Academic Health Sciences Center - Joint Strategic Planning

Faculty and Leadership Development Workgroup

Interim Report

February 22, 2008

Workgroup

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Introduction

The charge of the Faculty and Leadership Development Workgroup is to: “Develop a strategic plan for faculty, leadership, and institutional development over a five-year period that provides tools, opportunities, and incentives to help ensure the success of each individual, department, and the Academic Health Sciences Center.” Sound leadership and faculty development strategies are critical to enhancing the excellence and world-class status of the medical school, clinical system, and the Academic Health Sciences Center as a whole. It is essential that the leaders and faculty of the Academic Health Sciences Center agree on a definition of excellence that is clearly articulated and understood as well as widely accepted and practiced throughout every department within UMass Medical School (UMMS) and UMass Memorial Health Care (UMMHC).

This Interim Report includes the workgroup’s guiding principles; a summary of its activities; and a description of its key strategic initiatives. The report concludes with the Academic Health Sciences Center – Joint Strategic Planning Template for Workgroups, which further outlines the team’s key findings and recommendations.

Guiding Principles

The workgroup began its efforts by developing a list of guiding principles. The workgroup will continue to refer to its guiding principles to ensure that its discussions and recommendations remain aligned with the philosophies and values it has identified as important.

As the workgroup develops its strategic plan, its guiding principles are to:

- support the missions, goals and objectives of UMMS and UMMHC;
- ensure that faculty and leadership development is expected, valued, measured and integrated throughout the Academic Health Sciences Center;
- develop a unique UMass model for faculty and leadership development that emphasizes mentoring, team leadership and team development;
- foster the ideal of life long learning;
- promote recruitment, development and retention of diverse faculty, staff and leaders who exhibit behaviors that reflect a high regard for diversity; and
- support and recognize leadership, performance excellence and innovation in the areas of teaching, research, clinical practice, and public service.

Leadership Development

In discussing leadership development, the workgroup agreed that the medical school and clinical system should share the same expectations of their leaders in terms of skills, behaviors, abilities and attitudes, referred to by the workgroup as “leadership
The workgroup recommends that agreed upon leadership competencies be designed to reflect “superior” rather than “average” performance. The leadership competencies, which have already been developed independently by UMMS and UMMHC are similar. The workgroup recommends that we integrate the two sets of competencies as much as possible. The workgroup believes that the development of a common set of leadership competencies would be the first step toward developing a comprehensive leadership development effort across all departments within the Academic Health Sciences Center (AHSC). To help jump start that process, the workgroup prepared a side-by-side comparison of leadership competencies at UMMS and UMMHC. The comparison appears in Attachment A of this report.

As suggested by the Center for Creative Leadership (CCL), the workgroup defines leadership development as “the expansion of a person's capacity to be effective in leadership roles and processes... [which]... enable groups of people to work together in productive and meaningful ways (McCaughey et al, 4.)” The CCL recognizes the importance of connected leadership, which “views leadership holistically, as an inclusive and collective activity shared by many, if not all, organizational members.”

**Faculty Development**

The workgroup defines faculty development as activities that contribute toward a faculty member's growth throughout his/her career and professional life. Faculty development activities include, but are not limited to, mentorship programs, coaching, skills workshops, fellowships, certifications, continuing education, degree granting programs, performance feedback, formative assessment and evaluation, 360 evaluation, on-line learning, simulation learning, sabbaticals and portfolio development.

To enhance learning, the workgroup recommends that faculty core competencies and stretch goals be developed to reflect the importance of establishing a broad, cross-disciplinary, cross-institutional “community of learning” among faculty. Similarly, the workgroup recommends that the competencies cut across all four missions of the AHSC: education, research, clinical and public service. However, because the clinical system will continue to maintain the clinical credentials of faculty (primarily through Continuing Medical Education and credentialing), the workgroup does not recommend that the newly developed core competencies and stretch goals include specific clinical competencies. Instead, the workgroup recommends the development of clinical core competencies and stretch goals that focus on “clinical expertise.” The workgroup defines clinical expertise as clinical innovation, and/or the application of new innovative approaches to clinical activities.

