From Moses to Multipliers—
The New Leaders For Academic Medicine

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In 48 hours, we elect a president. For months, we have faced a deluge of campaign advertisements and cable channel talking heads. We have been told repeatedly that our future depends on the person we choose. We have been waiting—in what seems like suspended animation—to make this choice. And during this time, despite the urgent problems facing our nation, virtually nothing of substance has occurred in Washington. It is as if the prospect of any progress rests on the shoulders of this single individual we will choose as president.

Sound familiar? How many of us have seen this same dynamic play out in our own organizations? One of our leaders announces his or her retirement, someone steps down—perhaps voluntarily, perhaps not—and the search for a new dean, the next hospital or health system CEO, the new department chair, is announced. Virtually everything is put on hold while we wait for that wiser, more knowing individual—more often than not, a new person from another institution—who will arrive with all the answers to lead us into the future, solving all the challenges we face.

This process of waiting for the great leader seems hardwired into our culture. In his book, *The Culture Code*, author Clotaire Rapaille talks about how a single code word can capture the beliefs and feelings we have about a person or process. His analysis is that, in America, the culture code we attach to the presidents we elect, and to our leaders in general, is “Moses.” This is not meant to be a religious reference. Rather, it describes an archetype, a mental image we hold. Moses represents the special figure on whom we pin all our hopes, who single-handedly ascends the mountain, and returns with the definitive commandments that will lead us into the Promised Land.

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In academic medicine, we often long for that one leader with special knowledge, maybe even special powers, to be our Moses, or “the sage at the top.” You and I have seen this play out in search committees, faculty meetings, even in hallway conversations. Whether we acknowledge it or not, there often seems to be a deeply shared belief that, if we search hard enough, we will find that person with that special knowledge and those special powers.

But today, I want to offer an alternate view. Perhaps we serve our nation and our institutions poorly by seeking a Moses figure to lead us. I would argue that, today, we need a new kind of leadership. What we need now is not a Moses, but the kind of leaders that author Liz Wiseman and her co-author Greg McKeown call “multipliers” in their best-selling book of the same title.
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Wiseman describes multipliers as leaders who do not pretend to have all the answers or stifle the creativity of those with whom they work. Instead, multipliers consistently strive to make everyone around them smarter by unleashing others’ full potential and empowering the broader problem-solving abilities of the entire organization. In short, multipliers are not necessarily the geniuses. They are the genius-makers. As she describes, “They invoke each person’s unique intelligence and create an atmosphere of genius—innovation, productive effort, and collective intelligence.” A multiplier believes that most people in organizations are underutilized, and that their capabilities can be leveraged with the right kind of leadership.

In a few minutes, we will be privileged to hear our keynote speaker, Walter Isaacson, the acclaimed biographer of figures ranging from Benjamin Franklin, to Albert Einstein, to, most recently, Steve Jobs. While his biography of Jobs showed us a man who was, to say the least, complex, there is no question that he was a creative genius. He was a visionary—a commanding presence who foresaw a new technological future.

Since we are here in San Francisco, not far from the birthplace of Apple, let us think about how the creative genius of Steve Jobs was implemented. In their book, Wiseman and McKeown identify another leader who, by being a multiplier, has been central to driving the ultimate performance of Apple over the past 15 years. His name is Tim Cook, now Apple CEO.

Fellow employees view Cook as approachable, easy-going, and cheerful. He is quiet, yet demanding, and consistently displays thoughtful and ethical behavior. He even is known for showing up in the Apple cafeteria to sit with fellow employees. At the beginning of this year, Cook shocked Apple merely by listening. One day, when a group of investors visited Apple on a tour led by a banking research analyst, the session started with a 45-minute presentation by Apple’s chief financial officer. The investors were surprised when CEO Tim Cook came into the room, quietly sat in the back, and listened. This was unusual for an Apple CEO. He did not check his iPhone once, and he did not interrupt.

Steve Jobs was no doubt a creative genius, much like the Nobel-quality scientists, master clinicians, and uniquely inspiring teachers we have in our academic medical centers. But we cannot fulfill our missions simply with a collection of individual geniuses. We also need multipliers like Tim Cook. Yet, it does seem that, historically, we have selected organizational leaders based on their individual accomplishments. These colleagues may be viewed justifiably as the sage at the top of their field. The problem is that we often select them for an organizational leadership position, expecting them to step in, answer our complex questions,
and singlehandedly lead us to some higher state. Worse yet, these leaders may believe they truly have all the answers. When that happens, at a time when we really need collective creativity and problem solving, it becomes difficult, if not impossible, to leverage the capability of others.

Given the complex challenges we face today, I think even Moses would have a very difficult time being a medical school department chair or dean, or teaching hospital CEO. In fact, in a recent conversation with Liz Wiseman, I learned that the full story of Moses confirms this. After leading his people out of captivity, Moses lamented to his father-in-law, Jethro, that people continually were lined up waiting for him to adjudicate their disputes and solve their problems. Jethro’s response, liberally translated, was that Moses needed to stop micro-managing. Jethro said Moses needed to develop a team of colleagues around him and entrust them with the accountability to resolve disputes and create solutions. Moses needed to bring out the best in those around him. I would venture to say that the experience of Moses, and his need to become a multiplier, runs parallel to that of many leaders in academic medical centers today. If you think about it, this makes Moses the first prototype of a new dean or chair who is trying to handle everything personally, and it makes Jethro the first effective executive coach in recorded history.

