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Leadership Recruiting Practices in Academic Medicine

How Medical Schools and Teaching Hospitals Search for New Department Chairs and Center Directors

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Introduction

According to recent research published in *Harvard Business Review*, when it comes to recruiting top-level managers at companies and organizations across industries, “current hiring practices are haphazard at best and ineffective at worst.”¹ Knowledgeable insiders have levied similar criticism specifically at the search and recruitment process in academic medicine.²

Research also indicates that the role of top executives in talent management and development is crucial. A recent study conducted by the Center for Creative Leadership (CCL) found that the most critical differentiator between the best performing organizations and others was the level of commitment and engagement displayed by top executives and next-level senior executives. CCL defined the ideal role of the CEO and other top executives as “talent orchestrators” involving “a senior leader’s ability, commitment and personal involvement in processes that support the sustainable utilization of human capital assets.”³

In academic medicine, the process by which leaders are identified for important roles in medical schools and teaching hospitals—deans, CEOs, department chairs, center directors, and other major administrative positions—traditionally has followed an “academic search” model. Yet little is known about how these search processes work beyond conventional wisdom and anecdotal descriptions.

In 2009, the Association of American Medical Colleges (AAMC) launched a project to develop a suite of resources and tools to help support and strengthen the process by which members search for and select institutional leaders (more information available at <http://www.aamc.org/opi/leadership/start.htm>). As part of this Leadership Search and Recruitment Project, the AAMC administered two surveys: one to the deans of the 126 fully accredited U.S. medical schools and the second to the CEOs of 109 integrated teaching hospitals. The deans’ survey gathered data about the duration of searches, use of search consultants, and effective search practices in the hiring process for department chairs and major center directors. The hospital CEOs’ survey gathered data about the role of the hospital CEO in the search process of clinical department chairs.

This report summarizes the major findings of these two surveys.

¹ Fernandez-Araoz C, Boris G, Nitin N. The definitive guide to recruiting in good times and bad. *Harv Bus Rev*. 2009;87:74-84.

² See, for example: Creasman, WT. Is this any way to choose a chair? *Acad Med*. 2001;76:1032-1034; Hoffmeir, PA. Are search committees really searching? *Acad Med*. 2003;78:125-128; Grigsby RK, Hefner DS, Souba WW, Kirch DG. The future-oriented department chair. *Acad Med*. 2004;79:571-577.

³ Center for Creative Leadership. Leading for tomorrow: Win or lose talent with today’s decisions. *Leading Effectively* [electronic newsletter]. Available at: <http://www.ccl.org/leadership/enewsletter/2009/JULleading.aspx>. Accessed August 15, 2009.

Summary of Findings

1. **Medical schools are constantly searching for new leaders.** See page 4.
2. **The average leadership search in medical schools takes a full year.** See page 4.
3. **The use of search committees is the norm; the use of search firms is not.** See page 5.
4. **Deans appear satisfied with many aspects of the leadership search process, but less so with outcomes in achieving a more diverse leadership team.** See page 7.
5. **Identifying candidates with the right background, skills, and abilities is the most vexing challenge in the leadership search process.** See page 9.
6. **To address the challenges of recruiting new leaders, deans have undertaken innovative search strategies such as centralizing the search process, preparing prior to launch, and setting search committee expectations.** See page 10.
7. **Teaching hospital CEOs have become more involved in the recruitment of clinical department chairs over the last decade. However, almost half do not participate in an evaluation of the new chair's performance within his/her first year.** See page 12.
8. **Deans and teaching hospital CEOs at the same academic medical centers sometimes disagree on the role of the hospital CEO in clinical department chair recruitment.** See page 14.
9. **Alignment between the teaching hospital CEO and medical school dean about expectations, competencies, financial incentives, and evaluation criteria is critical in the recruitment of new clinical department chairs.** See page 15.

Survey Description and Methodology

This report is based on findings from two surveys. First, we administered a 32-item questionnaire to 126 deans of fully accredited U.S. medical schools in January 2009. We did not include deans from new medical schools that were not fully accredited. We achieved an overall response rate of 71 percent with 90 deans completing the survey.