**Key Strategic Initiatives**

The Workgroup recommends the following three key strategic initiatives described below: 1) establish a Faculty and Leadership Development Advisory Team; 2) establish a Center for Faculty Development (Center); and 3) develop a Leadership Institute (Institute).
1. Establish a Faculty and Leadership Development Advisory Team

The Faculty and Leadership Development Advisory Team will insure that all faculty and leadership development activities and initiatives are aligned with each other and the core mission and strategic direction of the AHSC. The Team will support a unique UMass model that integrates faculty and leadership development initiatives throughout the AHSC departments and schools, the Office of Faculty Affairs, Human Resources, the Office of Research, the Clinical and Translational Science Award Program, and the Quantitative Health Sciences Program. The Team will advise the Center for Faculty Development (see Strategic Initiative #2) and Leadership Institute (see Strategic Initiative #3) on all matters associated with faculty and leadership development. Additionally, the Team will work in collaboration with the Center and Institute to develop and promote contemporary competencies expected of faculty and leaders as they perform their roles within the complex environment of the AHSC.

2. Establish a Center for Faculty Development

The Center for Faculty Development will develop and implement a plan to link resources across the AHSC to enhance the ability of faculty at all levels to achieve performance excellence. The Center will: 1) develop and maintain a common set of faculty core competencies and stretch goals; 2) establish an inventory of faculty development resources; 3) identify gaps, synergies and opportunities related to faculty development; and 4) advise key leaders at UMMS and UMMHC on faculty and leadership development. The Center will ensure that all full-time, part-time, junior, mid-level and senior faculty have opportunities to excel in the areas reflected in the faculty core competencies and stretch goals. In doing so, it will develop and implement programs, processes and tools that will help faculty meet their learning and development needs associated with: 1) teaching; 2) research; 3) administration; 4) clinical expertise; 5) personal and professional activities; 6) public service and community engagement; and 7) mentoring.

3. Develop a Leadership Institute

The Leadership Institute will develop and implement programs, processes and tools that facilitate leadership and team development across the AHSC. The Institute will: 1) develop and maintain a common set of leadership competencies and ensure that they are communicated, clearly understood and used by all departments within the medical school and clinical system; 2) establish an inventory of leadership development resources; 3) identify gaps, synergies and opportunities related to leadership and team development; 4) ensure that all leadership development efforts throughout the AHSC are linked to the extent feasible; 5) offer training in areas such as strategic planning, constituency building, team leadership and membership, resource management, communication, supervising, delegating, fund-raising, and self-awareness; 6) align activities with the recent recommendations of the Women’s Leadership Planning Group and the Minority Faculty Subcommittee of the CEO; and 7) advise key leaders at UMMS and UMMHC on leadership development matters.

The workgroup’s findings and recommendations are further summarized in the Joint Strategic Planning Template below.
**Academic Health Sciences Center – Joint Strategic Planning Template for Workgroups**

**Workgroup Name:** Faculty and Leadership Development

**Workgroup Charge:** (Document the charge that has been approved by the Strategic Planning Taskforce.)

Develop a strategic plan for faculty, leadership, and institutional development over a five-year period that provides tools, opportunities, and incentives to help ensure the success of each individual, department, and the Academic Health Sciences Center.

