



Hedwig van Ameringen

EXECUTIVE LEADERSHIP IN ACADEMIC MEDICINE

Program for Women

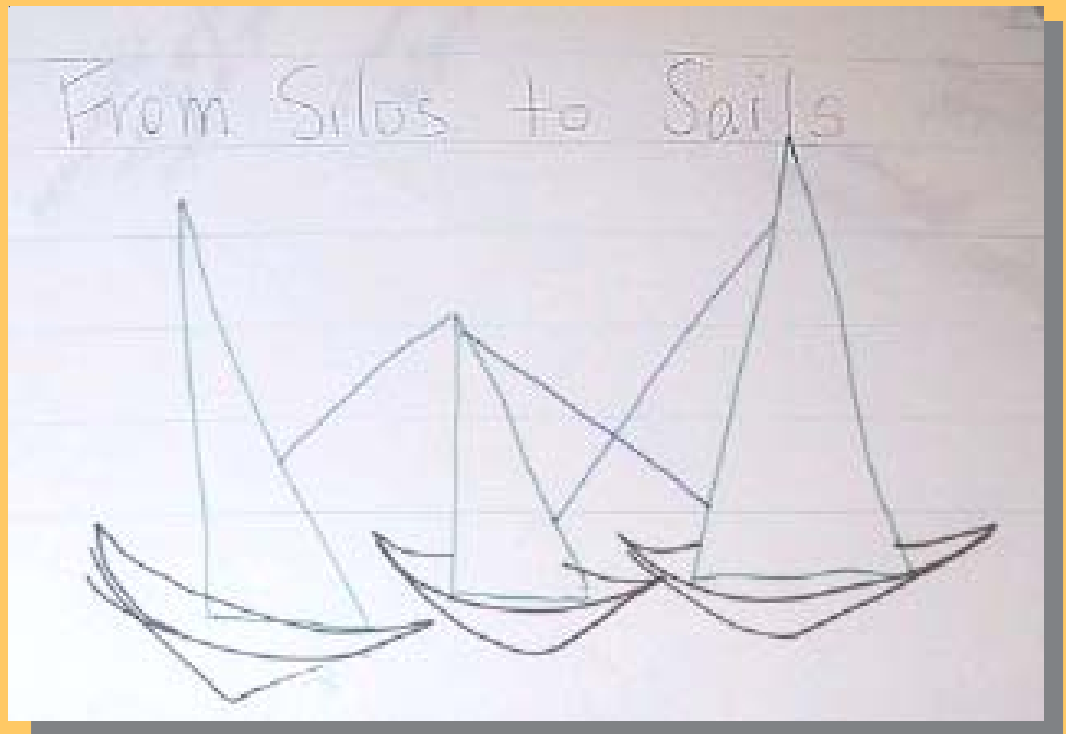
2003 FORUM ON EMERGING ISSUES

From Silos to Sails

ENERGIZING CHANGE IN ORGANIZATIONS: AN INTRODUCTION TO APPRECIATIVE INQUIRY

Penny R. Williamson, Sc.D.

Anthony L. Suchman, M.D., M.A., F.A.C.P.



October 2003

Authors

Anthony L. Suchman, M.D., M.A.

Practicing Internist and Organizational Consultant
Relationship Centered Health Care

Penny R. Williamson, Ph.D.

Associate Professor of Medicine
Johns Hopkins University School of Medicine

and

Page S. Morahan, Ph.D.

Co-Director, ELAM Program

Design

Deidra A. Lyngard, M.F.A.

Assistant Director, ELAM Program
Drexel University College of Medicine

In Appreciation

ELAM would like to thank **The University of Utah School of Medicine** for sponsoring the 2003 Forum on Emerging Issues. In particular, we would like to acknowledge the efforts of **A. Lorris Betz, M.D., Ph.D.** for his efforts in bringing our institutions together

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ADVANCING WOMEN'S LEADERSHIP IN ACADEMIC MEDICINE AN OVERVIEW OF THE ELAM PROGRAM



Founded in 1995, ELAM is the only in-depth national program that focuses on preparing women faculty at academic health centers (AHCs) to move into positions of institutional leadership. As part of the Institute for Women's Health and Leadership at Drexel University College of Medicine, ELAM continues the long legacy of advancing women in medicine that began in 1850 with the founding of the Female Medical College of Pennsylvania, the nation's first women's medical college, and a predecessor of today's Drexel College of Medicine.

ELAM's year-long program mixes traditional executive seminars and workshops on topics pertinent to AHC management with group projects and individual assignments aimed at developing personal leadership skills. Throughout the year, Fellows interact with advisers and guest faculty representing the best and the brightest in academic health management, culminating in a 1½ day Forum, when the Fellows, their Deans, and other invited guests gather with top experts to explore a timely, substantive issue facing AHC leadership.

Recognition of ELAM's importance and the leadership potential of its graduates is evidenced in the following statistics: nearly 80% of allopathic medical schools and 40% of dental schools in the U.S. have sponsored ELAM Fellows. ELAM participants now hold senior posts (Department Chair or higher) at close to 100 U.S. academic institutions. ELAM has received the Association of American Medical Colleges' Women in Medicine Leadership Development Award and the American Council on Education's Office of Women in Higher Education Network Leadership Award. Because of its pre-eminence in the field of women's leadership education, ELAM received a five-year grant in 2001 from The Robert Wood Johnson Foundation to conduct an in-depth evaluation of the program's effectiveness and long-term impact on Fellows and their institutions as well as to develop theory on how women learn leadership. Additional funding for this research project was provided by the Mayo Medical School and Mayo Clinic Rochester, the University of Michigan, Vanderbilt University, Wright State University, and the Jessie Ball duPont Fund.