The survey asked deans to provide information about the search process for the most recently completed search for (1) a clinical department chair, (2) a basic department chair, and (3) a center director who reports directly to the dean. If deans did not complete a search for one of these positions within the past two years, they skipped that particular section of the survey. The survey addressed several aspects of search practices including the number of department chair and center director recruitments completed in the previous two years, the duration of searches, the use of external search firms and search committees, satisfaction with searches, challenges facing academic medicine in the search and recruitment process, and innovative or successful strategies for completing searches.

Second, we sent a 6-item survey to the chief executives of 109 integrated teaching hospitals⁴ in February 2009. The main purpose of the survey was to address the roles of the hospital CEOs in the search, recruitment, and appointment processes of the clinical department chairs at their affiliated medical schools. We received responses from 79 hospital CEOs (72 percent response rate), 70 of which had seen at least one clinical department chair appointed since assuming their role as hospital CEO.

Note about terminology

In this report, we use “hospital CEO” to refer to the individual who leads the teaching hospital. We recognize that not all of these individuals have the formal title of chief executive officer, but in all cases, we refer to the person who heads the hospital organization.

⁴ An “integrated” teaching hospital is under common ownership with a college of medicine or one in which the majority of medical school department chairs serve as the hospital chiefs of service. There are 117 integrated teaching hospital in the U.S. Eight of these hospitals were excluded from this study because of lack of contact information, vacancy of the hospital director position, and unique appointments.

Findings

Finding #1: Medical schools are constantly searching for new leaders.

The survey confirmed the anecdotal impression that most medical schools are constantly recruiting new department chairs and major center directors. Of the 90 deans who responded to the survey, 79 percent had appointed at least one new clinical department chair, 54 percent had appointed at least one basic science chair, and 38 percent had appointed at least one new center director in the previous two years (Table 1). Only 10 respondents indicated that they had appointed no one in these roles between 2007 and 2009.

Table 1 *Percentage of U.S. medical school deans who had appointed at least one new chair or center director in the previous two years*

Clinical chair	Basic science chair	Center director
79%	54%	38%

Of the deans who had appointed new chairs or center directors, they were typically juggling multiple recruitments at one time. On average, deans who recruited new leaders appointed 4.1 new chairs or center directors over the previous two years, with appointments of clinical chairs being the most frequent. Deans had appointed as many as 8 clinical chairs, 3 basic science chairs, and 10 center directors within the previous two years—indicating that the recruitment load at any given time at some schools can be especially high (see Table 2).

Table 2 *Number of chairs/directors appointed by U.S. medical school deans in previous two years*

	Clinical chair	Basic science chair	Center director
Mean	2.83	1.43	1.87
Range	1-8	1-3	1-10

Finding #2: The average leadership search in medical schools takes a full year.

A common perception of the search process in academic medicine is that it takes a long time, especially compared to other industries or sectors.⁵ Our findings indicate that the average length of the search process was 11.9 months for department chair and center director searches.⁶ Basic science department chair searches took the longest, with an average time of 13.5 months. Only one in five searches for new department chairs concluded in six months or less (Table 3).

⁵ Mallon WT. The search process in academic medicine: Perspectives of executive search consultants. Available at: <http://www.aamc.org/opi/leadership/searchconsultants.pdf>. Accessed August 15, 2009.

⁶ In the survey, we asked the deans to indicate when each search commenced (in month and year) and when the search ended (defined as when the appointment of the new leader was publicly announced). The duration of the search was calculated using these two dates.

Table 3 *Duration of search process for department chairs and center directors in U.S. medical schools*

	Clinical chair	Basic science chair	Center director
1 - 6 months	21%	21%	39%
7 - 12 months	48%	44%	21%
13 - 18 months	21%	18%	29%
19 - 24 months	3%	10%	7%
Over 24 months	7%	8%	4%
Mean	11.8	13.5	9.9
Range	2 - 45	1 - 47	2 - 27

While these data set a baseline of the duration of searches of medical school department chairs and center directors, they tell us less about the optimal length. How long *should* the search process take?

The ideal length for a search of a key organizational leader may very well be *as long as it takes* and not a day longer! In some circumstances, the dean may intentionally wish that the search process move slowly—if, for example, she or he wants time for an interim chair to develop the requisite skills, or to allow for “healing” after a period of turbulence.

That said, anecdotal reports suggest that the search process can take longer than it needs to because of difficulty in scheduling the search committee meetings and interviews and drawn-out negotiations with the first-choice candidate. Certainly, searches that go on for years may affect the momentum and morale of a department or center.