<table>
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<tr>
<th>Key Strategic Initiative</th>
<th>Rationale</th>
<th>Measurements for Success</th>
<th>Owner(s)</th>
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<td><strong>(Outline “what” the key high-level strategies will be in support of achieving the workgroup charge. Ensure that the strategies also align with the vision. Be sure that the workgroup is highlighting strategies – the “what”-- not the “how”, which are tactics.)</strong></td>
<td><strong>(Define the rationale for establishing the strategic initiative. Explain “why” the strategic initiative will support both the workgroup charge and the overall vision in terms of:</strong></td>
<td><strong>(Determine clear, quantitative and qualitative measures that will illustrate that the strategic initiative has been achieved.)</strong></td>
<td><strong>(Name an owner(s) for each strategic initiative, if applicable. Owners will have responsibility for developing the “tactics”—identifying the “how”—when these strategies move forward into an operating plan.)</strong></td>
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| 1) Establish a Faculty and Leadership Development Advisory Team | • Ensures that all faculty & leadership development activities & initiatives are aligned with the core mission & strategic direction of the AHSC.  
• Contributes toward the integration of training & development initiatives throughout UMMS & UMMHC; links/leverages the benefits of existing & proposed faculty & leadership development initiatives.  
• Provides a forum for discussion. | • Faculty & leadership development initiatives are well aligned with the core mission & strategic direction of the AHSC. | UMMS Office of Faculty Affairs |
| 2) Establish a Center for Faculty Development (Center) | • Provides valuable advice on faculty development to key leaders & committees within the AHSC. | • By September 2009, the following will have been achieved:  
  o A plan is developed that outlines the Center’s tasks & | UMMS Office of Faculty Affairs |
- Provides a common framework & standards for faculty development (e.g., mentoring, promotions & tenure).
- Enables excellence in faculty development & retention.
- Provides a core set of faculty development materials, tools & resources to all departments within the AHSC.
- Develops faculty competencies & stretch goals that are aligned w/ the business strategies of UMMS & UMMHC, thus enhancing the AHSC’s ability to achieve its goals.
- Ensures high-quality performance, excellence & leadership among all faculty in their multiple roles (as teachers, researchers, clinicians, leaders and members of the community).
- Results in retention of high-quality and diverse faculty.
- Ensures consistency among faculty development related materials, tools and resources.
- Promotes interactions across the medical school and clinical system that foster collaboration among faculty and staff with shared interests and goals.
- Ensures the development of an internal timeline.
  - An inventory of faculty development resources is developed.
  - Faculty core competencies & stretch goals are established & agreed upon.
  - Gaps, synergies & opportunities related to faculty development are identified & addressed.
- The Center’s programs & tools effectively meet learning & development needs identified via faculty surveys and address needs associated w/ teaching; research; administration; clinical expertise; personal & professional activities; and public service.
- Participation in Center programs include individuals from areas across the AHSC & include all constituencies, i.e., junior & senior faculty, and part-time & full-time faculty.
- Goals met effectively and in a timely manner w/ regard to:
  - Workshop attendance
  - Participation in mentor/mentee program
| 3) Develop a Leadership Institute (Institute) | • Develops leadership competencies that are aligned with the business strategies of UMMS & UMMHC, thus enhancing the AHSC’s ability to achieve its goals.  
• Provides a core set of leadership development materials, tools & resources to all departments within the AHSC.  
• Results in more educated, accountable & diverse leaders.  
• Develops leaders that value and support diversity.  
• Ensures effective chair development & succession planning.  
• Fosters achievement of AHSC missions.  
• Links/leverages leadership development efforts across UMMS, UMMHC & other UMass campuses.  
• Provides valuable advice on leadership |  
By September 2009, the following will have been achieved:  
• A plan is developed that outlines the Institute’s tasks and timeline.  
• The UMMS & UMMHC leadership competencies are merged and agreed upon.  
• Leadership competencies are communicated, clearly understood and used by all departments within the medical school & clinical system.  
• An inventory of leadership development resources is developed.  
• Gaps, synergies & opportunities related to leadership development are identified & addressed. | UMMS Office of Faculty Affairs |
| development to key leaders & committees within the AHSC. | • Leadership development efforts throughout the AHSC are linked & leveraged.  
• Goals are met effectively and in a timely manner w/ regard to the proportion of leadership positions filled by women and diverse faculty. |
Dependencies: (Note any dependencies that exist to successfully complete the strategic initiative. Dependencies could exist between strategic initiatives, outside the workgroup, within the broader institution; require another team to complete work before a particular strategic initiative can be completed, etc.)

Reporting Relationships

Chancellor
UMMS

Executive Deputy Chancellor
Provost & Dean
School of Medicine UMMS

Vice Provost
Office of Faculty Affairs

Associate Vice Provost
Office of Faculty Affairs

Director
Center for Faculty Development

Director
Leadership Institute

CEO
UMMHC

President, UMass Memorial Medical Center

Team Leader
Faculty & Leadership Development Advisory Team
1. Reporting relationship dependencies exist among the entities established by the three key strategic initiatives, as illustrated in the organizational chart above.

2. The strategic initiatives assume that the UMMS Office of Faculty Affairs (OFA) and the UMMS & UMMHC offices of Human Resources will participate as part of a “pre-planning” group that designates leaders for the Faculty and Leadership Development Advisory Team, Center for Faculty Development and Leadership Institute.