ELAM is supported by program fees, grants, gifts, and in-kind contributions from individual donors, foundations, and corporations. Funding partners include Patricia Kind and her late mother, Mrs. Hedwig Pfaltz van Ameringen; the Jessie Ball duPont Fund; the Connelly Foundation; Colgate Palmolive Co.; Korn/Ferry International; the Josiah Macy, Jr. Foundation; the WMC/MCP Alumnae/i Association; PricewaterhouseCoopers LLP; the University of Michigan; the University of Utah; and Wyeth Pharmaceuticals. ELAM also receives contributions from the ELAM Alliance, a consortium of independent consultants working in academic medicine and higher education committed to the advancement and success of women in leadership positions, and from the Society for Executive Leadership in Academic Medicine (SELAM) International, the organization founded by ELAM alumnae.

THE ELAM PROGRAM'S FORUM ON EMERGING ISSUES



The Forum on Emerging Issues is the capstone event of the ELAM spring session, when Fellows are joined by senior delegates from their home institutions, most often the Deans, along with invited guests (see Appendix C for list of this year's participants). Each year, the ELAM Forum explores an innovative concept or methodology that has direct application to leading and managing an academic health center. The Forum's interactive format enables participants to explore potential applications of the new concept in a collegial and creative environment.

The 2003 Forum was led by Drs. Anthony L. Suchman and Penny R. Williamson, both of whom combine significant experience in academic health with expertise in the area of Appreciative Inquiry. This year's Forum was sponsored by the University of Utah School of Medicine.

The 2004 Forum, entitled "Uncovering and Overturning the 'Immunity to Change': Personal Learning and Professional Development," will be led by Robert Kegan, Meehan Professor of Adult Learning and Professional Development at Harvard University's Graduate School of Education. Dr. Kegan is the co-author of *How the Way We Talk Can Change the Way We Work*. The 2004 Forum will be sponsored by the University of Texas Medical Branch - Galveston.

Past Forum Topics Include

"Building the Leadership Engine for Academic Health Centers" (2002). Led by Noel M. Tichy, Ph.D., Professor and Director, Global Leadership Program, The University of Michigan Business School. Sponsored by the University of Michigan's Medical School, School of Dentistry, and Office of the Provost.

"Innovative Thinking and Creativity Tools to Improve Academic Health Centers" (2001). Led by Paul Plsek, MS, Paul E. Plsek & Associates, Inc. Sponsored by the University of Michigan's Medical School, School of Dentistry, and Office of the Provost.

"The Balanced Scorecard: Strategy and Performance for Academic Health Centers" (2000). Led by Stephen Rimar, MD, MBA, Yale University School of Medicine. Sponsored by the Colgate-Palmolive Company.

"Exploring Complex AHC Systems with Computer Simulation" (1999). Customized simulation software enabled participants to explore the impact of implementing various management decisions on complex systems such as AHCs. Led by Bruce Gresh, PhD. Sponsored by the Colgate-Palmolive Company.

"Planning, Learning and Rehearsing the Future for Academic Health Centers: Success in the Face of...." (1998). Led by Paul Batalden, MD, Dartmouth Medical School. Underwritten by a grant from the Josiah Macy, Jr. Foundation.

"Creating Learning Organizations" (1997). Peter Senge's Five Disciplines were applied to academic health center systems.

FROM SAILS TO SILOS

ENERGIZING CHANGE IN ORGANIZATIONS: AN INTRODUCTION TO APPRECIATIVE INQUIRY



Appreciative Inquiry (AI) is a new method of organizational change that proposes that looking for what works well and doing more of it is a more motivating and effective change strategy than looking for what does not work and doing less of it.

It runs counter to the traditional problem-solving logic of medical diagnosis and treatment that searches for deficiencies, investigates root causes, and initiates corrective actions. Instead, AI presumes that the organization already possesses the capacities that it desires and can learn to apply them more mindfully and consistently.

AI refocuses attention on resources rather than deficiencies, on successes rather than failures, and competence and capacity rather than shortcomings. As a result, AI tends to engender energy, hope and confidence rather than defensiveness and resistance. This refocusing of attention changes perceptions, interpretations, expectations and behavior, and – consistent with the principles of social constructionist theory – actually helps to create a new “reality.”

“The rate and speed with which problems can be solved can be controlled by our approach to the problem.”

5 Stages of Appreciative Inquiry:

- AI Definition
- AI Discovery
- AI Dream
- AI Design
- AI Destiny

The best way to learn about AI is to experience it; therefore the ELAM 2003 Forum participants went through a highly condensed version of the five-stage AI process.

AI Definition Stage

The first stage is Definition: identifying and refining the inquiry's focus. To identify a topic of particular relevance for the Forum participants, Drs. Williamson and Suchman conducted semi-structured telephone interviews with 10 ELAM Fellows and alumnae and 6 deans in advance of the Forum. The interviews included the question, "As you think about where your organization is right now and about your role as a leader, what questions, issues, opportunities, or challenges are foremost in your thinking – what's claiming large portions of your attention?" After reviewing the 16 responses to this question, the topic "collaboration across differences" (e.g. among medical schools and other parts of universities; hospitals and their physicians; clinicians and basic scientists; specialists and generalists, and among persons of different ethnicity, race, gender, and/or age) was selected for the ELAM 2003 Forum.

