

Concluding Observations

Carol A. Aschenbrener, M.D.

Dr. Aschenbrener is an organizational consultant based in Washington, DC, and former Chancellor, The University of Nebraska Medical Center. Direct correspondence and reprint requests to her at 202-518-6840 phone; 202-578-6734 fax; caschenbre@aol.com e-mail.

As an observer of this summit conference, I've watched two things: the process and the content. Let me begin with a few quick comments about process. I thought there was a good exchange of ideas here. One way to mine more of the richness of that sort of exchange is to ask each other questions about what worked well, what you would do differently, what happened that was unexpected. A successful example of that process was the session on the closure of dental schools in which they told the story of what happened at Northwestern and then distilled a few very clear lessons about what others could learn from what happened. A less successful example—one that Dr. Sullivan referred to yesterday—occurred when a significant issue was introduced and then just “plopped” on the table. When that happens, there are different kinds of questions you can ask to try to move toward understanding—Could you say more about that? Tell me what led you to that conclusion? How do you think that might affect X, Y, Z? One additional point about process relates to the time yesterday spent discussing why medicine is better off than dentistry. In one sense, that's probably not productive; but, in another, you probably can learn a lot by watching the mistakes we've made in medicine and trying not to duplicate them. Finally, I want to emphasize a critical observation made this morning and several times in the discussions: the point of your talking together is not to assign blame, but to move forward on the issues and to resolve the problems. It is always advisable to focus on where you're going, not who bears the responsibility for the mess you're in or the problem you're facing. Assigning blame never corrects a problem.

As a bridge to some observations, on content, I want to share some of the questions that occurred to me as I listened to the discussions. In the talk about where future faculty will come from, I found myself wondering whether, with the image of dentistry as a solo profession, your applicants are self-selected by a preference for working alone and perhaps even have a dislike or antipathy towards authority. I wonder what would happen if you deliberately tried to select some part of your student population according to different

characteristics, looking at things like affiliation needs and so forth. My second question was generated by remembering that one of the big things that attract people to academic medicine is that, at a medical center, you get to see the highest percentage of very complex cases. I suspect that's not quite parallel in dentistry, so the question is then: what is your hook to attract people who are really turned on by complexity, who want complex problems? A third question arose when I came into the room yesterday morning and was struck by the observation that the group is a monochrome. Same color clothing, pretty much for men and women, and not very much difference in the coloring of the faces either. That's important because your pool of future faculty looks very different from you. So the question is: how will you know what's important to them? I feel very confident in saying it will be somewhat different than what's important to you because you're going to be recruiting across a real generational divide. So how are you going to find out what's really important to them?

In the session on the cost of dental education and the futility of thinking about clinical practice as ever being a big money-maker, I found myself wondering what would happen if universities gave their faculties and staff the opportunity to get their clinical care at the dental school without charging them time off from work. In other words, if these university folks went to the dentist and they didn't have to deduct the hour they were away from work, they would pay for service, but they wouldn't have to book time off. That could be an in-kind contribution the university could make to your practice that might increase business.

Fifth, in terms of curriculum, I wonder what role you think virtual reality and clinical case simulations might play. They are horribly expensive to develop, so I wonder what opportunities you might think about for national or regional consortiums with such resources. Many years ago, I was president of the Group for Research in Pathology Education, which is a national organization, and we created inter-institutional test item banks, learning materials, photo banks, and so forth. Not only did we spread the cost, but we spread the evalu-

ation of the materials, so they had very high reliability. More generally, I wondered where dentistry is in terms of thinking about the learning paradigm versus the teaching paradigm. That question affects how you recruit faculty. How will you look forward and how will you prepare people who will be learning guides rather than the usual model of teachers? I must admit that the first thing I thought of regarding the possibility of a fifth year was, regardless of how well justified it is, how are you going to sell this to the public in terms of the value added for the extra cost. There is enormous concern among the public about the cost of all higher education.

Finally, I found myself going back to a recurring question that I've thought about a lot for years. I wonder why those of us in all the health professions tend to focus on the differences between our professions when what the public tells us is that they don't care what professions we call ourselves. What they care about is high-quality, high-value access and respectful service. As long as we keep training the professions completely separately, I think we will keep up the same cultural walls. So it might be worthwhile spending a little time thinking about what would really best meet public needs.

Now, in terms of content, I want to do two things. The first is to make a few comments about leadership because that subject came up so many times. Then I will give you a rapid-fire list of what I think I heard as action items or principles across the day and a half.