Finding #3: The use of search committees is the norm; the use of search firms is not.

Use of Search Firms

In *The Successful Medical School Department Chair*, Biebuyck and Mallon speculated that the use of search consultants would become more popular with deans as they search for department chairs because search committees that do not have professional assistance are increasingly stressed by the demands of the task.⁷ Yet we found in 2009 that the use of external search firms remains infrequent. Our results demonstrate that deans most often engage external search firms for clinical chair searches, but on average, in only one of every four of these searches. The use of search firms for basic science department chairs and center directors is quite rare (Table 4).

⁷ Biebuyck JF, Mallon WT. *The Successful Medical School Department Chair: Search, Selection, Appointment, Transition*. Washington, DC: AAMC; 2002.

Table 4 *Use of external search firms in department chair and center director searches in U.S. medical schools*

Clinical chair	Basic science chair	Center director
26%	4%	6%

Search Firms and Search Duration

Biebuyck and Mallon also asserted that the use of external search firms can help speed the search and recruitment process.⁷ Among clinical department chair searches, the data bear out this assertion. The average search duration for clinical chairs at medical schools that did not use a search firm was 12½ months, but those that used search firms completed their task, on average, in 9½ months.

Use of Search Committees

Unsurprisingly, internal committees are a more common mechanism than are executive search firms for conducting searches for department chairs and center directors. Search committees honor the longstanding traditions in academe of having faculty peers participate in the recruitment process. Our data indicate that committees were less frequently used for searches of basic science department chairs and center directors than for clinical chairs. At some medical schools, basic science departments rotate the chair position among senior faculty (and at least one medical school, the faculty “elects” the chair of the department), which might explain some of the difference in the use of search committees for these positions.

Table 5 *Use of search committees in department chair and center director searches in U.S. medical schools*

Clinical chair	Basic science chair	Center director
85%	61%	56%

Other Recruitment Tactics

The survey also gathered data about the frequency of certain recruitment tactics. Given past research on the importance of the involvement of senior executives in the recruitment process,⁸ we inquired whether the dean personally called references or made a reverse site visit. Results show that making inquiries to individuals included on a candidate’s list of references is a very common practice among deans. So, too, is going “off list” by calling references not included on the candidate’s list, albeit at a slightly lower frequency (Table 6). Few deans conduct reverse site visits, the practice of visiting the “home turf” of finalists to gain an additional perspective to their leadership qualities, reputation, and relationships with colleagues. While this practice has been offered as an innovative search tactic,⁷ most deans do not use it.

⁸ Sessa VI, Taylor JJ. *Executive Selection: Strategies for Success*. San Francisco, CA: John Wileys & Sons, Inc.; 2000.

Table 6 *Frequency of search tactics used by U.S. medical school deans*

	Clinical chair	Basic science chair	Center director
Personally call references included on their reference lists?	77%	70%	81%
Personally call other references not included on their reference lists?	70%	63%	58%
Personally visit the finalist(s) at their own locations (i.e., reverse site visit)?	8%	14%	29%

Finding #4: Deans appear satisfied with many aspects of the leadership search process, but less so with outcomes in achieving a more diverse leadership team.

Overall, medical school deans appear quite satisfied with how the search process occurs at their institutions. Large majorities of deans are satisfied or very satisfied with the duration of the search process; the performance of the search committee and, where applicable, of the external search firm; and the overall quality of the candidate pool and the quality of the finalists to meet the most pressing needs of the position (Table 7).

While sizable majorities of deans were satisfied with the duration of the search, those levels of satisfaction differ among clinical chair, basic science chair, and center director searches. Eighty-two percent of deans were satisfied or very satisfied with the length of time needed to appoint new center directors—the role with the shortest average time-to-hire. Compared to center directors, satisfaction with duration of clinical chair searches was 14 points lower—reflective of the longer average duration but perhaps also indicative of the stress of having large clinical enterprises run without permanent leadership.