AI Discovery Stage

The Forum itself began with the second stage of AI, Discovery. Instead of the usual search for problems, root causes, and fixes, the AI Discovery process helps people to recognize the best of "what is" and to be reminded of their strengths and capacities. Working in pairs, Forum participants interviewed each other about specific experiences of overcoming challenges, resolving conflicts, and achieving outstanding results through successful collaboration (see Appendix A.). Next, three pairs joined to form groups of six. Each person summarized her or his partner's stories, and then the group reflected on the stories to identify the key factors – the particular qualities, values, skills, and conditions – that made these exemplary collaborations possible. Finally, using an innovative dialogic process called World Café to efficiently mix people and ideas from all the small groups, participants were able to compare their group's discoveries with those of other groups.

Discovery Stage involves

- 1 Paired interview (see Appendix A) on meeting topic – connects all participants in non-threatening way Involves telling stories as well as providing information, so engages both the right and left sides of the brain - can provide cross-sectional view if pairs come from different units and ranks.
- 2 Small group synthesis of data obtained – small groups analyze the information and present to the entire group, so that all have a total picture of the views of all participants – also, teaches self-managed group skills
- 3 World Café – engages all in conversation to deepen the understanding obtained in the previous work – see www.theworldcafe.com for more information.

AI Dream/Vision Stage



For the third or Dream stage of AI, participants returned to their original groups of six to develop a collective vision of an ideal collaborative organization, amplifying and extending the themes from the Discovery interviews. Each group was charged with preparing a three-minute presentation of their vision, and was invited to avail itself of creative formats such as skits, pictures, songs, or dances. In just 40 minutes, every group developed a vivid and energizing image of the future.

Three Examples of Dreams/Visions created at the Forum:



From Silos to Sails

This group presented a picture depicting three sailboats of different sizes with cross-connected rigging, all facing in the same direction. Each boat represented the individual challenges of leadership and the importance of respecting every individual functional unit (teaching, hospital, research, etc.). The cross-rigging symbolized the interdependence of all and the need to perceive the relationship (and, sometimes, tension) between individual unit tasks and the good of the whole. The boats rise and fall together and are all in the same unpredictable wind!



Sculling toward Common Goals

Another group presented a picture showing a sculling craft moving toward “common good” with the leader shouting into a bull horn and the rowers labeled: Education, administration, Research, Clinical, and Support Staff. Ideas that informed this image included the common view, glue of trust, collaboration, senior research faculty writing grants and helping new faculty, increased emphasis on preventive health, space allocation based on vision, resources and information equitably distributed, faculty using AI to promote each other, clinical dollars being shared, rewards based on group effort, linked budgets, and appreciative evaluations (i.e., based on strengths).



Jazz Ensemble

Yet another group drew a picture showing the medical school of the future as a jazz ensemble, each participant playing a different instrument, the jazz metaphor indicating the need for flexibility, coordination, spontaneity, and unpredictability as hallmarks of making music collaboratively in the moment.

Dreaming of an ideal future for the organization is a critically important step in the AI process. By inviting creativity and playfulness, it allows people to roam more freely in their imaginations, thereby making a richer diversity of images and themes available to the conversation and to the organization.

AI Design Stage

The fourth stage, Design, moves from dreams to reality. It is anchored by the creation of Provocative Propositions, also called possibility statements (see Appendix B). These statements reach out from the best of “what is” to express participants’ aspirations for “what might be.” A Provocative Proposition is derived from the stories that actually took place in a system. It is



provocative in that it stretches the boundaries of the status quo and challenges common assumptions or routines, without abandoning the realm of feasibility. It suggests options that are realistic, highly desired and exciting. A Provocative Proposition combines two key elements: the big picture meaning and the specific illustrations of how it might be implemented at the level of organizational structure and function. It is written in the present tense as if it is already happening, and is stated in affirmative, bold terms.

An organization involved in a full AI planning process typically crafts 3-5 Provocative Propositions in a day-long retreat, sometimes followed by several weeks of fine-tuning. However, at the Forum each small group had less than an hour to craft one Provocative Proposition based on one of the themes that emerged from its high point stories of effective collaboration.

Four examples of Provocative Propositions written by Forum participants:



The Community is Us

The “X” School of Medicine exists solely to serve the community in sickness and in health. This population-centered institution values the skills, gifts, and capabilities of all its members: patients, families, students, staff, faculty, and communities.

1. The phones are answered by the third ring by knowledgeable, empathetic persons (health care, education, research, community)
2. Students learn as members of the interdisciplinary health care team in the context of the community
3. The research agenda is collaboratively shaped by the constituent communities



At the Bottom of Pandora’s Box...

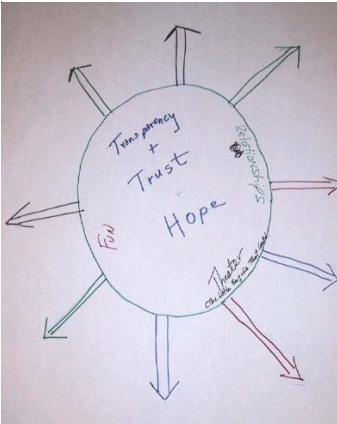
Trust and transparency govern our missions of medical education, community service, research, and patient care.

Transparency in promotion and tenure, budgeting, program development, recruitment and retention of faculty promote trust within and outside the organization.

Hope centered on the certainty of a positive future empowers us to effectively master challenges with enthusiasm and optimism.

.....Lies Hope

“The best aspect of the Forum was learning several interactive group processes to quickly engage participants in substantive planning work.”