You might think that while all of this sounds interesting, we are academics and being multipliers just is not in our DNA. The more time I spend visiting your campuses, however, the more encouraged I feel. I find multipliers emerging at all levels. I see medical students bringing their peers together to run clinics and outreach programs for the homeless, for immigrants, for the underserved that live in the shadows of our campuses. I see junior faculty leaders stimulating their colleagues, even some more senior colleagues, to create new educational tools to promote learning and assess competence, or new research models to support team-based, interdisciplinary science across the full spectrum. When I visit your hospitals and clinics, I see residents and fellows engaging entire care teams in safety and quality efforts on the frontlines of patient care. I see faculty and health system leaders creating innovative clinical care and payment models that move us away from fragmented, fee-for-service care.

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Across your institutions, I see groups of department chairs working together across disciplinary lines, creating teams to bring down costs, improve quality, and share resources, rather than fiercely trying to amass individual departmental reserves at the expense of other departments. Perhaps most important, I see medical school deans and teaching hospital CEOs who know it is not about them—it is about maximizing the team around them.
I think we finally are acknowledging that leadership no longer represents a special gift or power held by a select few. Instead, it is a relationship established among committed people. It becomes a shared opportunity for all of us at any level. Think about this: Our medical schools, teaching hospitals, and health systems now employ nearly two million exceptionally talented and committed individuals, including faculty members, medical students, residents, graduate and post doctoral students, and staff members. Imagine what we could accomplish if more of us began to work as multipliers. What creativity and innovation could we unleash? What problems could we solve? Most important, what progress could we make toward improving the health of those we are privileged to serve? In our traditionally hierarchical world of medicine, moving from the “Moses” to the “multiplier” model of leadership could indeed be the real game changer.

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Today, I would like to suggest that there is an urgent challenge facing us that calls out for the multiplier approach to leadership: How to create a more sustainable future for academic medicine. Whether or not our nation marches off the fiscal cliff at the beginning of next year, the hard truth is that we must all prepare for a future in which we do more with less. I acknowledge that, as a community, we have to do everything possible to fight vigorously against unwise, short-range governmental decisions that would destabilize our missions. As I wrote in my recent column in the AAMC Reporter, the worst thing we could do is passively wait for legislators and policymakers to impose the path forward upon us. Rather, as the people who know our missions and our institutions best, we must lead this transformation from within by harnessing the intelligence, creativity, and commitment of our faculty, students, residents, and institutional leaders.

We have the opportunity to bend the cost curve in medical education, research, and patient care ourselves and reinvest any savings back into our missions, rather than depend on increasing levels of government support. This will take the collective talent, capabilities, and commitment of everyone working as multipliers. I know of no group more able to meet this challenge than the leaders at medical schools and teaching hospitals.
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So, how do we get there? For many years, the AAMC has been committed to helping individuals in academic medicine develop professionally. Many of you have attended our leadership programs, from the early- and mid-career programs for women in medicine and science, to the program for new chairs and other leaders coming into their roles, to the executive development seminars for new deans. I admit I was certainly far from prepared when I left the National Institutes of Health to become dean of the Medical College of Georgia at Georgia Health Sciences University nearly 20 years ago. The AAMC program for new deans was a godsend because of the insight it gave me into the work of a dean, and especially for the advice and networking opportunities the program fostered. More recently, AAMC staff advisors, many of whom worked on the frontlines of academic medicine, have begun visiting your campuses to provide information and training about emerging best practices in leadership development.

To meet the daunting challenges facing academic medicine, the AAMC is expanding our leadership development strategy. Instead of conducting programs only focused on individuals already selected for leadership roles, we have added programs to prepare individuals aspiring to become leaders. Our new Executive Development Seminar for Interim and Aspiring Leaders, and our restructuring of the programs for both early- and mid-career women in medicine and science are two examples of this more forward-looking view of leadership development in academic medicine.

Turning to frontline faculty, our Faculty Forward program has helped more than 30 of your organizations create a learning community to engage faculty more broadly at all levels. Our goal in all these efforts is to partner with you and your own institutional leadership development programs to develop more multipliers for academic medicine, whether they are already nationally recognized leaders, or just starting their careers. And we plan on more to come.

First, we plan to offer you more online options using technology to give you true, just-in-time learning with no constraints on time or travel. Instead of our leadership programs reaching hundreds each year, as they do now, our goal is to reach thousands. Second, we are bringing our programming to your institution so that leaders from your medical school, teaching hospital, and clinical practice can learn together as a team on your own campus, with a focus on your most pressing strategic challenges. Third, and perhaps most important, our leadership development offerings will be more inclusive. Whether you are a student, resident, faculty or staff member, dean, or an executive, our goal is to provide opportunities for colleagues at any level who wish to develop their leadership capabilities.
All these efforts have been an expression of a values-based and future-oriented approach that helps leaders “be and act” in ways that multiply the leadership potential of the talented and committed people within their organizations. Our guiding belief is that leadership depends less on hierarchical organizational charts and more on building relationships based on shared values and purpose. The AAMC is committed to being an active and engaged part of your leadership journey because we need good leadership now more than ever.

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Let us return to matters at hand. Regardless of who each of us would like to see win the presidential election, I hope that all of us, from members of Congress to the newest 18-year-old voter, realize that neither Mitt Romney nor Barack Obama can be a Moses. The person we elect will need to lead as multiplier, drawing on the creativity of a wide range of talents, including all of us in academic medicine, to resolve the national problems we have been avoiding. I encourage each of us to view the leadership of our medical school dean, our health system CEO, our department chair, our section chief, our chief resident, in a new way. We need to see leadership not through a one-way lens of hierarchy, but rather as a dynamic relationship among equally committed individuals.

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Thank you!