create risk for academic health centers. It is critical to manage that risk effectively so that there is a seamless handoff of leadership responsibilities, and to position the institution to take full advantage of new opportunities that present themselves when there is change at the top.

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Association of Academic Health Centers
1400 Sixteenth Street, NW, Suite 720
Washington, DC 20036
202.265.9600



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LEADERSHIP PERSPECTIVES

Transition Planning



Jean E. Robillard, MD

FORMER VICE PRESIDENT FOR
MEDICAL AFFAIRS

University of Iowa



**Richard W. Thomas, MD, DDS, MG,
MC, USA (Ret)**

PRESIDENT

*Uniformed Services University of
the Health Sciences*



Daniel R. Wilson, MD, PhD

PRESIDENT

*Western University of
Health Sciences*

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Jean E. Robillard, MD // *Former Vice President for Medical Affairs
University of Iowa*

Jean E. Robillard, MD served as dean of the Carver College of Medicine and vice president for medical affairs at the University of Iowa. After stepping down in 2017, he remains a member of the faculty in the university's Stead Family Department of Pediatrics.

I don't think there is any one template for transitioning leadership positions in academic health centers. Each institution is different in culture and the people involved. However, there are some process lessons that I think might apply more or less generally.

First, I think it is incumbent on the outgoing leader to resolve any issues that need to be cleaned up before the new leader takes office. Doing that will save a tremendous amount of time for the new leader.

The outgoing leader can also aid in the transition process by keeping faculty, staff, and the community at large informed throughout the transition. Regular updates about what is going on in terms of the leadership change can help preserve the institution's core culture, limit disruptions, and keep the institution moving forward during the transition.

It may be difficult, but the outgoing leader should not really think about him- or herself during the transition. While they are still in office, they need to remain concentrated on thinking about the organization and its needs. That kind of focus will help ensure a smooth transition. Granting a sabbatical leave or the equivalent helps ensure that the outgoing leader can focus fully on the transition.

Further, former leaders should give the new leader a lot of space. If a former leader stays at the same institution in some capacity, he or she should commit to maintaining a low profile to help make ample room for the new leader to become established. Recognize that the new leader will likely do things differently than you did, just as you did things differently than your predecessor. Above all, never criticize the new leader, even in conversations you might think are private.

In contrast to what happens in private businesses, academic health centers do not usually engage in succession planning. The tradition in academe is to conduct a search at the time a new leader is needed rather than to groom a successor in advance. In the future, I think university governing bodies should consider succession planning, or at least do a better job of anticipating a change in leadership. Some measured thought in that regard could help the institution avoid needing to start from square one once a leader steps down.

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Richard W. Thomas, MD, DDS, MG, MC, USA (Ret) // *President
Uniformed Services University of the Health Sciences*

Richard W. Thomas, MD, DDS, MG, MC, USA (Ret) was inaugurated as president of the Uniformed Services University of the Health Sciences in 2016.

The term “transition” is interesting. In my case it had a decidedly bittersweet dimension. I took my current position after retiring from a 26-year career in the Army. Leaving the Army was an emotional decision for me, but I was ready to tackle new challenges. At the same time, I definitely was not retiring per se, but rather was going from a role that I found highly motivating to another that was equally stimulating.

We really have relatively few times when we have a clear opportunity to intentionally redirect ourselves and follow our passions. Career transitions are obviously one of those times. In that regard, I believe in “chances and choices.” There is an element of serendipity around job transitions. Moving from one job to the next presents a rare opportunity to assess choices about who you really want to be and what you really want to do. But I also think you cannot overstate preparation in planning for transitions. You have to invest the necessary effort in weighing all the variables that are important to you and your family.

Mentors proved critical in helping me navigate my last transition. Given that I was considering multiple paths at the same time, one particularly helpful mentor urged me to pause for a bit and think through what I really wanted out of my transition. That advice was invaluable. I would urge anyone who is considering a transition to seek similar counsel from trusted experts. The other part of the mentor equation is that leaders need to help prepare the next generation of leaders. Academe in particular needs more of this in order to do a better job of succession planning. We could take a playbook from the military, too, in training future leaders.

Change at the top in any organization presents its own challenges and opportunities. Incoming leaders need to take time to learn and appreciate the culture of their new institution. They need to be sensitive to the needs of people in that agency. But, just as a leader must adjust to the new organization, there must come a time when the organization must adjust to the new leader's style and vision. Investing in the building of trust within the new institution can go a long way to ensuring a successful transition.

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Daniel R. Wilson, MD, PhD // *President
Western University of Health Sciences*

Daniel R. Wilson, MD, PhD, officially assumed the duties of President of Western University of Health Sciences on July 1, 2016.

The leadership transition at Western University of Health Sciences was unique in the sense that I succeeded the founder of the institution, who had been in office for nearly 40 years. Started in 1977 in a former JC Penney store, WesternU today has an enrollment of nearly 4,000 students and offers 21 programs in nine colleges located in two states, making us one of the largest graduate schools for the health professions.

WesternU's first President, Philip Pumerantz, PhD, led this institution from its founding until his retirement in 2015. Given that long and rich history, the change in leadership here was certainly not a garden variety transition. It was unprecedented. Given that Dr. Pumerantz was 84 when he retired, it is safe to say the university knew a change in leadership was inevitable. Yet, culturally speaking, we may not have been fully prepared for this – perhaps no one could be.

Faculty, staff, and even in some respects the board had long deferred most decision-making to Dr. Pumerantz. And the institution was strong and growing when he left. All this created some interesting dynamics. The university was ready and perhaps even eager to try new things, but it did not necessarily have the operational vocabulary and expertise to adopt change. Choosing a new president was actually the board's first major autonomous decision. Moreover, the fact that the status quo was working—as reflected in the institution's strengths—imputed a certain lack of impetus to change.

Because the university had not undergone a leadership transition in its first four decades, little thought was given to onboarding new leadership. In retrospect, that probably could have been more formal, such as a transition manager on the university campus. But live and learn! Similarly, no assessments of strengths and weaknesses across the campus were completed before the transition. In retrospect, such an exercise could have been helpful.

On the other hand, the stable nature of this institution and the fact it was not in crisis when I took the helm—an experience I had not had in previous appointments—meant I had the relative luxury of studying the institution in depth before making any significant changes. This allowed me to really get to know the institution and its people, including the board, very well, providing insights that continue to help shape my vision for future strategic directions.

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