Advancing Leadership Across the Health Sciences

10/19/18
EXECUTIVE SUMMARY

Each academic health center celebrates its own successes and faces its own unique challenges with regard to the status and advancement of its faculty and ability to navigate change and drive innovation. Loss of career opportunity for advancement is a top reason faculty leave intellectual capital rich industries, yet, leadership is the driving force for change. A proven factor in the success of many organizations is leadership development and training programs that empower leaders at all levels to navigate change. UCD Health needs a leadership pipeline through which health science faculty and trainees who aspire to academic careers can develop and prepare themselves for administrative roles that utilize their leadership attributes. We also need to develop leaders internally and promote from within. Thus, **the aspirational vision of the Office for the Advancement of Leadership (OAL) in the Health Sciences is to serve as a leadership innovation hub to develop, enhance, and support multilevel opportunities and paths to leadership for medical trainees, nursing post-doctoral scholars and all faculty in the Schools of Health**. "Making room" at the top for faculty leaders requires system change, intentionality, and establishing a pipeline to leadership -- the skills and ability to articulate an impactful vision, excite broad support, and effect transformational change.

The UC Davis Health strategic plan for an Office for the Advancement of Leadership (OAL) Across the Health Sciences (SOM, SON, SVM) aims to enrich the user's understanding of the state of leadership development for faculty in our schools of health-- including the critical needs of those who have traditionally been under-represented in leadership roles-- women and URM faculty-- by providing the context of a national perspective utilizing multiple data sources, referencing scholarly work from our own faculty and research experience, and identifying actionable strategic priorities resulting from a comprehensive strategic planning process held in August, 2017, with the objective of catalyzing evidence-based and experiential professional development opportunities for leadership in our schools of health.

Data and recommendations presented in this strategic plan were developed with broad consensus of a committee of health science leaders and are designed to equip those advocating for the advancement of faculty leadership in the health sciences with a baseline from which to examine institutional practice, advocate for four (4) identified strategic priority themes, and further support leadership scholarship to develop and support evidence-based approaches and best practices for leadership development. The strategic plan is also congruous with existing leadership initiatives at UC Davis Schools of Health and our Campus, including the Leadership Academy and CORO, and provides for synergy and integration with these programs and allows for sharing of resources across the health sciences for addressing current and evolving leadership needs.

WHY IS LEADERSHIP DEVELOPMENT IMPORTANT?
UCD Health needs a leadership pipeline through which faculty and health science trainees can

prepare themselves for administrative roles which often require expertise different from other academic roles. Many faculty do not have a leadership mentor, do not receive leadership preparation, and may not have the skills needed. The Office/Center for Advancing Leadership in the Health Sciences is meant to fill this gap. By advancing leadership opportunities and leadership training opportunities, including for women and URM in the health sciences, we fill critical leadership training gaps; advance the excellence and diversity that is so vital to achieving our academic missions; improve performance, retention, professionalism and collegiality; create a culture of development; and positively impact culture change by preparing leaders to help lead our future.

WHAT ARE THE CURRENT BARRIERS AND GAPS (as identified by the CORO survey)
1. Paucity of formal leadership programming and inventory of opportunities for leadership training, support, and development
2. High interest but poor motivation by faculty to take on leadership roles and participate in change, contribute to shared governance, and mentoring
3. Barriers to leadership due to time conflicts, financial disincentives, implicit bias, URM status, others
4. Lack of rewards for leadership, recognition, and visibility
5. Paucity of leadership experts with a diversity of perspectives and experiences to provide the customized leadership research and training solutions needed
6. Lack of broad access to faculty who traditionally have been under represented in leadership roles

WHAT ARE SPECIFIC PROGRAM GOALS?
1. Create a leadership hub (office or program) across the health sciences that serves as a clearing house and integrates and coordinates with other existing resources (local and national) including the Mentoring Academy, WIMHS, FDD, SON, SVM, CORO, ADVANCE, School of Management, AAMC, ELAM, and others
2. Build capacity for multilevel leadership across the health sciences
3. Increase leadership diversity and develop faculty leadership networks and cohorts
4. Address leadership succession planning, define pipeline expectations for internal/external development, determine appropriate balance for these
5. Create multiple paths and opportunities to leadership, incentivize participation in leadership development as a means to identify and prepare future leaders, including community leaders and partners, attract and ready URM faculty, and create a down pathway for leadership in academic health
6. Full institutional buy-in, commitment, and support from senior leaders in the Schools of Health to optimize success and impact
7. Program visibility (naming, web, prestige, showcasing, other) and maximizing faculty engagement (recognition, awards, alumni, sponsorship, endowments)