AI Collaborative Opportunity

We create a healthcare environment where the leadership fosters a collaborative culture, promoting opportunities for and across schools, departments, and divisions. We create opportunities for continuous improvement in multidisciplinary education and research. As leaders/partners, we set standards for further accountability in the delivery of healthcare, resulting in an expanding group of leaders who contribute to this culture.

- Our standards establish accountability for patient-centered care and collaborative leadership.
- Our financial and non-financial incentives promote interdisciplinary collaboration that guides students to competent patient care.

AI Transcending Barriers

In our academic health center, we foster collaborative efforts that transcend departmental barriers in order to reach a common goal consistent with our mission. In so doing, we honor individualism and diversity of ideas from within the organization and the community we serve by:

- Developing a plan to reward all participants in a collaborative effort
- Encouraging interdisciplinary training and conferences
- Instituting a community advisory board

The Design stage is often the most difficult, but also the most rewarding, phase of AI, as it calls for both creativity and specificity, bringing examples from actual experiences into future expectations in language that ignites people’s hopes and envisions specific pathways to meet them.

AI Destiny/Delivery Stage

The fifth and final stage of AI is Delivery, in which participants plan specific, feasible action steps to begin the actual implementation of their Provocative Propositions – to bring these dreams into being. At the Forum, the ELAM Fellow-Dean pairs from each medical or dental school chose one aspect of their Provocative Proposition and created a specific implementation plan for their school consisting of 1-2 action steps, a timeline, and a proposed leader. Each pair then presented its action plan to the other members of their small group for feedback and enhancement.

Three examples of Specific, Actionable Ideas:

AI Align incentives for collaboration

- Seed grants for centers of excellence to expand to other collaborations
- Vacated positions only retained if they are joint appointments
- Return an increased % as incentives for collaborations
- Give priority for space for collaborations
- Provide academic support for collaborations
- Evaluate for collaborative efforts

For more information on the group-facilitation techniques, visit <http://appreciativeinquiry.cwru.edu/practice>. Additional information on group processes can be found in: Napier et al., *High Impact Tools and Activities for Strategic Planning*. McGraw Hill, 1998; and in Brown. "Welcoming the feminine dimensions of leadership." *Reflections* 4:49-54, 2002.



Follow the \$

Look at what has worked – look at 3 successes within the organization that appear to combine individual and institutional goals – identify the facilitating mechanisms – develop RVU's – provide incentive research \$ back to PI's – provide multi-layered rewards with transparency



Focus on common goal

To be employer of choice and reward excellence for faculty, staff and administrators: Give staff award by department so can give more awards (day off, pin, etc.) – faculty awards might include breakfast with president, trip to society meeting, newsletter column – hold focus groups to find out what people would want as reward

Reflections on the Appreciative Inquiry Process

The small groups concluded their work by reflecting on ways in which they already were using appreciative approaches in their life and work (without labeling it as such) and identifying other situations where they might like to try this approach.

The ELAM Forum ended with two conversations in plenary. In the first, reflections were invited from the group about the Appreciative Inquiry process. Participants made a variety of observations including the possibility of opening meetings with storytelling, the different emotional dynamics set in motion by focusing on successes and capacities rather than problems and deficits, the importance of emotional intelligence (and programs to develop it), and the need for more rigorous study of AI and its effects.

In the second conversation, a panel of consultants (Drs. Williamson and Suchman were joined by Drs. Page Morahan, Patreece Thompson, and Ray Wells who also have had experience to apply AI in specific challenging situations and back home issues. Listed below are some of the issues and responses:

Question

How do you work with people who seem constitutionally unable to listen and have no insight into the impact of their behavior on others?

Responses

- Notice and reinforce the positive things they do.
- Use AI storytelling as training them for listening, e.g. "Tell me a story of times when you really understood someone well."
- Establish and maintain behavioral accountability – clear expectations, feedback and consequences (positive and negative) – make this part of their ongoing review process.



Question
How do you work appreciatively with hospital-based cultures that do not work very efficiently, where there are many stakeholders, no common view of what satisfactory clinical operation looks like, where people feel disregarded and medical directors feel disempowered?

Responses
Reframe the focus from deficits to desired capacities, using appreciative interviews on such themes as, “Tell me about an experience in which you felt entrusted to make an important decision [or a time that things worked out smoothly and efficiently].” Describe successful clinical operations you have observed within this system and the core factors that made that success possible. Ask, “Can you find and learn from models elsewhere where things work well?”

Question
How to handle a situation involving an either-or choice in which half the people will be disappointed whichever way the matter is decided?

Responses
Craft an AI question to explore how to maintain commitment, e.g. “Describe a time when you felt heard and valued and maintained your commitment, even when a decision didn’t go your way?”

Question
Are there clinical applications of AI? Can a similar approach be used with patients?

Responses
Craft clinical AI questions, such as “When do you feel the most healthy, filled with vitality and well being?” Or, “Tell me about a time you were able to make a major change in your behavior or daily routine.” Questions like these will help draw forth patients’ initiative and capacity.

Question
Problem of professionalism in students

Responses
Craft AI question such as “When have we been successful in teaching and fostering professionalism?”

Two U.S. healthcare organizations using AI for major “culture change” projects are the American Board of Internal Medicine and the Indiana University School of Medicine. For information about these projects, contact Drs. Williamson and Suchman.