Deans registered their most intense dissatisfaction with the number of finalists for each position who were women or racial/ethnic minorities. Deans expressed greatest dissatisfaction with the number of women finalists in clinical chair searches (only 21 percent were satisfied or very satisfied, 58 percent were dissatisfied). For basic science chairs and center directors, deans were more positive in their outlook regarding the number of women finalists. We do not know whether these data results suggest a difference in outcomes (e.g., basic science chair searches identified more female finalists than did clinical chair searches; therefore deans were more satisfied with basic science chair searches), or a difference in perception (e.g., deans had higher expectations that clinical chair searches would identify more female finalists; therefore there were higher expectations to meet for those searches).

The levels of satisfaction were even bleaker with the number of finalists for leadership positions who were racial and ethnic minorities. Deans were satisfied with the outcomes of identifying minority finalists in only 20 percent of clinical chair searches and 16 percent of basic science chair searches. The academic medicine community has much room for improvement in identifying a more diverse pool of candidates, finalists, and ultimately, new hires for these leadership positions in medical schools.

Table 7 *Dean's satisfaction with aspects of the search process for department chairs and center directors*

A. The duration of the search process

	Clinical chair	Basic science chair	Center director
Very satisfied	20%	26%	32%
Satisfied	48%	50%	50%
Neither satisfied nor dissatisfied	14%	10%	0%
Dissatisfied	15%	12%	18%
Very dissatisfied	3%	2%	0%

B. The performance of the search committee

	Clinical chair	Basic science chair	Center director
Very satisfied	52%	50%	39%
Satisfied	39%	43%	50%
Neither satisfied nor dissatisfied	4%	4%	6%
Dissatisfied	5%	4%	6%
Very dissatisfied	0%	0%	0%

C. The performance of the executive search firm

	Clinical chair	Basic science chair	Center director
Very satisfied	29%	100%	50%
Satisfied	47%	0%	0%
Neither satisfied nor dissatisfied	6%	0%	0%
Dissatisfied	6%	0%	50%
Very dissatisfied	12%	0%	0%

D. The overall quality of the candidate pool

	Clinical chair	Basic science chair	Center director
Very satisfied	31%	33%	27%
Satisfied	42%	40%	46%
Neither satisfied nor dissatisfied	15%	19%	19%
Dissatisfied	11%	7%	4%
Very dissatisfied	2%	0%	4%

E. The quality of the finalists to meet the most pressing challenges of the position

	Clinical chair	Basic science chair	Center director
Very satisfied	51%	45%	39%
Satisfied	42%	43%	46%
Neither satisfied nor dissatisfied	5%	10%	11%
Dissatisfied	3%	3%	4%
Very dissatisfied	0%	0%	0%

F. The number of women finalists

	Clinical chair	Basic science chair	Center director
Very satisfied	9%	20%	26%
Satisfied	13%	22%	30%
Neither satisfied nor dissatisfied	20%	24%	17%
Dissatisfied	38%	24%	26%
Very dissatisfied	20%	10%	0%

G. The number of finalists who were racial/ethnic minorities

	Clinical chair	Basic science chair	Center director
Very satisfied	6%	8%	12%
Satisfied	14%	8%	20%
Neither satisfied nor dissatisfied	25%	36%	24%
Dissatisfied	38%	36%	32%
Very dissatisfied	17%	13%	12%

Finding #5: Identifying candidates with the right background, skills, and abilities is the most vexing challenge in the leadership search process

The survey asked respondents to share their opinions on the top three challenges facing academic medicine in searching for and hiring new department chairs and center directors. Through analysis of responses to this open-ended item, deans most often cited challenges related to the candidate pool itself: how to broaden the diversity of the pool; how to find candidates who possess leadership and management competencies in addition to clinical, research, and educational excellence; and how to ensure a good fit between the candidate and the institutional culture (whether that culture be the one that exists or the one that the dean hopes to create).

Examples of deans’ responses about the challenges of building a strong candidate pool

- Identifying a sufficient pool of minority and female candidates
- Identifying individuals who will transition successfully from being department-centric to ones who will embrace the strategic initiatives of the school more broadly
- Finding academically accomplished individuals with true management and leadership skills
- Finding individuals who can balance their personal, departmental, and school responsibilities successfully
- Finding the best match for the institutional culture
- Assuring that the new chair has the knowledge and skills—as well as the personal attributes—to fit into the university and medical center culture and be successful

Other Challenges in Leadership Recruitment

Deans also noted other challenges in recruiting new leaders. While a perennial issue, resources (financial, space, and other) emerged as a common challenge in an acute way because of the economic downturn coinciding with the survey administration. Many deans cited constrained financial resources, including competitive start-up packages, as a concern. Space was noted as another resource challenge.

