

Selecting Leaders

(In Whose Image?)

The Dilemma:

Currently, in the School of Medicine, many leaders are selected for their outstanding scientific reputation, recognizing that excellence in science and research are valued and essential components of a faculty appointment. These criteria provide leaders with professional credibility but do not guarantee visionary leadership or outstanding organizational management.

Discussion Questions:

- What do we want/expect from our leaders in the School of Medicine? How does this vary in the basic or clinical science departments or programs?
- How does the priority we put on scientific vs. administrative talent in making leadership appointments impact the School of Medicine? If our priorities are not serving the School, why are we getting this wrong and what can be done about changing it?
- What would it take for scientists and faculty at an institution like Stanford to follow a leader who may not also be a great scientist?



Training and Developing Leaders

(Why Would Anyone Want This Responsibility?)

The Dilemma:

Currently, we do not apply a consistent or programmatic approach to leadership development in the School of Medicine, and there is a belief that the cost to individuals for taking on leadership responsibility is greater than the rewards.

Discussion Questions:

- What will it take for leadership training and development to become important and valued activities in the School of Medicine?
- What conditions need to be in place to encourage individuals to participate in leadership training and development?
- Given that there is a belief that taking on a leadership role can have a negative impact on one's academic career, how will great leadership skills and practices ever become core values in our culture?



Leading with Limited Resources

(Doing More with Less)

The Dilemma:

Historically, we have been able to offer new leaders rich packages that included space, billets, and support. However the School of Medicine is now (and will continue to be) faced with serious constraints on these very resources which have been used to attract both internal and external candidates to leadership roles.

Discussion Questions:

- What alternative organizational structures and strategies can we employ in an environment of scarce resources and still remain attractive/competitive with our peer institutions?
- What can we offer new leaders beyond space and billets to attract them to leadership roles and enable them to be effective leaders?
- What assumptions do we make about faculty needs, and how do those assumptions constrain our thinking about what is possible in the future? What could we do differently if those assumptions were not true?

For example:

Is it true that faculty will not share space and equipment? Can we adopt a different model of space allocation (e.g. such as the approaches in biochemistry and developmental biology). What are the advantages and disadvantages of these models?

Can we build strong Stanford School of Medicine programs by creating different alignments with faculty from other schools, other Universities, non-Stanford scientific partners, and members of industry?

Is the current department/division structure the best model for our future? What are some possible alternatives?



Citizenship

(Are Citizenship and Academic Success Mutually Exclusive?)

The Dilemma:

There are a large number of voluntary activities that are essential to both run the enterprise and create a culture of collaboration and excellence. However, our current culture seems to encourage individuals to do only those things for which they are paid or directly rewarded, and avoid activities which add value but are not tangibly rewarded.

Discussion Questions:

- What would it take for an institution like Stanford to truly value non-research contributions? What specific measures can be taken to reward leadership roles?
- What would it take to encourage good citizenship in an organization like ours?
- What needs to change in our culture to inspire members of our community to act in service to the greater community, especially if those activities do not add to one's C.V. or potential for advancement?



Different Paths to Success

(The MCL Question: Separate but Unequal?)

The Dilemma:

We say MCL and UTL are equally viable paths to success, but they are not really viewed as equally valued. Despite requirements for success within each path becoming increasingly similar, it is not clear how MCL faculty can fit all of the requirements for success into their day, or if they have the same leadership opportunities as UTL faculty in the School of Medicine.

Discussion Questions:

- How can senior faculty coach/support MCL faculty in developing successful careers in the School of Medicine?
- What are the leadership opportunities for MCL faculty in the School of Medicine and, if not equal to UTL how can this be changed? How can we bring MCL into the governance of the School of Medicine (appointments as chairs, recipients of endowed chairs)?



Creating a Culture of Professional Development

(Pipeline or Pipedream?)

The Dilemma:

Currently, there are limited resources or mechanisms in place to support many of our trainees and junior faculty in developing academic careers in the School of Medicine – some junior faculty have wondered; “What’s so attractive about being a junior faculty member at Stanford anyway?”

Discussion Questions:

- How can we (as an institution) help junior faculty be successful in their careers?
- How much (and what kind of) energy and resources are we willing to invest to ensure that we train and retain the best and the brightest faculty members for the School of Medicine?
- Some say we seem to have a bias against hiring from our own pipeline; others argue the opposite since more than half of our faculty in clinical departments came from Stanford. What are the advantages and disadvantages to being in our pipeline? What alternative strategies should we consider for developing, training and retaining our faculty – do we want to be in the business of developing talent for our peer institutions – or do we want to retain our own best and brightest?



Transitions to and from Leadership

(Retaining Institutional Wisdom and Knowledge)

The Dilemma:

Unlike many basic science departments, the tenure of the clinical chairs is not rotational and may produce the “professional chair syndrome” which can impede organizational and personal growth, as well as limit the emergence of new leaders. In addition, we do not have an exit plan for senior faculty (whether Chairs or not) who would like to ramp down, but not retire completely.

Discussion Questions:

- What are the implications for the emergence of new leaders? Is there anything we want to do about this? What would a different model look like?
- How do we allow individuals to have a productive transition from senior faculty member to something other than retirement that is a win-win for the School and the faculty member?



Diversity

(When?)

The Dilemma:

We have an institutional value about the importance of having a diverse faculty at the School of Medicine, but our faculty is not adequately diverse – this seems to be due in part to the fact that achieving “diversity” is not a leadership activity for which School of Medicine leaders are held accountable. In addition, it is likely that significant diversity of the faculty will only happen if the importance of having a diverse faculty is understood and shared by all members of the School community.

Discussion Questions:

- How can we make achieving diversity everyone’s responsibility?
- How do we help people understand that diversity is in everyone’s best interest at the School of Medicine?
- Some of our colleagues privately argue that in our efforts to meet our diversity goals we may inadvertently invite academic compromise. How can we ensure that this does not happen? What will it take to make this a topic we can discuss openly?