During and after the Forum, the participants made a variety of observations about AI as an approach that they might be able to use:

- AI “If you have a problem you want to solve, and look to positive experiences for possible solutions, you’re already on the road – it’s efficient.”
- AI “It’s nice to be able to step back and see the bigger picture – it’s necessary. Without listening to all the people, you cannot have good decisions.”
- AI “A light bulb went off when I considered AI in the context of ‘how does one make a culture change?’ – this is a way I may be able to make a change! Small disturbances can amplify and spread to become major change.”
- AI “It’s helpful to have a concrete tool to get into someone else’s shoes.”
- AI “I’m interested in the commonalities of the themes that emerged – the shared values that guide people.”
- AI “This is an energizing process.”
- AI “In this storytelling process, you can learn unique things about people and enhance relationships – we seldom talk about strengths and so we don’t get to this level of connection.”
- AI “I felt a lot of pride – hearing the passion.”
- AI “This can be done in small time frames.”
- AI “Crafting the right questions is very important. Also, AI might work with Tom Gilmore’s campaign for change frame.”
- AI “It’s a different approach – thinking in a different perspective – social scientists have a lot to bring to us.”
- AI “To decrease skepticism, I’d need more data on how AI gives bottom-line effects.”
- AI “AI comes naturally to people who have emotional intelligence – but it’s also a discipline that can be learned – it’s not necessary to be ‘born with it.’”

“Looking for what works is far more energizing than looking for what’s not working.”

SUMMARY



In summary, the ELAM Fellows, Deans, and other participants at the ELAM 2003 Forum gained first-hand experience of Appreciative Inquiry by exploring the theme of collaboration across differences, which was chosen ahead of time based on interviews with ELAM Fellows, alumnae, and Deans.

The participants began their inquiry by interviewing each other about success stories in order to discover what factors – personal qualities and behaviors and environmental attributes – contributed to successful collaborations. Then, enlarging upon these factors, they articulated a dream/vision of how their organizations would look, feel, and act when their potential for collaboration had been fully realized. Third, they began the initial design of specific processes, policies, and programs to enhance collaboration in their schools, and mapped out the first steps of an action plan by which they could begin to bring this dreamt-of future into present reality.

Two things impressed participants the most about their experience of AI: first, the power of storytelling to weave community and help people identify common ground; and second, the vibrant enthusiasm, hope, and energy raised by Appreciative Inquiry, which contrasts sharply with the usual ponderousness and defensiveness of more traditional problem-solving approaches. Participants were stimulated to try appreciative approaches in contexts ranging from individual meetings to major organizational change projects.

“I’m going to be spending a lot of time thinking about the questions I ask because I now appreciate how important they are.”




APPENDICES

Appendix A:	Paired Interview
Appendix B:	Provocative Proposition
Appendix C:	Forum Participants
Appendix D:	Bibliography
Appendix E:	Forum Faculty

APPENDIX A PAIRED INTERVIEW

Effective leadership of a medical or dental school, department or division involves successful collaboration across a variety of domains: e.g., between school and university; the hospital and its physicians; clinicians and basic scientists; specialists and generalists, and among persons of different ethnicity, race, gender, and/or age—to name several.

In this session, we want to learn about effective collaborative relationships in our institutions. Our intent is to discover, illuminate and understand the particular qualities, values, skills and conditions that contribute to such collaborations when they are at their best.

AI As you reflect back on your many experiences of working with others, there have no doubt been highs and lows, peaks and valleys, ups and downs. For now, focus on a high point—a time when you were involved in a collaborative effort—a time that is particularly significant, meaningful, or effective in terms of the results achieved. (It might be a long-term or brief effort, or a single event or moment.) Please tell the story.

What made it a good experience?

Who were the others and how did they contribute?

What was it about you, unique qualities or skills you have, that helped make this such a successful experience?

What aspects of the context or situation contributed (setting, time, background circumstances, etc.)?

AI Now think of a time when you faced a challenging situation involving the need for collaboration (e.g. a turf battle, or conflict among individuals, programs, or larger entities) and handled it in a satisfying way resulting in effective teamwork. Please tell the story of that experience.

What did you bring to that situation that helped?

What did others contribute?

What about the context or situation helped?

AI You have magically fallen asleep and awaken in five years to discover that your organization's capacity for collaboration has flourished. People now view their differences as sources of learning rather than barriers to effectiveness. What one or two changes have occurred that made this possible?

“We often talk about our problems but rarely about our strengths.”

APPENDIX B

PROVOCATIVE PROPOSITION

Introduction

The purpose of provocative propositions is to keep our best at a conscious level. They remind us of what is best about our organization (and/or whatever we value in our organization) and how everyone can participate in creating more of the best. Provocative propositions are derived from the stories that actually took place in our system. This grounding in history, tradition, and facts distinguishes *Appreciative Inquiry* from other visioning methods in which dreams serve as the primary basis for the vision. Because provocative propositions are reality-based, members of the organization connect to them and are inspired to do more of what works.

A provocative proposition is a statement that bridges the best of “what is” with your own speculation or intuition of “what might be.” It is provocative to the extent to which it stretches the realm of the status quo, challenges common assumptions or routines, and helps suggest real options that represent desired possibilities for your organization and its stakeholders.

The beauty of a provocative proposition is that it provides two key elements: the “big picture” meaning of the life-giving force and the nitty gritty detail of how organizational structures, leadership, communication, and other items “support” the life-giving force. They are written in the present tense as if you were already at this point. They are internal working documents that describe the organization working at ideal capacity—the underpinnings of a successful organization, not the public face.

How to Write a Provocative Proposition

Pick one of the topics that most compels you and think of the best examples of its presence in the past. Determine what circumstances made the best possible (in detail). Take the stories and envision what might be. Write an affirmative statement (a provocative proposition) that describes the idealized future as if it were already happening (or simply provide the themes). It is the stretch between current reality and the future state that provides the impetus for change. Consider the following criteria for effective provocative propositions as you craft your contribution. (Remember, the intention is to ignite other peoples’ imagination.)