WHAT IMPLEMENTATION BEST PRACTICES WILL BE USED?
1. Inventory leadership opportunities and needs (internal, external, grants, centers,

committees, programs, bibliography, resources)
2. Utilize strategic, scripted, and proactive efforts with intentionality
3. Adopt an outcomes driven approach with success metrics and program evaluation
4. Allow sharing of resources across the health sciences for evolving leadership needs
5. Development strategy based on a 4 prong approach to content that is relevant, renewable, meaningful, and tailored to level of faculty leadership experience:
    a. Vendored on-line toolkit with easy to access, relaxed structure, flexible and up-to-date resources (e.g., Faculty Leadership Development CORO Toolkit – campus Academic Personnel or Schools of Health hosted version)
    b. Structured internally developed, prestigious, intensive, in person, experiential skill building learning utilizing enhanced career development and cohort-based programs delivered by expert faculty, high level administrators, skilled educators
    c. Structured external experiential professional development leadership opportunities guided by a systematic, competitive, equitable, and transparent eligibility, nomination and selection process for identifying promising leaders with selection tied to alignment of proposed faculty project with strategic schools of health priorities
    d. Hybrid model- structured program and informal sessions (faculty panels, workshops, interviews, Just-in time content, others)

WHAT ARE DESIRED PROGRAM OUTCOMES?
1. Increase the proportion of faculty engaged in multilevel leadership development across the health sciences
2. Address the under-representation of women and URM in upper level leadership vis-à-vis national benchmarks
3. Increase the proportion of health science trainees interested in entering careers in academic health sciences and becoming potential future leaders
4. Improve faculty retention and reduce departures and attrition, especially at early career stage
5. Foster and reward a culture of leadership development across the health sciences
6. Contribute to leadership scholarship and building the evidence-base for leadership development in academic health sciences
7. Enhance institutional innovation and performance through institutional action projects
8. Brand the UCD SOH as a national leader in Leadership Development in health sciences

STRATEGIC PLANNING PROCESS: A strategic planning retreat was held on August 18, 2017 in the Center for Health and Technology in Sacramento to solicit broad input and guidance in formulating the strategic plan for OAL. SOH leaders were invited to engage in a collaborative and consultative half-day strategic planning and needs assessment process to build the business case, and develop a sustainable and integrated strategic framework, for faculty advancement and leadership across the health sciences (SOM, SON, and SVM) at UC Davis.

Desired outcomes for the retreat were to: (1) raise awareness of the attendees and through the plan about important leadership issues facing all faculty; (2) highlighting critical needs for women and URM faculty; (3) develop strategic planning priorities for OAL; (4) identify actionable items; and (5) discuss sustainability and capacity. The planning retreat agenda consisted of an introductory power point presentation that reviewed the following topics: the SOM faculty leadership demographics; national data on leadership in academic health centers; barriers to leadership; a discussion of new models of leadership; and evidence-based best practices for leadership development in academic health sciences. The presentation was also informed by results of our NIH RO1 grant on biomedical careers for our institution specific data. (For details, please refer to the power point presentation provided in the Data Supplement section). Small group breakout sessions ensued to address each of four strategic priority theme areas, followed by a group presentations and discussion to help prioritize and integrate the concepts for action recommendations.

The planning retreat was attended by a diverse group of nearly 20 SOH leaders including faculty from the SOM, Betty Irene Moore School of Nursing, and SVM; faculty at all three academic ranks (Assistant, Associate and Full professor); senior leaders (Executive Associate Dean, Associate Dean, Dpt Chairs, and Division Chiefs); a Development officers; a Facilitator and an external Expert Consultant. (Please refer to the Data Supplement section for a full listing of strategic planning committee members).

STRATEGIC PLAN: The strategic planning process identified a clear institutional need for an Office for Leadership Inclusion (OAL) across the health sciences, including women and URM as critical need groups. The plan provides for specific actionable recommendations and a menu of curricular topics, but does not yet include curricular content to allow customization to meet the unique needs of participants from the schools of health.

