

Are Search Committees Really Searching?

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ABSTRACT

Academic chair searches are admittedly a labor-intensive process, but they are made more difficult and often lead to less-than-optimal outcomes because search committees spend their time “advertising,” “looking,” but not truly searching for academic chairs. At the onset, certain “realities” must be acknowledged, including (1) understanding that unless your organization is renowned in the specialty for which you are conducting the search, candidates won’t be pounding at your door for a job, (2) searches that fail to include an overall assessment of the department in question are likely to miss the mark, (3) chairs must have demonstrated not only clinical expertise but also business savvy, (4) the best candidate is not necessarily someone who is already a department chair,

(5) when it comes to chair searches, it’s a buyer’s market, and (6) the search process is inextricably linked to the success of the search. Key to the process of conducting an academic chair search are the judicious formation of the search committee; committee members’ willingness to do their homework, attend all committee meeting, and keep the committee’s activities confidential; crafting, not revising, the current job description for the open chair position; interviewing viable candidates rather than all candidates and adhering to a coordinated interviewing process; and evaluating internal and external candidates according to the same parameters.

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Creasman struck a chord when he wrote “Is This a Way to Choose A Chair?”¹ He suggested that the “current system is in major disarray” and should “either be scrapped and started over again from scratch or undergo a major overhaul.”

I couldn’t agree more and, at the risk of belaboring the point, would suggest that the fundamental problem is that all too often search committees are “advertising”—“looking,” but not truly searching, for academic chairs. To some extent, it’s understandable—for virtually all search committee members, it becomes an “add-on responsibility.” As a result, as Creasman notes, searches often become unnecessarily protracted, and they become passive exercises, relying primarily on advertising in specialty journals for the open chair position.

The painful truth is that successful chair searches are a labor-intensive process. Successful chair searches are both

passive (e.g., Web-site searches and placing journal postings) and, most importantly, active searches that involve picking up the phone, talking to colleagues, following up on leads, and working the search. In short, chair searches are a huge undertaking and must be acknowledged as having priority by those involved. That said, a number of other “realities” must also be considered if a chair search is to have a successful outcome.

REALITY CHECK

Any organization that has gone the “passive” route probably recalls the search process as being quite painful. And, in many cases, the end result was less than satisfactory. Any organization embarking on a search or aware that a department chair will be leaving within the next year or so would be well advised to pause for a reality check.

Reality #1. Unless your institution is renowned and/or the organization’s clinical specialty for which you plan to conduct the chair search is renowned, candidates won’t be pounding at your door for the job. As painful as it may be to acknowledge, unless you are a “market leader,” the success of your search will depend on your ability to uncover the prized candidate—he or she won’t simply appear on your doorstep one day.

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Reality #2. Academic chair searches that fail to include an overall assessment of the department in question are likely to miss the mark. Without exception, when a chair becomes vacant or is expected to open up in the next one to two years, the first step in the search process must be a SWOT (strengths, weaknesses, opportunities, and threats) analysis of the department for which a chair is or will be sought. Further, this analysis must be conducted from the perspective that the department, in today's health care world, is actually a strategic business unit. This strategic analysis is equally important for clinical chairs and basic science chairs, because increasingly both clinical and non-clinical departments are entering into or seek to enter into partnerships with biotechnology and other related enterprises. As a result, these departments must be ever-vigilant about ensuring they measure up from a business perspective.

Among the specifics that must be assessed are:

- The department's reputation and market share (local, regional, national, international)
- The department's referral base
- Other factors affecting the department's financial health (e.g., hospital system or medical school financial health)
- How aligned the department's goals are with the school's/hospital's strategic plans
- Academic reputation of the department
- How the department compares with the competition in terms of basic and clinical research activity

This due diligence is essential to the process of identifying what type of candidate will be the best fit for the position. Perhaps not surprisingly, the worse the results of the SWOT analysis, the stronger leader the chair will need to be, which leads to the third reality that must be considered.

Reality #3. It is no longer enough for chairs to have demonstrated track records in clinical, research, and teaching realms. As noted earlier, academic departments are no longer just clinical or scientific bastions, they are business units. For that reason, academic chairs must add to their lists of competencies a firm grasp and experience in the "business of medicine and health care." This is becoming more common as an increasing number of physicians are returning to the classroom for their MBAs or attending professional society programs designed to hone their financial and other business skills. Still, the credential or certification is not enough. They need the hands-on business experience among their lists of accomplishments to be strong contenders for a chair position.

And, no less important is the need to identify individuals who have leadership skills, including the ability to craft a vision and inspire others to turn that vision into a reality. This is not something that can be determined by the length of one's curriculum vitae. It is an attribute that is identified by listening carefully to the candidate and his or her references.