Criteria for Effective Provocative Propositions

- AI** Is it provocative—does it stretch, challenge, excite, or interrupt?
- AI** Is it grounded—are there examples that illustrate the ideal as a real possibility?
- AI** Is it what we want—will people defend it or get passionate about it?
- AI** Is it stated in affirmative, bold terms, and in the present tense (as if it were already happening)?

Sample Provocative Propositions

AI

Communication

Participation and trust are enhanced in this organization because of open, direct and honest sharing of information across all organizational boundaries and functions. All information is public and easily available to everyone in the organization. The mutual trust and participation facilitate the basic belief that ours is a special organization highlighting and valuing the potential of all to contribute to our organizational life. We appreciate and understand the diverse nature of the organization's task, know what is happening in other areas and are able to contribute important information in matters that concern us.

AI

Organizational Structures

The organization structure is unique in the sense that it is both mission driven and task driven. It is flexible and does not constrain participation or the formation of cross-departmental project teams. It is bounded in that it supports the integrity of the organization's different task areas and its unique features.

AI

Supportive Work Environment

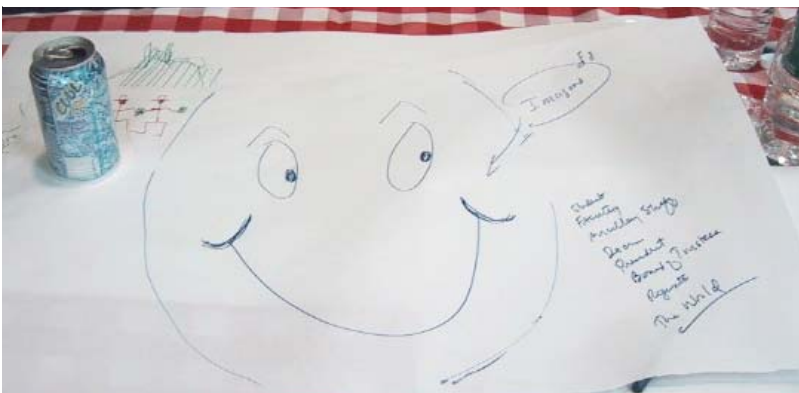
The unique history and culture of X University is one of support for the growth and professional development of both faculty and students. The emphasis on mentoring and nurturing is inculcated into the very fabric of our institutional identity. An appreciation of multiculturalism and its contribution to the supportive environment, allows X University to persevere and maintain excellence.

AI

Partnership

Partnering to achieve the greatest good for patients, their families, and our entire population is a top priority. Our organization's providers and staff collaborate within and across healthcare and other agencies to provide seamless delivery of care and to empower community members to maintain optimum health.

Realizing that knowledge is essential to this goal, we continue to provide extensive marketing and outreach programs that meet the community's changing healthcare needs. Individuals are engaged as active partners in their care and avail themselves of all opportunities to stay healthy.



APPENDIX C FORUM PARTICIPANTS

Deans and Designees

Barbara F. Atkinson, M.D.

Executive Dean, School of Medicine
Vice Chancellor for Clinical Affairs
University of Kansas

A. Lorris Betz, M.D., Ph.D.

Dean, School of Medicine
Senior Vice President for Health Services
University of Utah

Bruce A. Buehler, M.D.

Professor of Pediatrics
Chair, Department of Pediatrics
University of Nebraska Medical Center

John G. Clarkson, M.D.

Dean, School of Medicine
Senior Vice President for Medical Affairs
University of Miami

Lourdes C. Corman, M.D.

Professor of Internal Medicine
Division Director, Internal Medicine,
School of Medicine-Huntsville Campus
University of Alabama at Birmingham

Peter J. Deckers, M.D.

Murray-Heilig Chair and Professor of Surgery
Dean, School of Medicine
Executive Vice President for Health Affairs,
UCHC
University of Connecticut

J. Kevin Dorsey, M.D., Ph.D.

Dean, School of Medicine
Provost
Southern Illinois University

Ruth-Marie E. Fincher, M.D.

Professor of Medicine
Vice Dean of Academic Affairs,
School of Medicine
Medical College of Georgia

Arthur Garson, Jr., M.D., M.P.H.

James Carroll Flippin Professor of Medical
Science
Dean, School of Medicine
Vice President, University of Virginia
Health System
University of Virginia

Robert M. Glickman, M.D.

Dean, School of Medicine
New York University

Gerald S. Gotterer, M.D.

Senior Associate Dean, Faculty and
Academic Administrative Affairs, School of
Medicine
Vanderbilt University

Edward Halperin, M.D., F.A.C.R.

Chair, Department of Radiation Oncology
Vice Dean, School of Medicine
Chancellor for Academic Affairs
Duke University Medical Center

E. Nigel Harris, M.D.

Dean
Senior Vice President for Academic Affairs
Morehouse School of Medicine

Sharon L. Hostler, M.D.

McLemore Birdsong Professor of Pediatrics
Associate Dean, School of Medicine
University of Virginia

William E. Kotowicz, D.D.S.

Dean, School of Dentistry
University of Michigan

Margaret L. Kripke, Ph.D.

Professor of Immunology
Vivian L. Smith Distinguished Chair
in Immunology
Executive Vice President and CEO
University of Texas - M.D. Anderson Cancer
Center

Richard D. Krugman, M.D.