The overarching GOAL of the Office of Leadership and Inclusion across the Health Sciences is to establish a sustained commitment to leadership opportunities for all faculty in the health sciences, including faculty in demographic groups with critical needs, by developing and retaining our talent, inclusion, and providing paths to leadership and career opportunities. ***Four (4) strategic priority themes, and corresponding goals, were identified in the strategic planning process as priorities for OAL, as follows:***

(a) On a yearly basis, track SOH leadership by gender and URM status (for Dean, VC, AVC, Assoc/Assist Dean, Dpt Chair/vice chair, Division chief, center director, major standing committee membership), report out, and benchmark against AAMC and AANC.

(b) Within 6 months of hire of faculty at all levels, require an assessment for leadership potential (via commercially available instruments, adapting program provided by the Graduate School of Management, or in one in use by SON) to identify early on in a faculty's tenure his/her leadership capacity

(c) Assist Dpt Chairs, Program, Center Directors, and others in identifying faculty with high leadership potential based on the leadership assessment inventory data.

II. <mark>Strategic Priority Goal 2: MULTILEVEL LEADERSHIP DEVELOPMENT</mark>

Workgroup members: Lydia Howell, John Pascoe, Amparo Villablanca

Issue: Organizational effectiveness is predicted by multilevel leadership development that incorporates leadership training and paths to leadership that are career stage appropriate (assistant, associate, and full professor); that address individual, network and organizational needs; and address the under-representation of women and URM faculty in leadership positions in our Schools of Health which currently fall below national benchmarks.

Goal 2-1: Leadership Scholars/Sponsorship:
To broaden faculty experiences, skills, exposure to leadership, and conduct of a high impact institutional action project OAL will competitively select candidates and with Dpts/School/other support co-sponsor 6-12 month leadership development experiences (15-20% effort) for 2-3 Leadership Scholars to be paired with leaders that are highly placed in the Schools of Health.

Goal 2-2: External Professional Development Programs for Women and URM faculty:
(a) On a quarterly basis OAL will identify, nominate, select and coach women faculty to be successful applicants to the AAMC or AACN early career (1-2) and mid-career (1-2) professional development programs for women and URM; yearly for ELAM (1) (executive leadership in academic medicine); and yearly (1) for UC CORO'S mid-career Women's Initiative for Professional Development (UC WI). [Engage prior AAMC, AACN and ELAM program graduates in participant selection, track applicant selection success, and future leadership roles].

(b) Within the first 3 years of AAMC, AACN or ELAM participant program completion, identify leadership opportunities for the school's graduates from the AAMC, AACN and ELAM career development programs in high level committees (admissions committee, faculty executive committee, and the like).

Goal 2-3: Internal Enhanced Leadership Development Program (ELDP):
(a) In order to leverage the 13 year retention advantage for women and URM provided by early career faculty who attend AAMC, AACN and ELAM career development programs, within 12-18 months develop an Enhanced Leadership Development Program (ELDP) that internally replicates the key and successful elements of the AAMC, AACN and ELAM programs [intensive, time sensitive and delivered prior in the high risk for departure timeframe (post appraisal), using a dedicated customized leadership curriculum; track retention and career satisfaction outcomes].
(b) Develop a menu of leadership development training topics to include 3 domains:
    i.   Interpersonal skills (e.g., active listening, conflict management, emotional intelligence)
    ii. Professional skills (e.g., budget, finance, negotiation, implicit bias, time management)
    iii. Fundamentals of Leadership at UC (e.g., academic senate, academic advancement, shared governance, principles of community)
(c) Hire a master's level prepared level staff with background and experience in leadership training development and leadership education. Leverage other resources including the CORO toolkit.

Goal 2-4: Leadership Awards
(a) Establish an Endowed Leadership Award that recognizes individuals, Departments, or other units across our schools of health that promote leadership opportunities for all faculty, including women and URM faculty.

III.   Strategic Priority Goal 3: BUSINESS CASE, SUSTAINABILITY, and VISIBILITY

Workgroup members: David Wisner, Beth Abad, Scott Fishman

Issue: The business case for leadership and diversity development across the health sciences is not rooted in a moral imperative but in an economic necessity, and return on investment can be modeled after the successes of the corporate business experience:
   ✓ We lack the diversity to excel at our academic missions and diverse groups outperform those that are not (tag line: 'Decision making is better with a diverse work force')
   ✓ We are losing early career faculty within 6-8 years of hire and recruitment and replenishment costs are high ($200,000+ per faculty)
   ✓ Having a diverse group of faculty leaders is important for our LCME accreditation, attracting the student market and the community we serve, reducing health disparities, engagement, morale, and thus there are implications in terms of a direct cost to our bottom line and link to our economic nimbleness.