Reality #4. The best candidate is not necessarily someone who is already a department chair. Often, search committees limit their searches to existing chairs—hoping to entice these individuals to greener pastures. In reality, for many specialties, the pool of existing chairs who are willing to jump ship is relatively small. Further, there is merit in considering "up and comers," who may be poised for greatness. Division chiefs and heads of residency programs are often where future superstars can be found.

Reality #5. When it comes to chair searches, it's a buyer's market. This point was made earlier but merits elaboration. With the exception of superstar institutions or departments, you must "sell" your chair position. A question that the search committee must take the time to answer honestly at the onset is this: "Why would someone be interested in this position?" If that question can't be answered, the search is going to go nowhere fast. Another point—throwing money at your "dream candidate" will rarely work. Certainly, money talks, but its allure will rarely be so great that other critical factors about the organization, the department, or the job will be overlooked.

Reality #6. Process is everything. Process is what makes searches work. Lack of process is what makes them fail. Following are some of the process components that must absolutely exist:

- Search committees should be formed judiciously. To some extent, bylaws may govern a search committee's composition, but ideally, search committees should have no more than a dozen members. As Creasman suggests in his article, among the search committee members should be a representative of the department for which a chair is being sought. This individual, however, should not serve as a conduit of confidential information back to departmental faculty. This individual's role is to ensure the search committee has sufficient insight into the specific clinical or scientific discipline to make an informed decision about the next chair. It is key when forming the search committee to separate "political interests," where someone "just feels they should be on the committee," from "true interests." By "true interests" I am referring to cases where an individual chairs another department and interacts closely with the department for which the search is being conducted. For example, it is certainly appropriate for the chair of orthopedics or neurology to request to serve on the search committee for the chair of physical medicine. A word of warning—interim or acting chairs should not serve on the search committee because they likely lack the needed objectivity. Executive search firm publications and Web sites can be a good resource for defining the roles and responsibilities of search committees.
- Search committees must adhere to the rules of the game. At the onset, search committee members must agree to do their

homework, attend all meetings, keep search committee activities confidential, and refrain from "premature back-door reference checking." Early on, of course, the candidates will typically supply references that won't jeopardize their confidentiality. This is standard practice. Back-door reference checking, however, becomes appropriate only once the committee has narrowed the slate to one or two candidates. At this juncture, it is appropriate to let the candidate(s) know that no potential reference will be considered off-limits. A serious candidate will understand that this due diligence is essential and recognize that his or her superior, and most likely the medical school dean, will need to be contacted at this point.

- The "job description" for the chair should be crafted, not revised, at the initiation of the search. If you've seen one chair of medicine, you've seen one chair of medicine. In other words, a generic or old job description is a dangerous place to start. Based on the SWOT analysis discussed earlier, different departments at different points in their evolution require different types of leaders. By developing a new job description, you will have a better grasp of whether you need a "builder"—someone who can grow the department, attract top-notch specialists, etc—or a "maintainer." It is important to emphasize that when defining the "ideal" candidate, it is dangerous to seek someone who will bring strength to a subspecialty in that department (e.g., seeking a pediatric endocrinologist for a pediatrics chair with the intent of strengthening the subspecialty). The danger is this: Although the chair will certainly have some clinical responsibilities, he or she is being hired to lead the entire department, not to grow a subspecialty. To ensure that the job description developed is realistic, reasonable, and comprehensive, it should be developed by departmental representatives and search committee members, in close cooperation with the dean of the medical school.
- First interviews should be serious interviews. Again, this is a point made in Creasman's article and an extremely important one. It is an absolute waste of time for search committees and candidates when every conceivable candidate is brought in for a "look." It is unlikely that any involved has the luxury of spending time on this cursory exercise. Narrow the field to those who seem as if they are truly viable candidates first. Then, charge one member of the search committee with the initial preparatory steps described in the next section (preparing candidate dossiers), which will arm the entire committee with the information it needs to select those to be interviewed.
- Internal candidates should be evaluated using the same parameters and methods as external candidates. A fair comparison of internal versus external candidates is possible only if the evaluation process is the same. To this end, it is advisable for all search committees to charge one

member of the committee with assembling candidate dossiers for all viable candidates. Those dossiers should include the candidate's curriculum vitae, interview notes (a single individual should conduct all preliminary telephone interviews), reference check notes, and a completed evaluation form built off the job description that evaluates how closely the individual matches the job specs. When internal candidates are considered more casually than the others, their accomplishments and strengths (as well as the converse) are often overlooked.