I heard people say in a number of different ways that dental schools really need people who are competent both in management and in leadership. At the same time you recognize the need to be thinking about how to train emerging leaders at all different levels. I agree with both wholeheartedly. But there's a big difference between management and leadership. Management involves getting things done on time, within budget, using the right people, and with the appropriate level of quality. The tasks of managers are operational planning, budgeting, staffing, and managing personnel. Leadership, on the other hand, is about moving people to a new place, maybe a place that's close by or it may be a place that's like Timbuktu, depending on what the circumstances require. But it's a fundamental shift of location. And it's not tied to particular titles. I think your task in developing emerging leaders should involve not just preparing people for deanships and department chair positions, but developing people who can initiate and sustain change anywhere. That's what leadership is about. It's about change. The reason you

see this enormous expansion of the leadership literature is because there is broad awareness in our society that we need good management, but we need a lot more. Society is fundamentally moving to a different place, and that means that all of our institutions have the choice either of moving along or being left behind with, as somebody put it yesterday, the dinosaurs.

The tasks then of leadership are basically four. The first is to understand the environment and to interpret the environment at the interface between the group you are leading and the broader context. The second task is to set direction. That's about mission, vision, and values. And I know those are hackneyed ideas, but there is a lot of very good research that suggests the more complex the situation gets, the more important it is that you have broad understanding of fundamental guiding principles as a basis for decision-making. And there's no question the environment is getting much more complex. The third task of leadership is to align people. That includes things like communicating the direction over and over and over again until you're so sick of it you think you can't possibly say it one more time. It means modeling the values—acting them out, not just talking them, but really walking them. It means promoting harmony and managing conflict, and those are not the same thing. The fourth task of leadership is to motivate and inspire. About six months ago, when I was preparing a talk for another organization, I researched different definitions of what the work of leadership involves and the one item that came up in every single one was inspiration. What inspiration means literally is to fill with spirit, and the recurrence of that is linked to meaning. One of the critical jobs of a leader is to help create meaning in the environment, help create an environment where other people can find meaning.

Someone asked yesterday: how do you spot leaders? I think there are a few characteristics to look for. We can't look in the mirror anymore because, as the world changes, we need to be training leaders, some of whom will look like us and some of whom will look very different. We need a panoply of people and competencies in our leaders. Some of the qualities you look for are people with ideas and the ability to share those ideas with others. Anyone can learn to polish their communication skills, but leaders have to possess the inherent urge to get their ideas outside their own heads. Secondly, look for those who like and understand people. We all know leaders have to be with people all day long. We have varying styles of how to handle people, but a basic understanding and a basic appreciation of other people are key.

Third is the ability to say “I don’t know and I’ll find out” because no leader today, whether in a small or large group, can possibly have all the answers. In order to get other people to share the responsibility, to take more initiative, you have to show them that it’s okay to not know everything and to find out. I remember an instance years ago when we were teaching case-based learning at Iowa when this point was really brought home to me. One day in a session on inflammatory diseases, we were looking at a slide of chronic mastitis, and a student said to me, “I know mothers are supposed to nurse because of the antibodies in the milk, but how does the antibody get from the plasma cell into the milk?” I thought, “Holy cow, I don’t have the slightest idea,” and was I embarrassed. So I told them I didn’t know and would find out. That week, I called up faculty at several different universities and discovered that people didn’t know then precisely how the process happened, but could identify some possible mechanisms. At the end of the semester, that student came back to me. He had done well in the course and said he’d had a great experience. Then he said, “You know, the thing that was the most significant learning for me was the day that you told me you didn’t know and then showed me how you found out.” That was one of my earliest experiences with the distinction between teaching and learning. As leaders, first and foremost, we are learning guides for other people.

Other characteristics to look for in future leaders are the ability to make decisions and the ability to take risks. Self-knowledge is a big part of this—people who have some sense of their own strengths and limitations. And look for people who show respect for everyone, or at least show that they have the potential to be respectful of everyone. You can’t be selectively discriminatory; it’s an all or nothing phenomenon. A final quality to look for is credibility, which comes down to competency and trustworthiness. Competency you all know about, but think about how to identify young people who show signs that they are trustworthy.

