C-Suite Recruiting Practices in Academic Medical Centers

How Teaching Hospitals Find Top Talent

William T. Mallon, Ed.D., David S. Hefner, M.P.A., and April Corrice

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Learn

Serve

Lead

Introduction

Finding top talent is one of the most important undertakings for any organization. Those that recruit effectively have clear competitive advantages—unfortunately, researchers have found that, across industries, most organizations do not recruit well.[1]

Recruitment of leaders in academic medicine has always been critical, and may be even more so in an era of great change in health care. As academic medical centers evolve from cultures based on hierarchy, individualism, and expert-centeredness to ones rooted in integration, teamwork, and patient-centeredness,[2] circumstances demand leaders who are strategic thinkers, agile learners, and change facilitators. Leaders lead culture,[3] and the leadership culture can transform the organizational culture.[4]

Finding those leaders—internally or externally—is paramount. In fact, evidence-based research has shown that high-quality recruitment and selection practices, such as assessment of organizational fit, are linked with important organizational outcomes, including retention.[5-6]

More is known about recruitment practices for academic leaders of medical schools than for executives of teaching hospitals. In 2009, the Association of American Medical Colleges (AAMC) published a landmark study about how medical schools search for new department chairs and center directors, which provided, for the first time, baseline data about leadership recruitment practices in academic medicine.[7]

In 2010, we explored recruitment practices for C-suite executives in major teaching hospitals. This report presents the findings of our work and paints a picture of how teaching hospitals find their top talent—both the strengths as well as the opportunities for improvement.

For each of the findings, we provide an analysis of the data and offer a promising practice, adapted from the AAMC's *Finding Top Talent* handbook, on how to search for leaders in academic medicine.

[1] Fernandez-Araoz, Boris G, Nitin N. The definitive guide to recruiting in good times and bad. *Harv Bus Rev.* 2009. 87:74-84.

[2] Kirch DG. Culture and the Courage to Change. Presidential address at the 2007 AAMC Annual Meeting, Washington DC. 4 Nov 2007. Available at www.aamc.org/publications. Accessed February 1, 2011.

[3] Schein E. *Organizational Culture and Leadership.* 1992. San Francisco: Jossey-Bass.

[4] McGuire JB, Rhodes GB. *Transforming Your Leadership Culture.* 2009. San Francisco: Jossey-Bass.

[5] Breaugh JA, Starke M. Research on employee recruitment: so many studies, so many remaining questions. *J Mgmt.* 2000. 29:405-434.

[6] Kristof-Brown AL, Zimmerman RD, Johnson ED. Consequences of individuals' fit at work. *Pers Psych.* 2005. 58:281-342.

[7] Mallon WT, Corrice A. Leadership recruitment practices in academic medicine: How medical schools and teaching hospitals search for new department chairs and center directors. 2009. Available at http://www.aamc.org/publications. Accessed February 1, 2011.

Summary of Findings

1. **Teaching hospitals are constantly searching for new leaders.** See page 4.

2. **The average leadership search in major teaching hospitals takes seven months and most frequently results in an external candidate being selected for the position.** See page 5.

3. **Teaching hospitals have professional guidance and regularly use search committees in the search process for C-suite executives.** See page 6.

4. **CEOs appear satisfied with many aspects of the leadership search process, but less so with outcomes in achieving a more diverse leadership team. Yet teaching hospitals might not tap into all the resources at their disposal to reach out to diverse applicants.** See page 7.

5. **Identifying candidates with the best "fit" is the most vexing challenge in the leadership search process for major teaching hospitals and health systems; building systems of talent management and leadership development is a potential solution.** See page 9.

6. **Almost 4 in 10 medical school deans have no active role in the search and recruitment process for C-level executives at integrated teaching hospitals.** See page 10.

Survey Description and Methodology

This report is based on findings from a 34-item survey administered to chief executive officers (CEOs) at a random sample of 150 major teaching hospitals in the United States. We use "hospital CEO" to refer to the individual who leads the teaching hospital. We recognize that not all of these individuals have the formal title of chief executive officer, but in all cases, we refer to the person who heads the hospital organization.

We administered the survey and survey reminders in three waves (April, July, and October) during 2010. After removing from the sample 16 individuals who could not be contacted, the survey achieved an overall response rate of 39 percent with 52 of 134 hospital CEOs (or their designees) responding to the survey.