Interestingly, the reluctance or inability of strong candidates to relocate because of the depressed housing market also emerged as a financial challenge—one that has constrained candidates as much as reductions in endowment have hampered institutions. Deans cited challenges such as “candidate mobility in today’s housing market” and “candidates’ hesitancy to relocate during uncertain economic times.”

Other common challenges in leadership recruitment included:

- **Search process:** completing search in timely manner, managing competing interests of search committee members and interviewers, getting honest assessments of candidates from recommenders
- **Competition for candidates:** competing for candidates nationally in difficult financial times
- **Mission alignment:** balancing clinical, educational, and research agendas
- **Pressures on candidates:** meeting internal expectations, juggling multiple constituencies, pressures to control costs
- **Expectations of candidates:** meeting the often unrealistic expectations of candidates

Finding #6: To address the challenges of recruiting new leaders, deans have undertaken innovative search strategies such as centralizing the search process, preparing prior to launch, and setting search committee expectations.

We asked deans to identify their search strategies that they deemed innovative or successful. Among the many ideas emerged several common themes:

- **Centralization of the process:** Many medical schools have recognized the benefits of creating a centralized, consistent process and system devoted to all leadership-level recruitment, if not all faculty recruitment. Some very large academic medical centers have offices of physician and leadership recruitment, staffed with dedicated search professionals who manage and execute the process. But an “in-house” recruiter is not the only model for a centralized process. Many schools have a professional search coordinator, while others have tapped a “core” search committee for all leadership searches. The benefits of this model, however enacted, help focus the process of identifying leadership competencies and of presenting the most professional view of the organization to candidates.

- **Pre-search preparation and review:** “At the time of an opening for a department chair, center director, or other leadership position, the first step for the institution and its leaders is not to act, but to reflect.”⁹ Many deans noted the importance of reviewing the department or unit and local environment prior to starting the search process. Some deans rely on external review teams or consultants for this insight; others ask the search committee itself to take on that role. Such preparation, one dean noted, enables leaders “to articulate the strengths and weaknesses with clarity to the candidate.”
- **Search committee composition:** Some deans noted that they have changed the way they establish search committees. In some cases, search committees are kept small (experts recommend 10 or fewer members⁹). In a few cases, deans have identified one or two people to serve on all search committees (one dean noted that he serves on all chair search committees and attends all meetings).
- **Search committee preparation and expectations:** Many schools invest significant effort into training the search committee members for their important task—on topics such as “casting a wide net” and creating a diverse candidate pool. At the same time, deans set clear expectations for the search committee—respondents noted areas such as specifying time frames, desired characteristics in candidates, amount of time and effort that the search committee should devote to its task, and the number of finalists who should be forwarded to the dean.
- **Identifying candidates:** Few organizations can passively place ads in journals and wait for a crush of applicants to develop. Respondents noted that they take a more active role in identifying candidates for their leadership positions—by tapping their existing professional networks and developing new networks. Deans reported tactics such as “substantial assertive networking to identify candidates,” “personally encouraging candidates from underrepresented segments,” and “numerous contacts to identify people who would not respond to an ad.” At the same time, some deans also noted the importance of internal leadership development.
- **Evaluating candidates:** Deans take many approaches to thoroughly understand and evaluate candidates. Some deans request detailed vision statements, plans, and resource requirements from candidates. Others mentioned the use of behavioral questions or hypothetical scenarios to determine candidates’ approaches to certain situations and problems. While the data results on page 6 indicate that reverse site visits are not commonly used, a few deans noted their benefits. As one dean wrote, “I have either gone to visit the finalist on his or her turf or sent a senior administrator who will be working closely with them when they arrive. This isn’t always needed, but I always offer.”

⁹ Mallon WT, Grigsby RK, Dupont Barrett M. *Finding Top Talent: How to Search For Leaders in Academic Medicine*. Washington DC: AAMC; in press.

- **Interviewing practices:** Some organizations conduct first interviews at neutral locations (e.g., airport interviews) or by videoconference to protect candidate confidentiality and to quickly settle on a list of finalists. Another idea to improve the interview process is to provide candidates a detailed departmental review prior to their visit.