Once you spot potential leaders, how do you develop them? I was delighted to hear the comments at this session about developing leadership programs because that’s one of my personal passions and has been for a long time. Thirteen years ago, Janet Bickel and I started the AAMC’s leadership development programs for women in academic medicine, and I’ve also started internal leadership programs at institutions. I really believe you have to do both outside and inside training

and development. The key thing is that it’s a continuum. If you think about what you learned about learning theory many years ago, probably in a general psych course, you’ll remember that it’s intermittent reinforcement, practice, repetition. So it’s learn, have an experience, practice it, learn some more, practice it, and get feedback. Feedback is not a judgment of whether you did well or poorly; feedback is a mentor taking a young person aside and talking about very specific behavior.

I had a wonderful boss at Iowa, Jack Eckstein, who was the dean for twenty-one years. He was a remarkable leader and an even more remarkable teacher although he would never agree that he taught people about leadership—he didn’t see it himself. When he gave you a responsibility, it was really delegation. He wouldn’t let someone come around you back to him. And, when you talked about an idea, it was a Socratic dialogue. He’d say, well, how do you think so-and-so’s going to react to that? And do you think you have to do this all at once or could you do it in pieces? What do you think would happen if you did this before that? And he never said it’s a bad idea or it’s a good idea. It was always pulling out the implementation and helping enlarge your worldview. It was very good feedback and it built confidence.

So share your own thinking with younger people. Let potential leaders have formal learning experiences inside and outside the institution. Give them a series of developmental assignments and, if you can’t do it yourself, make sure somebody gives them constructive feedback on those assignments. And then, finally, when they do get to a leadership position, support them. It’s a lonely job, and the higher you go the lonelier it is, so help them early to find ways that they can keep connecting with other people as idea sources.

I want to conclude with this rapid-fire summary of what I think I heard as action principles from you:

- Integrate. That doesn’t necessarily mean a merger with a medical school or some other health college. It should be considered at all levels. One example might be what I call the stem cell model of health professions education. There is some common core of science, of patient relationships, of ethical theory, that’s common to all the health professions. You could come together with other health professions to craft such learning experiences.
- Partner. There are lots of good examples of that. Partner with the university, with other units within

the university, with other professional schools, with other dental schools, with professional associations or industry.

- Make your school indispensable to the university. Find some niche, whether it's a focused area of research or an area of service or some skill that's valuable to the university, and really develop it. Cultivate effective relationships with the executive team of the university. Somebody mentioned the chief financial officer; that's an important one. But get to know the whole series of members of the executive team. One of the early lessons I learned too was that the support staff can increase or decrease your work efficiency by about a third. They can also be tremendously loyal contacts and give you information to which you otherwise wouldn't have access. An important tip for people on the way up is: don't burn any bridges and cultivate relationships. The investment will come back to you in unexpected ways.
- Replicate things that are done right. Yes, learn from your mistakes, but also repeat those things that worked, not inflexibly, but extrapolate from them to new situations. Coach Mike Ditka says, "No success is permanent, and no failure is fatal." I don't usually think of Ditka as a man of words, but that sentence I think is worth remembering.
- Develop shared vision and values, inside the dental school and with the university, and work at it daily.
- Avoid an us-versus-them posture. I think it's important to understand that there's something in many human beings that prompts us to look for a common enemy, and we always find one. If you find yourself moving toward an enemy, make sure it isn't someone who really ought to be an ally.
- Think collaboratively about interactions with both the other dental schools and the other schools in your own university. Work the entire length of the

faculty pipeline. I was glad to hear some comment about the Ph.D. program, because I think one of the options is, if you're in a health center that has an M.D./Ph.D. program, it probably wouldn't take a whole lot to have a D.D.S./Ph.D. program, and you could develop some people that way.

- Develop good data in some key areas. Now, the AADS I know can never have the resources that the AAMC does. But you folks could pick out a few key areas, and I can tell you from experience that external data was extraordinarily valuable to me over the years in talking with university people.
- Help people work together. That means understanding their fears, which is what keeps them apart, and understanding their dreams, which is how you can help them come together. Cultivate team skills because that's where the future is. Teamwork won't replace individual actions, but it will be much more important, so cultivate team skills yourselves and help other people to do the same, especially those that you spot as future leaders.
- Understand your own values, where they come from, how they influence your behavior, and how they might be different from other people's values. Accept that there are other valid positions on values. There are some universal proscriptions, but most values are really relative and we need to be flexible in distinguishing preferences and values.
- Some universities are working to redefine themselves, and I think more will soon recognize that imperative. So now really is your chance to reimagine, to refresh, and to recreate dental schools, and if you don't and your university does, then you may face that centrality of mission gap.
- Finally, I hope that you will reaffirm often the many ways in which you do indeed add value to your own university and to society.