- Interviews must adhere to flawless agendas. It is ironic how some search committees are process-driven until it comes time to conduct candidate interviews, when this is actually the point where process is critical. One member of the search committee should be "assigned" the responsibility of coordinating the candidate's interviews. This person or his or her designate should attend to all the logistics (e.g., travel arrangements) as well as assume responsibility for scheduling the interviews. Remember, you are "selling" the job, which means rolling out the red carpet. Logistics, amenities, and all other aspects of the interview experience must be flawless. It is important that the roster of interviewers extend beyond the search committee and include other key players, such as the dean of the medical school or the hospital CEO. This is important for the simple reason is that serious candidates will want to know how serious the medical school and/or hospital are about the future of this particular department. If senior executives from these entities aren't involved in the interview process, the candidate may conclude the department is considered unimportant in the big picture. (An important point here—if the dean doesn't provide adequate leadership, direction, and resources during the search process, the process will likely be more arduous and the outcome will possibly if not probably be less successful.)

THE TIME-COST EQUATION

Some organizations choose to conduct chair searches themselves, while others engage executive search firms. The choice is often predicated on weighing the financial costs involved. As Sherertz notes in her article "Any Analysis of Recruitment Costs Pays Off," taking into account in-kind expenses, the cost of a typical national search for a department chair, when the search is conducted internally, is about \$63,000.² Such costs are largely attributable, Sherertz says, to faculty time involved in reviewing CVs, interviewing, and interacting with candidates, as well as advertising, transportation, lodging, and related expenses. She further notes it is difficult to quantify how the cost compares to the costs of searches conducted by outside firms because executive search firms may focus on bringing in fewer

candidates for onsite interviews, which could reduce expense reimbursements and "in-kind" costs of faculty time.

I would argue that the real issue is not whether searches should be done internally or by engaging a search firm. Rather, it is an issue of whether those involved in the process have the commitment, the knowledge, the necessary checks and balances, and, above all, the time to fill the vacant position with someone who will lead the department in

question to new heights. In other words, are those individuals prepared to put the search back into the process?

REFERENCES

1. Creasman WT. Is this a way to choose a chair? *Acad Med.* 2001; 76:1032-4.
2. Sherertz EF. Any analysis of recruitment costs pays off. *Acad Physician & Scientist.* 2001;March/April:1-5.

Cover Note

FINCH UNIVERSITY OF HEALTH SCIENCES/THE CHICAGO MEDICAL SCHOOL

The Chicago Medical School (CMS) has been educating physicians and furthering biomedical research for 90 years. Established in 1912, its physician and citizen founders aimed to build a combined medical school and hospital in which employed men and women could study medicine at night, a common practice at the time. The school's noteworthy period of development took place under the direction of John J. Sheinin, MD, PhD, who served as dean and president from 1932 to 1966. It was during his administration that CMS successfully met the challenges arising from the revolutionary restructuring of American medical education following the Flexner Report.

In 1930, the school moved to what was to become one of the world's largest aggregations of medical facilities. Located just west of downtown Chicago, this complex contained three medical schools; seven hospitals; colleges of dentistry, pharmacy, and nursing; and two undergraduate universities. CMS occupied an 11-story facility in the renowned research and educational center.

In 1967, the University of Health Sciences (UHS) was established. The University was composed of The Chicago Medical School (CMS), The School of Related Health Sciences (SRHS), and The School of Graduate and Postdoctoral Studies (SGPDS). In 1980, the University relocated to its current campus in North Chicago, Illinois, adjacent to the North Chicago Veterans Affairs Medical Center. In 1993, the institution was renamed for its long-time leader and Chairman of the Board of Trustees, Mr. Herman M. Finch. Finch University of Health Sciences, granted full accreditation by the North Central Association of Colleges and Schools in 1980, represents one of the first educational institutions in the country devoted exclusively to educating men and women for a broad range of professional careers in health care and research. In 2001, The Dr. William M. Scholl College of Podiatric Medicine (established in 1912) became part of the University structure, which now includes four colleges.

In October 2002, Finch University opened its new Health Sciences Building, a 140,000-square-foot state-of-the-art facility that houses laboratories, auditoriums, classrooms, departmental offices, a student union, and the Feet First Museum, a one-of-a-kind exhibit dedicated to the structures of the feet and to the career of Dr. William M. Scholl. The University has also recently begun building for the first phase of student housing facilities, making the institution a residential campus for the first time.

Currently, the University enrollment is nearly 1,800, with the bulk of its students (738) enrolled in CMS. Major medical school affiliations include North Chicago Veterans Affairs Medical Center, Mount Sinai Hospital and Medical Center, and Lutheran General Hospital.

The University's clinical campus consists of the North Chicago Veterans Affairs Medical Center, University Clinics, Women's Health Center, and the Diamond Headache Clinic; these facilities have been established to provide primary health care service to the local community. Research units include the Heather Margaret Bligh Cancer Research Laboratory.

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