Professor
Dean, School of Medicine
University of Colorado Health and Sciences
Center

Ira B. Lamster, D.D.S., M.M.Sc.

Dean, School of Dental and Oral Surgery
Columbia University

Thomas J. Lawley, M.D.

Dean, School of Medicine
Emory University

Stanley M. Lemon, M.D.

Dean, School of Medicine
University of Texas Medical Branch at
Galveston

Allen S. Lichter, M.D.

Newman Family Professor of Radiation
Oncology
Dean, Medical School
University of Michigan

Thomas J. Nasca, M.D.

Dean, Jefferson Medical College
Senior Vice President
Thomas Jefferson University

Heber H. Newsome, M.D.

Professor of Surgery
Dean, School of Medicine
Virginia Commonwealth University

G. Richard Olds, M.D.

Chair, Department of Medicine
Physician-In-Chief
Medical College of Wisconsin

Linda G. Phillips, M.D.

Truman G. Blocker, Jr., M.D., Distinguished
Professor of Surgery
Chief, Division of Plastic Surgery
Senior Associate Dean for Academic
Affairs,
School of Medicine
University of Texas Medical Branch at
Galveston

Jean E. Robillard, M.D.

Dean, Roy J. and Lucille A. Carver College
of Medicine
University of Iowa

Alan G. Robinson, M.D.

Executive Associate Dean, David Geffen
School of Medicine
Vice Provost, Medical Sciences
University of California, Los Angeles

Warren E. Ross, M.D.

Annenberg Dean, College of Medicine
Drexel University

Paul B. Roth, M.D., F.A.A.F.P., F.A.C.E.P.

Dean, School of Medicine
Associate Vice President for Clinical Affairs
University of New Mexico

Nancy B. Schwartz, Ph.D.

Professor, Pediatrics and Biochemistry
Dean for Graduate Affairs
Division of the Biological Sciences
The University of Chicago

Laura F. Schweitzer, Ph.D.

Professor of Anatomical Sciences/
Neurobiology and Psychological/Brain
Sciences
Vice Dean, School of Medicine
Associate Vice President for Health Affairs,
Health Science Center
Fellow, Office of the President
University of Louisville

Sally A. Shumaker, Ph.D.

Professor of Social Sciences and Health Policy
Chief, Department of Social Sciences and
Health Policy
Associate Dean of Faculty Services, School of
Medicine
Wake Forest University

John W. Stamm, D.D.S.

Dean, School of Dentistry
University of North Carolina at Chapel Hill

Ann E. Thompson, M.D., F.A.C.C.M.

Professor, Pediatrics and Anesthesiology/CCM
Associate Dean of Faculty Affairs, School of
Medicine
University of Pittsburgh

Peter Walker, M.D.

Dean, Faculty of Medicine
University of Ottawa

Allan Wasserstein, M.D.

Vice Dean, Faculty Affairs, School of Medicine
University of Pennsylvania

John N. Williams, D.M.D., M.B.A.

Dean, School of Dentistry
University of Louisville .

Roy Wilson, M.D, M.S.

Dean, School of Medicine
Vice President for Health Sciences
Creighton University

**Anthony J. Windebank, Mb.Bs., M.D.,
M.S.**

Professor of Neurology
Dean
Mayo Medical School

Guests

David J. Bjorkman, M.D.

Senior Associate Dean, School of Medicine
University of Utah

Nancy E. Gary, M.D., M.A.C.P.

Dean Emerita, F. Edward Hébert School
of Medicine, Uniformed Services University
of Health Sciences, and President Emerita,
Educational Commission for Foreign
Medical Graduates

Lois M. Nora, M.D., J.D.

President and Dean
Northeastern Ohio Universities College of
Medicine

Marijo B. Tamburrino, M.D.

Professor of Psychiatry
Chair, Department of Psychiatry
Medical College of Ohio

Lisa A. Tedesco, Ph.D.

Vice President and Secretary
University of Michigan

Patreece M. Thompson, M.D.

Consultant
Career Concepts, Inc.

Ray Wells, Ph.D.

President
Wellbeing Systems, Inc.

APPENDIX D BIBLIOGRAPHY

Recommended Readings

<http://appreciativeinquiry.cwru.edu>

A good place to start learning about AI. Provides some basic articles and lists many readings and resources.

Bushe, G. "Appreciative Inquiry with Teams." *Organizational Development Journal*, 1998. http://www.bus.sfu.ca/homes/gervase/AI_Teams.html

Cooperrider, D and Whitney, D. "A positive revolution in change: Appreciative Inquiry." Case Western Reserve University. File *whatisai.pdf* can be downloaded at <http://appreciativeinquiry.cwru.edu/intro/whatisai.cfm>

An article providing an overview of the history, philosophy and structure of appreciative inquiry from the man who originated it.

Hall, J and Hammond S. "What is Appreciative Inquiry?" *Inner Edge Newsletter*, 1998. <http://www.thinbook.com/chap11fromle.html>

Mohr, BJ. *A Guide to Appreciative Inquiry*. Pegasus Communications.

A laminated guide with diagram and explanation of the 5D cycle (Definition, Discovery, Dream, Design, Destiny), a case study, and insight into the conditions that support AI.

Mohr, BJ and Watkins JM. *The Essentials of Appreciative Inquiry: A Roadmap for Creating Positive Futures*. Pegasus Communications, 2002.

Stories of AI in action and explanation of five processes to use to guide an appreciative inquiry in your workplace or community.

