



# Aligning Faculty for Improved Organization Performance: Tools We Can Use to Effectively Herd Cats

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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.

## Tools of the Trade

One thing that distinguishes humans from the other animal species is the use of tools to accomplish work. All things mechanical were developed principally from the five basic tools: the wheel and axle, the lever and fulcrum, and the pulley. Properly assembled and applied, these tools make large amounts of work possible. Prior to the discovery of these basic tools, humans were limited in the amount of work they could do to their inherent physical strength and endurance.

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.

This article will describe a package of tools that the leaders of AMCs and their faculty can use to achieve success in the pursuit of the organization’s mission and the realization of its vision. When properly applied, these tools will allow their organizations to thrive, not merely survive—and will likely reduce the burnout rate for deans and hospital CEOs.

## First, It’s About The People

Jim Collins, in his book, *Good to Great*,<sup>1</sup>

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*“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.”*

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.

## The Power of Alignment

Alignment is a powerful force in achieving effectiveness. Let us use the automobile (an instrument that has at its foundation all five of the basic mechanical tools) as a metaphor for the academic medical center organization. Both are large and complex, and their success depends on the presence of many parts operating in harmony to achieve success. A well designed, engineered, and assembled automobile is a beautiful thing to behold. It accomplishes its purpose with precision and grace. The best of the breed in the hands of a well trained driver can travel at high rates of speed safely and confidently, covering long distances rapidly, reaching an intended destination before lesser vehicles.

If any element of the process (design, engineering, or assembly—or the ability of the driver/leader) is flawed, however, performance is compromised and the outcome is quite different. Imagine if all things are present but the wheels are not aligned and the steering is imprecise. The automobile travels erratically at low speeds and is, at best, uncontrollable at higher speeds. Tires and other parts wear due to unproductive friction and the vehicle fails repeatedly, requiring maintenance in order to travel at all—and offers an unpleasant ride for all aboard.

Now just imagine that at each corner of the enterprise we have not wheels and tires, but key elements of the academic medical

center: the academic programs of the medical school, the teaching hospital, the faculty practice plan, and the university. Well aligned, they work well, tied together by their respective leaders into a well designed, engineered, and executed enterprise. Misaligned, each key element “fights” with the other, creating undue friction, wear, and tear, requiring excessive maintenance, and limiting the capacity of the enterprise to move forward efficiently and effectively. From the perspective of the outside observer (including the competition as well as potential students, faculty, and supporters) it an uncomfortable thing to watch as it tries to move “down the road.”

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.<sup>2</sup> 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 on 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.

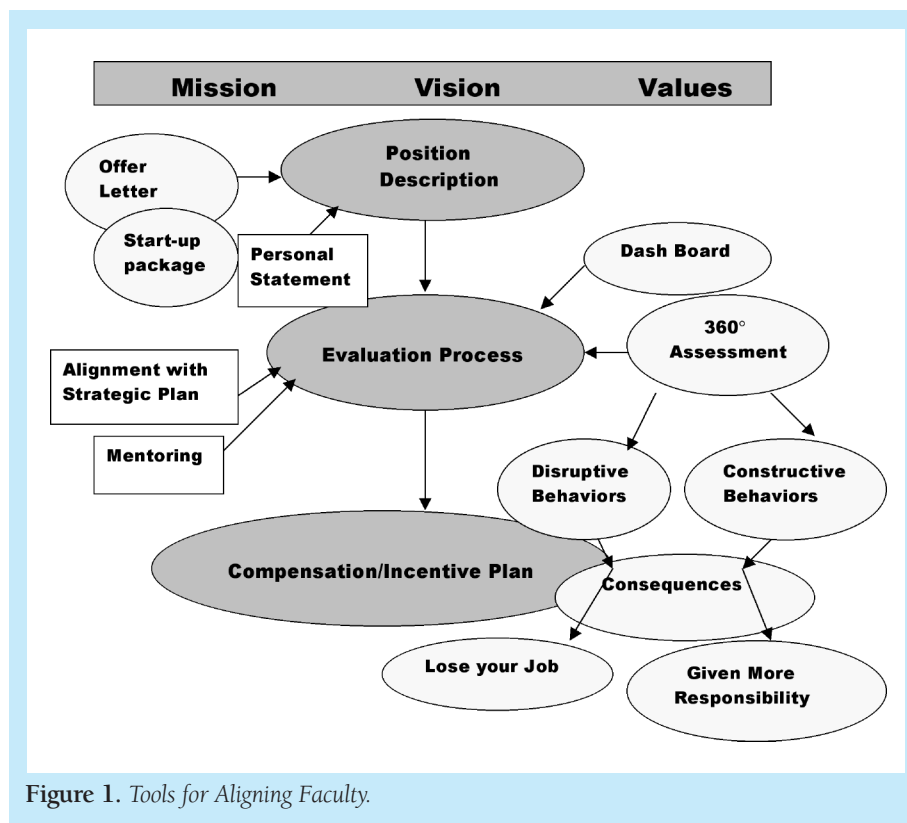


Figure 1. Tools for Aligning Faculty.

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. Not only does such a process accelerate knowledge acquisition and skill development, but it also fosters the bonds that give organization strength and resilience to work effectively during challenging times.

### 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.<sup>3</sup> Some of these include:

- ❖ Research funding in both absolute terms and in dollars per square foot
- ❖ Relative value units (RVUs)
- ❖ Faculty and staff turnover rates
- ❖ Patient and employee satisfaction statistics
- Student and resident performance on standardized tests

### 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 organization's ultimate failure. Great benefits may come from such techniques when the dean and the hospital CEO are in alignment. Tying their incentive compensation rewards together may be an effective means of accomplishing organization objectives.

Similarly, incentive compensation plans that tie the success of the medical school's chief administrative officer (business and

finance) and practice plan director to the hospital's CFO and managed care/reimbursement contract officer can promote similar collaboration. Such constructs encourage these players to spend time and energy working for common goals rather than in efforts to divide a finite “pie.” We act on the performance of our leaders in a timely and meaningful way. We reward success, not only with pay and recognition, but often by giving increased or additional responsibility; and we punish poor performance by not rewarding it economically, and often by removing duties and responsibility.

### Conclusions

Failing to apply or misusing tools to achieve progress often leaves organization leaders frustrated, exhausted, and discouraged. Similarly, it leaves the faculty confused, angry, and disenfranchised. When applied properly and skillfully, however, it is a beautiful thing to watch. The organization travels forward rapidly and smoothly, outdistancing its competitors year after year, attracting and retaining the best and the brightest to its ranks. ❖

### Notes

1. Collins J. *Good to Great, Why Some Companies Make the Leap ...and Others Don't*. Harper Collins, 2001.
2. Bland C et al. *The Research-Productive Department; Strategies from Departments That Excel*. 2005.
3. Elger WR. Managing resources in a better way: a new financial management approach for the University of Michigan Medical School. *Acad Med* 2006;81(4):301-305.