Other ideas offered by deans included the following:

- **Involvement of others:** Active engagement in the interview process by a broad selection of stakeholders, such as department chairs, university leaders, business community, or major benefactors and donors with an interest in the area under recruitment.
- **Recruiting family:** Arranging services for spouses or partners: relocation services, school visitations, and appointments with real estate agents.
- **“Selling” the position,** including the ability to make a difference and the camaraderie and spirit of the medical school.

Finding #7: Teaching hospital CEOs have become more involved in the recruitment of clinical department chairs over the last decade. However, almost half do not participate in an evaluation of the new chair’s performance within his/her first year.

In 2009, teaching hospital CEOs reported higher levels of engagement in many aspects of the recruitment process for clinical department chairs than did hospital CEOs in 2001.¹⁰ As Table 8 indicates, hospital CEOs took more active roles in 2009 than in 2001 in helping to determine the composition of search committees, serving as members or having members of their senior leadership teams on search committees, and co-signing offer letters. In 2009, large majorities of hospital CEOs interviewed finalists for the position, unchanged since 2001.

Table 8 *Selected roles of the teaching hospital CEO in the search and recruitment of clinical department chairs, 2001 and 2009*

	2001	2009
Hospital CEO is consulted on the composition of the search committee.	48%	67%
Hospital CEO or a member of his/her senior leadership team serves as a member of the search committee.	60%	89%
Hospital CEO co-signs the offer letter with the dean.	45%	53%
Hospital CEO interviews each finalist for the clinical chair position.	89%	91%

In 2009, we also asked about a broader range of roles that the hospital CEO may play in the recruitment process for clinical department chairs than did the 2001 survey. The responses, ordered from most common to least, are displayed in Table 9.

¹⁰ In 2001, the AAMC conducted a similar survey, which attained a 58 percent response rate, to the CEOs of 123 integrated teaching hospitals about their role in the search of medical school clinical department chairs.

Table 9 *Role of the teaching hospital CEO in the search and recruitment of clinical department chairs, 2009*

	N	%
I interview each finalist for the clinical chair position.	64	91
A member of my senior leadership team serves as a member of the search committee.	52	74
I help to develop expectations for the chair before the search process is launched.	50	71
The dean and I mutually agree on who is chosen for the position.	48	69
I am consulted on the composition of the search committee.	47	67
I review and comment on the chair’s job description.	37	53
I co-sign the offer letter with the dean.	37	53
I participate in a review of the department prior to the search.	31	44
A member of my senior leadership team participates in a review of the department prior to the search.	30	43
I present my expectations for the new chair to the members of the search committee.	29	41
I serve as a member of the search committee.	25	36
I write a separate letter of offer to the new clinical chair that defines the hospital’s commitment.	13	19

While Table 8 indicates a larger role for teaching hospital CEOs in the recruitment of new clinical chairs in recent years, a notable percentage of hospital CEOs do not have roles in evaluations of those new chairs. As shown in Table 10, most hospital CEOs participate in an evaluation of the new chair’s performance within the first 12 months (11 percent only do so informally—for example, by sharing their opinions with the dean). However, 43 percent of hospital CEOs do not have any role in the evaluation of chair performance within the first 12 months of employment.

On the one hand, deans and their teaching hospital CEO partners appear to be more aligned in the recruitment of leaders to academic medical centers. Yet that improved alignment does not extend in the same way to the development and assessment of those leaders once they are on board.

Table 10 *Role of teaching hospital CEOs in the evaluation of new clinical department chairs within first 12 months of employment*

Participates in formal evaluation	Participates in evaluation, but informally	Does not participate in evaluation
46%	11%	43%

Finding #8: Deans and teaching hospital CEOs at the same academic medical centers sometimes disagree on the role of the hospital CEO in clinical department chair recruitment.

Both the dean and hospital CEO surveys asked respondents to indicate the role of the hospital CEO in clinical chair recruitment and appointment. Of the 90 deans and 79 hospital CEOs who responded to our surveys, there were 46 cases in which the responses of deans and hospital CEOs at the same institution could be matched. From an analysis of these matched responses, deans and hospital CEOs from the same institutions tend to agree on the following roles:

- Of the 46 matched pairs of deans and hospital CEOs, 90 percent agreed that the hospital CEO interviews each finalist for the position.
- Large majorities (88 percent) of matched pairs agree on whether the hospital CEO co-signs the offer letter with the dean, with 42 percent agreeing that the hospital CEO does co-sign the letter, and 46 percent agreeing that the hospital CEO does not co-sign the letter.
- Both parties tend to agree that the hospital CEO does not typically write a separate letter to the new chair defining the hospital's commitment (81 percent agreement among matched pairs)

For some aspects of the search, the dean and hospital CEO at the same institution disagreed on what role the hospital CEO plays in the recruitment of clinical department chairs.