3. The recommended timeframe for the measures listed above assume that the Faculty and Leadership Development Advisory Team, Center for Faculty Development and Leadership Institute will begin their work by no later than September 2008.

4. Approved and supported budgets are needed for the Faculty and Leadership Development Advisory Team (Strategic Initiative #1), the Center for Faculty Development (Strategic Initiative #2) and the Leadership Institute (Strategic Initiative #3). Sufficient resources are required for human resources and technology, e.g., teleconferencing capabilities.

5. The success of the key strategic initiatives is dependent on the availability of technology-based learning tools, including but not limited to web-based tools and simulation.

6. An opportunity as well as interdependency exists (or should be developed) between the three proposed entities and other leadership and faculty development activities in place throughout the UMass system. These strategic initiatives should be linked to programs at UMass campuses outside of Worcester to share resources and best practices and to take advantage of potential multi-campus grant and other funding opportunities.

7. The success of the Center for Faculty Development (Strategic Initiative #2) is dependent on how well the Center is able to: 1) align its efforts with the Research Strategic Plan; and 2) link existing and proposed research training programs such as the Clinical and Translational Science Award program and the Quantitative Health Sciences program.

8. For the Center for Faculty Development to be successful, faculty must have allotted the time to participate in the programs offered by the Center. The AHSC must address the unique demands of both basic and clinical faculty to support time for these career development tasks.
### Risks/Constraints:
(Highlight any inherent risks to the successful completion of the strategic initiative(s) considering questions of what stands in the way of success, how difficult will this be to implement?)

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<td>1.</td>
<td>Lack of incentives for staff to participate in faculty development or leadership development activities.</td>
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<td>• Identify potential options for incentives and incentive systems; evaluate the options; and implement selected incentives. Options to review include, but are not limited to:</td>
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<td>o Establish designated time for faculty to participate in faculty development and leadership development activities and provide financial support for the time designated for these activities.</td>
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<td>o Recognize staff for the time and effort they invest in faculty and leadership development activities.</td>
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<td>o Provide faculty w/ Relative Value Units (RVUs) or implement a similar point system that “incentivizes” faculty to participate in faculty development and leadership development activities. A point system may be more powerful an incentive than setting aside protected time for these activities.</td>
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<td>2.</td>
<td>The faculty and leadership development activities need to be well aligned with performance evaluation standards. However, performance evaluation tools used throughout the AHSC are inconsistent.</td>
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<td>• The Faculty and Leadership Development Advisory Team, Center for Faculty Development and Leadership Institute will ensure that the leadership competencies, core faculty development competencies and stretch goals, performance evaluation standards and faculty and leadership development activities are well aligned and consistent throughout the AHSC.</td>
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<td>3.</td>
<td>Lack of support staff would jeopardize the success of all three strategic initiatives.</td>
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<td>• Ensure that the budgets for each of the three strategic initiatives include sufficient funding for administrative support.</td>
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<td><strong>4.</strong> Complex governance (see org chart above); the Faculty and Leadership Development Advisory Team, Center for Faculty Development and Leadership Institute must meet the needs of two separate institutions (UMMS and UMMHC).</td>
<td>The Faculty and Leadership Development Advisory Team will ensure that: 1) all faculty and leadership development activities and initiatives are aligned with the core mission and strategic direction of the AHSC; and 2) a fair balance of development opportunities and activities exist for staff throughout both institutions.</td>
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<td><strong>5.</strong> Lack of sustained and adequate financial support.</td>
<td>Provide the Faculty and Leadership Development Advisory Team, the Center for Faculty Development and the Leadership Institute with sustained and adequate financial support.</td>
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<td><strong>6.</strong> Lack of appreciation among leadership, faculty and staff of the value of leadership and faculty development activities and diversity.</td>
<td>Ensure uniformity of incentives for current leadership that include measurable achievements on increasing faculty and leadership development in their teams.</td>
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<td><strong>7.</strong> Lack of appreciation of the value of diversity among leadership, faculty and staff at all levels.</td>
<td>Create incentives for current leadership that include measurable achievements on increasing faculty and leadership diversity in their teams.</td>
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