Suchman, AL; Williamson, PR; Robbins, DB; and Cronin, CJC. Strategic planning as partnership building: Engaging the voice of the community. http://connection.cwru.edu/ai/uploads/Strategic_Planning_and_Community_Partnership-Healthcare.doc

A detailed case study in the use of Appreciative Inquiry in strategic planning.

Watkins, JM, and Cooperrider, D. "Appreciative Inquiry: A Transformative Paradigm." *OD Practitioner*. <http://www.newdirections.uk.com/ai.htm>

Watkins, JM and Mohr, BJ. *Appreciative Inquiry: Change At the Speed of Imagination*. San Francisco: Jossey-Bass/Pfeiffer; 2001. Note: Chapter 2 is particularly useful.

Another recent and readable introduction to this methodology. Includes a variety of case studies.

APPENDIX E FORUM FACULTY



Anthony L. Suchman, M.D., M.A., F.A.C.P.

Dr. Suchman is a practicing physician and organizational consultant, and Clinical Professor of Medicine and Psychiatry at the University of Rochester. His work draws together a diversity of interests and experience to focus on the process of partnership across all levels of healthcare. After earning his B.A. (psychology) and M.D. degrees at Cornell University, he completed a residency in Internal Medicine and fellowships in General Internal Medicine (clinical epidemiology and health services research) and Behavioral and Psychosocial Medicine (mind/body interactions and medical interviewing), all at the University of Rochester. Dr. Suchman studied patient-clinician relationships, medical decision-making, physician satisfaction, and the spiritual dimensions of medical care. Through his teaching and writing (more than 65 articles and the book *Partnerships in Healthcare: Transforming Relational Process*), he has become known as one of the leading proponents of a partnership-based clinical approach known as Relationship-Centered Care.

After 15 years of academic pursuits, Dr. Suchman became interested in healthcare organizations, particularly how the values expressed in administrative processes and in the behavior of leaders affect processes of care. To explore the potential of integrated healthcare systems to engage patients as active partners and provide coordinated, effective, and humane care, he helped to found the Highland Physicians Organization and was its first Executive Director. He subsequently helped to establish the Strong Health Managed Care Organization and was its first CEO and Chief Medical Officer. He also earned an MA degree in Organizational Change, studying with Ralph Stacey at the University of Hertfordshire's Complexity and Management Centre.

Currently, Dr. Suchman is working with clinicians, administrators and board members in health systems in the US and internationally to advance the practice of Relationship-Centered Care. He chairs the boards of the American Academy on Physician and Patient and the Vvaleo Initiative, and is a Council member of the National Academies of Practice, a charter member of Appreciative Inquiry Consulting, and a member of H2O (Healthy Healthcare Organization) Consulting. He and his wife, artist Lynne Feldman, have two college-age children and are enthusiastic urban dwellers. He enjoys folk music, yoga, books, computers, art, travel, and hiking – especially in the White Mountains of New Hampshire and Maine.



Penny R. Williamson, Sc.D.

Dr. Williamson is an internationally recognized facilitator, educator, and coach. She has an independent consulting practice, is Associate Professor of Medicine, Part Time, at the Johns Hopkins University School of Medicine, and is a Founding Facilitator and Advisor for the Fetzer Institute Courage to Teach Program.

Dr. Williamson works with highly skilled professionals in medicine, business, education, religion, and law. She facilitates renewal retreats focused on how to find and maintain meaning, courage, and heart in one's life and work; coaches leaders to enhance their personal and professional effectiveness, and helps leadership groups, working teams and organizations to build sustainable capacities in relationship-centered work, collaborative decision-making and strategic planning. Dr. Williamson teaches physicians in doctor-patient communication, teaching skills and enhancing leadership capacities.

In all arenas, Dr. Williamson cultivates the importance of being human in the work, of bringing one's heart and intellect as well as technical skills to the tasks at hand, and of valuing relationships with self and others as foundational.

From 1984-1994, Dr. Williamson was Executive Vice President of the American Academy on Physician and Patient, a national organization devoted to enhancing the doctor-patient relationship through improved teaching and clinical skills and promotion of research. Prior to that, Dr. Williamson was Executive Director of the National Sudden Infant Death Syndrome Foundation (1982-84); and Assistant Professor of Family Medicine, University of Washington Medical School, Seattle (1977-1982). She received her doctorate in Behavioral Science and Ecology from Johns Hopkins University School of Hygiene and Public Health; and completed a one-year Fellowship at the University of Rochester, Departments of Medicine and Psychiatry (1976).

Many modalities inform Dr. Williamson's practice. She brings an Ecological Worldview; (from her doctoral training as an ecologist); belief in and attention to the Inner Life (guided by work with Parker Palmer, founder of the Courage to Teach Program); expertise in the disciplines of Appreciative Inquiry, World Café, Open Space and Skilled Dialogue; incorporation in the work of powerful non-verbal modalities such as music and art and over 25 years of teaching communication and relational skill development to health care and other professionals.

Over the past 30 years, Dr. Williamson has developed and implemented over 250 retreats, workshops, courses and train-the-trainer programs for more than 50 organizations involving physicians, health care administrators, teachers, religious leaders, legislators, and corporate lawyers to increase their proficiency in areas such as: relationship centered leadership, effective dialogue, building empathy, effective feedback, giving bad news, negotiation, and partnership skills among many others.



Hedwig van Ameringen

EXECUTIVE LEADERSHIP IN ACADEMIC MEDICINE

Program for Women

The Gatehouse
3300 Henry Avenue
Philadelphia, PA 19129

Tel: 215.842.6041
Fax: 215.842.1041
elam@drexel.edu
www.drexel.edu/elam