Goal 3-1: Administration and Budget:

    (a) To support the activities of OAL, within the first year, an administrative structure will be established for the office that will include an OAL VC Leadership Advisory Board, a Charter, and a line item budget to be submitted for the Executive sponsor's approval.

Goal 3-2: **Reporting Structure:**

    (a) Within the first year, or sooner, it will be defined that the OAL will report to the Vice Chancellor for Health Sciences and other Executive sponsors as appropriate (e.g. VC/Dean of SON, VC OEDI, AVC OAP), to facilitate integration of programmatic activities across the health sciences.

Goal 3-3: Sustainability:

    (a) Within the first two years, one half (1/2) of an FTE will be dedicated by Health Sciences Development to fundraise for OAL by cultivating major gifts, gifts from Foundations, and/or gifts and Endowments from other major sponsors.

    (b) OAL will explore creating a Leadership Development Fund with overhead contributions from UCOP ('President's Fund'), UCD Chancellor ('Chancellor's Fund), partnerships between Schools of Health and Departments, 'unused' endowments in Deans' offices, and Development with a goal of providing up to 20% sustaining support for OAL programmatic activities within three years.

    (c) Sustainability will be based on supporting individual faculty experiences and a return on investment in those faculty, engaging internal and external audiences, and consideration of the cost of doing business balanced against retention, the leadership imperative and faculty rewards.

Goal 3-4: Visibility:

    (a) Health Sciences Leadership Development Conference: conduct an every other year UC Davis and UC-system Wide Health Sciences Leadership Development conference to increase the visibility of leadership development in our campus and system-wide, stimulate engagement, and foster scholarship around best practices (published conference proceedings and lessons learned).

    (b) Media: Develop content for a dedicated OAL website, program brochure, Facebook site, and newsletter to disseminate information about resources and programs provided by the office and foster stakeholder engagement.

IV.   <mark>**Strategic Priority Goal 4: RESEARCH, SCHOLARSHIP, and EVALUATION**</mark>

Workgroup members: Laurel Beckett, Brad Pollock, Ruth Shim

Issue: The activities of OAL to grow the research component need to be based on best practices, evidence-based, contribute to scholarship and publications in the field, and improve research on leadership trajectories and opportunities for faculty.

Goal 4-1: Leadership Underrepresentation:
    (a) In coordination with other Schools of Health efforts (OAP, OEDI, WIMHS, other), double the number of URM faculty leaders in the schools of health within 3 years with a commitment to building the next generation of URM leaders (assess progress annually, track every step in the process, and identify points for intervention).

Goal 4-2: Early Career Leadership Training:
    (a) In the first year identify, build and train a team of 3-5 faculty with interdisciplinary, inter-professional and science expertise to review, foster and sponsor Leadership Career Development training specifically targeted to the needs of women and URM at the Assistant and Associate professor level.

Goal 4-3: Research Funding:
    (a) Develop a mechanism to alert Departments on a yearly basis, or more frequently as appropriate by funding opportunities, of the availability of diversity and gender supplements available for existing RO1, Center and Program project grants (track engagement, applications, outcomes).
    (b) Seek opportunities for research funding for OAL (NIH, RWJ, others), submit grant applications.

Goal 4-4: Leadership Recognition Awards:
    (a) Engage Dpts on a yearly basis in nominating faculty, including women and URM, at all levels for awards in their discipline-specific professional societies, issue award notification reminders, and explore establishing an interdisciplinary institutional professional society nominating committee. Internal reach, targeted outreach, incentives, transparency and accountability.