- Only 51 percent of matched deans and hospital CEOs agreed as to whether the hospital CEO is consulted on the composition of the search committee.
- Only 51 percent of matched deans and hospital CEOs agreed as to whether the hospital CEO reviews and comments on the chair's job description.

These findings may have several interpretations. The various individuals involved may not accurately remember the role played by the hospital CEO so that the disagreement is an artifact of poor memory. More substantively, though, these findings may indicate a lack of clarity between dean and hospital CEO in the recruitment process of leadership positions. When academic medical centers have systematized “who does what” across recruitments and search processes, both dean and CEO should be clear about their given roles. When the recruitment process is ad-hoc and reinvented from one recruitment to the next, there might be less agreement about the process.

See Appendix 1 for the complete survey results of levels of agreement and disagreement among medical school deans and teaching hospital CEOs.

Finding #9: Alignment between the teaching hospital CEO and medical school dean about expectations, competencies, financial incentives, and evaluation criteria is critical in the recruitment of new clinical department chairs.

We asked teaching hospital CEOs to describe their ideal role in the search and recruitment process for clinical department chairs. The most common response called for alignment of hospital and medical school goals and outcomes.

Hospital CEOs envisioned that “alignment” in the recruitment and appointment of clinical department chairs would involve the following:

- Active participation by the hospital CEO in the entire process of recruitment, development, and evaluation. One respondent noted, “The hospital CEO must be a prime participant in establishing service lines, setting expectations, and crafting incentive plans that support the mission of the academic medical center.”
- Engagement in a collaborative and transparent partnership with the dean, where alignment in recruitment is but one manifestation of broad alignment in the strategy-setting and operations of the entire academic medical center enterprise.
- Joint departmental review prior to a vacancy. One hospital CEO described this process as an “annual evaluation of each department from a clinical perspective jointly done by the hospital and medical school.” Another described the need for “the development of a shared vision and strategic plan... The strategic plan delineates the type of chair needed and short- and long-term goals.”
- Consensus of dean and CEO about the priorities for the position as well as the requisite skills and competencies that the new leader needs to achieve those priorities.
- Alignment of performance expectations and the metrics that will determine success for the new leader.
- A mutual decision about who is hired and shared development of a recruitment package.

Conclusions

The results from the AAMC survey on search and recruitment practices for department chairs and major center directors indicate that deans are generally satisfied with the duration, process, and outcomes of the search and recruitment process, with notable exceptions. High levels of dissatisfaction exist among deans with the number of finalists for these positions who are women and racial/ethnic minorities.

Compared to data from 2001, teaching hospital CEOs in 2009 were more engaged in the recruitment of clinical department chairs. Hospital CEOs view the recruitment of a clinical chair as an opportunity to align the strategy and operations of the medical school and teaching hospital to improve performance and advance mission.

We also note a possible paradox in the survey results. On one hand, high percentages of deans were satisfied or very satisfied with the overall quality of the candidate pool and the ability of the finalists to meet the most pressing needs of the position. On the other hand, when deans were asked to name top recruitment challenges, the most common concern was how to find candidates who possess leadership and management competencies and how to ensure a good fit between the candidate and the institutional culture.

Deans were highly satisfied with the leaders they have recruited for a *specific* position, yet they noted anxiety with finding candidates with the right leadership competencies *in general*. We wonder if these results are comparable to the paradoxical finding of the public's great dissatisfaction with Congress in general, but satisfaction with one's Congressional representative in particular.¹¹

¹¹ See, for example, Schudson M. Congress and the media. In: Zelizer JE, ed. *The American Congress: the Building of Democracy*. New York: Houghton Mifflin; 2004:650-667.