The survey asked teaching hospital CEOs whether they had appointed any direct-report "C-level" positions in the previous two years (2008-2010). These positions included:

- Chief Financial Officer or similar position (e.g., Vice President of Finance)
- Chief Operating Officer or similar position (e.g., Vice President of Operations)
- Chief Nursing Officer or similar position (e.g., Vice President for Nursing)
- Chief Information Officer or similar position (e.g., Vice President for Information Systems)
- Chief Medical Officer or similar position (e.g., Vice President for Medical Affairs)
- Chief Quality Officer or similar position (e.g., Vice President for Quality Management and Improvement)
- Chief Human Resources Officer or similar position (e.g., Vice President for Human Resources)
- Chief Legal Officer or similar position (e.g., General Counsel)
- Chief Facilities Officer or similar position (e.g., Vice President of Facilities)
- CEO/Executive Director of a Faculty Group Practice
- Other C-level positions not included above

The survey then asked CEOs to provide information on the searches that occurred in the previous two years. The survey addressed several aspects of search practices, including: the duration of searches, the use of external search firms and search committees, satisfaction with searches, challenges facing academic medicine in the search and recruitment process, and innovative or successful recruitment strategies.

A subset of questions (about the involvement of the dean of an affiliated medical school in the search process) was only addressed to CEOs of teaching hospitals that are "integrated." An integrated teaching hospital is under common ownership with a college of medicine and/or is one in which the majority of medical school department chairs serve as the hospital chiefs of service. Of the 52 hospitals responding to this survey, 37 were integrated teaching hospitals.

The responses were then aggregated, tabulated, and analyzed to produce this report.

Findings

Finding #1: Teaching hospitals are constantly searching for new leaders.

The survey confirmed the anecdotal impression that most teaching hospitals are constantly recruiting for their top executive positions. Of the CEOs who responded to the survey, 75 percent had appointed one or more C-suite executives in the previous two years. Of those CEOs who had appointed new executives in the previous two years, the range was 1-5. On average, teaching hospital CEOs who recruited new leaders appointed 2.5 C-suite positions in the previous two years (Table 1).

Table 1 *Number of new C-level appointees at major U.S. teaching hospitals in previous two years, at those hospitals that appointed at least one new C-suite executive*

Number of C-Suite Appointments	Percentage of Hospitals
1	18%
2	33%
3	31%
4	13%
5	5%
Mean	2.54

Promising Practice

Continuity: A critical element in how well academic medical centers recruit their top talent is *continuity*: the systems and processes in executing one leadership-level search to the next. Do you have a well-developed system to find top talent, or do you reinvent the wheel every time you run a search?

According to our 2009 AAMC study of medical school recruitment practices, medical school deans had appointed, on average, 4.1 new chairs or center directors over the previous two years, with appointments of clinical chairs being the most frequent.[7] The results of the current study coupled with previous research indicate that academic medical centers have high recruitment loads at any given time—between the hospital CEO's executive team and the dean's executive team, academic medical centers are constantly juggling many high-profile, high-impact, high-cost recruitment processes.

Finding #2: The average leadership search takes seven months and most frequently results in an external candidate being selected for the position.

A common perception of the search process in academic medicine is that it takes a long time, especially compared to other industries or sectors.[8] This perception may be especially true for positions that have an academic appointment, such as department chairs. In teaching hospitals, however, our findings indicate that the average length of the leadership search process for C-suite executives was 7.3 months (Table 2).[9] Compared to the search process for department chairs in U.S. medical schools, teaching hospitals conduct their searches with alacrity; the average search duration for clinical department chairs was 11.8 months.[7]

Table 2 *Duration of search process for C-suite executives in U.S. teaching hospitals, compared to medical school clinical department chairs*

	Hospital C-suite executives	Clinical department chairs*
1-6 months	51%	21%
7-12 months	36%	48%
13-18 months	13%	21%
More than 18 months	0%	10%
Mean	7.3 months	11.8 months
Range	2–16 months	2-45 months

* From Mallon & Corrice, 2009 (see footnote 7)

Promising Practice

Interim Leadership as a Strategic Opportunity:
Appointing a person from inside the organization to serve in an interim role can be a strategic opportunity to develop internal talent. Interim leadership can also "open the door" to minority or female candidates who otherwise might be overlooked. A period of mentorship followed by an interim leadership experience can help prepare high-potential individuals to serve as permanent leaders.

Survey results indicate that three of every four appointments for C-suite executives in major teaching hospitals are made after a national search. As Mallon, Grigsby, and Barrett indicate in *Finding Top Talent: How to Search for Leaders in Academic Medicine*, conducting a national search allows the organization to ensure highly qualified external candidates have not been overlooked and to validate the choice of the internal candidate.[10]

The survey also revealed that CEOs ultimately hire more external candidates than internal candidates. Thirty-eight percent of the individuals who were selected for these C-suite positions were internal; 62 percent were external. This internal/external candidate ratio in teaching hospitals is the inverse of that for medical school department chairs. According to Rayburn, et al., 66 percent of department chairs have been internal candidates—a percentage that has been remarkably stable over time.[11] The high percentages of external hires in teaching hospitals also is in contrast to the business sector, where a common benchmark in the business sector is 70/30—that is, 70 percent of leadership positions are internal appointments and 30 percent are external hires.[12]