Goal 5: Program Evaluation (Data-driven approach, outcomes and metrics):
The most effective formal programs for leadership development take place over time, are comprehensive and interdisciplinary, envelop all of the traditional academic domains (clinical, education, and research) and incorporate institutional/individual projects to allow immediate practical application of leadership skills. Comprehensive evaluation of such programs requires attention to theoretical underpinnings, alignment of education goals and assessment systems, measures of participant's success, and lessons learned from program development and implementation in desired core competencies.
Accordingly, the evaluation component will include assessment of the following and be developed with the CTSC's evaluation unit and/or Dr. Laurel Beckett, Chief, Division of Biostatistics:

	PROPOSED TIMELINE FOR OAL ACTIVITIES					
	2018/2019 Year 1		2019/2020 Year 2		2020/2021 Year 3	
Goal 1: INTERNAL LEADERSHIP DEVELOPMENT PIPELINE						
Academic Pathway for Health Sciences Trainees			X	X	X	X
Donor Sponsored Academic Scholarships			X	X	X	X
Leadership Potential Assessment (GSM Module)		X	X	X	X	X
Goal 2: MULTILEVEL COMPREHENSIVE LEADERSHIP						
Leadership Scholars		X--------	X	X-------	X	
External Professional Development (AAMC) (ELAM)	X	X	X	X	X	X
			X		X	
UC CORO'S Women's Initiative for Professional Development			X		X	
Enhanced Leadership Development Program (ELDP)		Select first cohort	X		X	
Endowed Leadership Awards				X		X
Goal 3: BUSINESS CASE, SUSTAINABILITY, VISIBILITY						
Administrative Infrastructure	X	X				
Budget	X		X		X	
Sustainability			X	X	X	X
Leadership Development Fund			X	X	X	X
Development Officer			X			X
Visibility (media, conference, brochure)		X			X	
Goal 4: RESEARCH, SCHOLARSHIP, EVALUATION						
Double women and URM leaders in 3 years (%)					X	
ELDP			X	X	X	X
Research funding alerts		X	X	X	X	X
Recognition award nominations (scholarly societies)		X	X	X	X	X

OAL activities are planned to be rolled out over a 3 year period in accordance with the strategic planning priorities and workgroup recommendations. This will permit sufficient time for program development, the hiring of the necessary staff, and establishment of an administrative infrastructure for the office. OAL will remain flexible to needs of faculty and priorities of leadership in programmatic roll out.

SUPPLEMENTARY DATA

1.   REFERENCES

2.   ROSTER OF STRATEGIC PLANNING COMMITTEE MEMBERS

REFERENCES

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(13) Yang, P. and Clancy, C. 2016-2017 Stated of the UC Davis Health Science Faculty Annual Report. Office of Academic Personnel, UC Davis, 2017.

ROSTER OF STRATEGIC PLANNING COMMITTEE MEMBERS	
Name	**Role/Dpt Affiliation**
Amparo Villablanca, MD	Committee Chair Director, WIMHS Professor/Dpt of Internal Med
Colleen Clancy, PhD*	ACV Acad Personnel/Dpt Pharmacology
Lydia Howell, MD	Chair, Dpt of Pathology and Lab Medicine
Laurel Beckett, PhD	Chief, Division of Biostatics, Dpt Public Health Sciences
Scott Fishman, MD	Vice Chair Fcty Develop/Dpt Anesthesia and Pain Medicine
Hendry Ton, MD*	Interim AVC OEDI/Dpt Psychiatry
Satya Dandekar, PhD	Chair/Dpt Micro and Immunology
Gary Leiserowitz, MD	Chair/Dpt of Ob/Gyn
David Wisner, MD	Assoc Dean Clin Affairs/Dpt Surgery
John Pascoe, DVM, PhD	Exec Assoc Dean OAP/School of Vet Med
Mary Lou de Leon Siantz PhD, RN	Professor, BIMSON; Director, CAMPOS
Brandee Waite, MD	Assoc Professor, Dpt of PM&R
Elva Diaz, PhD	Assoc Prof, Dpt of Pharmacology
Ruth Shim, MD, MPH	Assoc. Prof, Dpt of Psychiatry
Brad Pollock, PhD, MPH	Professor and Chair, Dpt of Public Health Sciences
Diana Farmer*	Chair, Dpt of Surgery
Kim Ellsbach*	Endowed Chair in Leadership, Professor/Graduate School of Management

*unable to attend: pre-meetings held to obtain input

Consultant: Elizabeth Travis, PhD, Associate Vice President, Women and Minority Faculty Inclusion, Professor, MD Anderson.

Facilitator: Gene Crumley, Director Leadership Development, School of Medicine

Development Officer: Beth Abad, School of Medicine