Additional Resources

Over the upcoming months, the AAMC will offer other publications and resources that complement and supplement this research report. These offerings include:

- An AAMC Analysis in Brief on unconscious bias in the hiring process (published August 2009, available at www.aamc.org/data/aib)
- “Leadership and Talent Management: A Roundtable Discussion of Innovations in Recruitment.” Focus session at the 2009 AAMC Annual Meeting in Boston (Sunday, November 8, 4 – 5:15 p.m.)
- *Finding Top Talent: How to Search for Leaders in Academic Medicine*, a handbook for deans, search committees, and search committee chairs (forthcoming, Fall 2009)
- An analysis of findings from a survey of search committee chairs
- An online training module for search committees on unconscious bias in the hiring process (forthcoming 2010)

For more information on this report or other resources on the recruitment and search process, please contact:

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Appendix 1

Levels of agreement and disagreement among 46 matched pairs of deans and hospital CEOs at the same institutions about the role of the hospital CEO in the recruitment of clinical department chairs

How to read table 11 on the next page

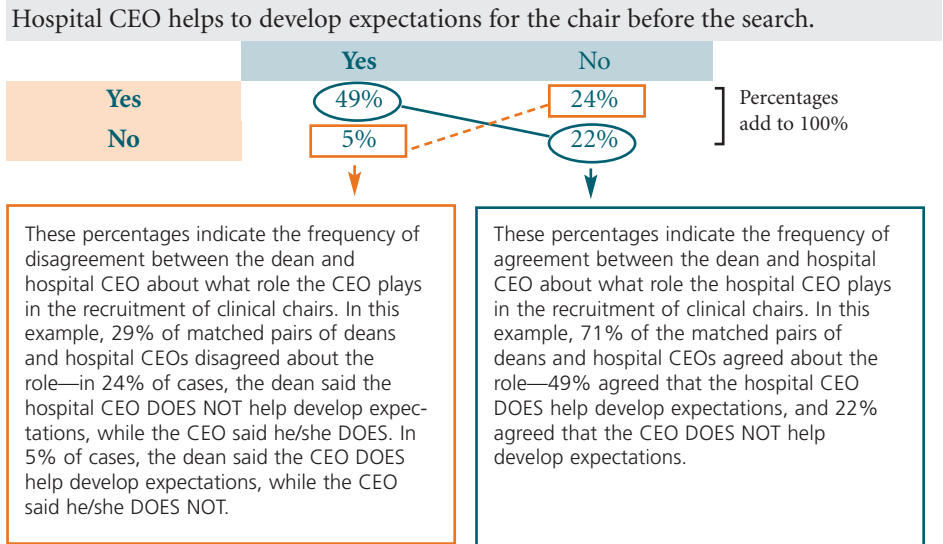


Table 11 *Levels of agreement and disagreement among 46 matched pairs of deans and hospital CEOs at the same institutions about the role of the hospital CEO in the recruitment of clinical department chairs*

		Dean's response	
		Yes	No
Hospital CEO's response	Hospital CEO interviews each finalist for the clinical chair position.		
		Yes	No
	Yes	90%	5%
	No	5%	0%
	Hospital CEO co-signs the offer letter with the dean.		
		Yes	No
	Yes	42%	10%
	No	2%	46%
	Hospital CEO writes a separate letter to the new chair defining the hospital's commitment.		
		Yes	No
	Yes	5%	12%
	No	2%	81%
	Hospital CEO helps to develop expectations for the chair before the search.		
		Yes	No
	Yes	49%	24%
	No	5%	22%
	Hospital CEO serves as a member of the search committee.		
		Yes	No
	Yes	12%	24%
	No	7%	56%
Hospital CEO and dean mutually agree on who is chosen for the position.			
	Yes	No	
Yes	61%	12%	
No	20%	7%	
A member of the hospital CEO's senior leadership team serves on the search committee.			
	Yes	No	
Yes	51%	29%	
No	5%	15%	
Hospital CEO presents expectations for the new chair to the search committee.			
	Yes	No	
Yes	27%	17%	
No	17%	39%	
Hospital CEO participates in a review of the department prior to the search.			
	Yes	No	
Yes	22%	22%	
No	20%	37%	
Hospital CEO is consulted on the composition of the search committee.			
	Yes	No	
Yes	34%	39%	
No	10%	17%	
Hospital CEO reviews and comments on the chair's job description.			
	Yes	No	
Yes	22%	29%	
No	20%	29%	



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