8 Mallon WT. The search process in academic medicine: Perspectives of executive search consultants. 2008. Available at: https://www.aamc.org/download/68688/data/searchconsultants.pdf. Accessed February 1, 2011.
9 In the survey, we asked hospital CEOs to indicate when each search commenced (in month and year) and when the search ended (defined as when the appointment of the new leader was publicly announced). The duration of the search was calculated using these two dates.
10 Mallon WT, Grigsby RK, Barrett MD. *Finding Top Talent: How to Search for Leaders in Academic Medicine.* Washington, AAMC: 2009.
11 Rayburn WF, Alexander H, Lang J, Scott JL. First-Time Department Chairs at U.S. Medical Schools: A 29-Year Perspective on Recruitment and Retention. Academic Medicine 2009; 84: 1336-41.
12 Hynes P, Alexander A. Securing the future: Managing talent in a complex world. 2009. Available at: http://content.spencerstuart.com/sswebsite/pdf/lib/securingthefuture_june09.pdf. Accessed February 1, 2011.

The high percentage of external hires in teaching hospitals may have many causes and explanations. We speculate that, in part, many of these organizations do not have in place the talent management systems to identify, develop, and promote high potential and emerging leaders already in their ranks.

Finding #3: Teaching hospitals have professional guidance and regularly use search committees in the search process for C-suite executives.

Professional Guidance

In the 2009 study on medical school search practices, only 26 percent of clinical department chair searches employed external executive search firms.[7] In contrast, 74 percent of teaching hospitals used external executive search firms and 12 percent use "in-house" search consultants for their leadership-level searches (Table 3).

Table 3 *Use of professional guidance in C-suite searches in U.S. teaching hospitals*

Internal search consultant	External search consultant	No professional assistance
12%	76%	12%

Why the inverse proportions between medical schools and teaching hospitals in the use of external search consultants? We speculate that the biggest reason is cultural. The academic context and tradition of medical schools dictates a hiring process that historically has been a faculty-peer-driven process, even for leaders such as department chairs. Faculty members can be skeptical of having consultants involved in the process, believing, rather, that only academics can truly judge academic quality. On the other hand, hospitals have stronger corporate cultures, which make the use of search firms more common.

Cost may also play a role in this differential. Hospitals may be more likely to accept the fees of external search firms as a cost of "doing business," whereas the medical school may have less tolerance for budgeting recruitment costs.

Use of Search Committees

Internal committees are another common mechanism for conducting searches for C-level positions in U.S. teaching hospitals—74 percent of hospitals used search committees. Search committees honor the longstanding traditions in academe of having peers participate in the recruitment process—teaching hospitals may have imported this practice from the academic side of the medical center. The use of peers in the search process is far less common in the business sector. According to one study, only 31 percent of companies included peers of the position in the executive selection process, but executives were more successful in their positions when a team was involved in the hiring decision.[13]

Promising Practice

Five Tips for Working with Search Firms:

1. Request transparency in how the firm creates its list of candidates. Know how the list was generated, not just who is on it.

2. Set clear expectations about responsibilities and deliverables. In the contract, identify detailed deliverables at each step.

3. Be clear about who is doing the work. The principal or other staff?

4. Ask for the firm's specific track record in placing women and minority candidates into leadership positions.

5. Do reference checking on the firm and the specific consultant with whom you will work.

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13 Sessa VI, Taylor JJ. *Executive Selection: Strategies for Success.* San Francisco: Jossey-Bass, 2000.

14 Marchese TJ, Lawrence JF. The Search Committee Handbook: A Guide to Recruiting Administrators. 2nd ed. Sterling, Va.: Stylus, 2006.

Search Committee Size

A common criticism of search committees in academic medicine is that they are too large and unwieldy.[7, 8] The average size of search committees for leadership positions in teaching hospitals is around 10 members; several reported more than 20 members (Table 4). Research indicates that the ideal size of a search committee may be 5-7 members.[10,14]

Table 4 *Size of search committee for C-suite positions in U.S. teaching hospitals*

5-9 members	50%
10-14 members	32%
15-19 members	10%
20 or more members	8%
Mean	9.87 members

These findings may suggest that teaching hospitals, like their medical school counterparts, appoint individuals to search committees because of whom they *represent* rather than what *competencies* they offer to the search. A traditional approach to committees is to ensure that constituencies or stakeholders have a "seat at the table." For some positions, then, it is not surprising when search committees have 15 or 20 members.

Finding #4: CEOs appear satisfied with many aspects of the leadership search process, but less so with outcomes in achieving a more diverse leadership team. Yet teaching hospitals might not tap into all the resources at their disposal to reach out to diverse applicants.

Overall, CEOs appear quite satisfied with how the search process occurs at their institutions. Large majorities of CEOs were satisfied or very satisfied with the performance of the search committee and the quality of the finalists to meet the most pressing needs of the position (Table 5). Somewhat lower percentages of CEOs, although still the majority, were also satisfied with the duration of the search process and the overall quality of the candidate pool.

Hospital CEOs were far less satisfied with the number of finalists for each position who were women or racial/ethnic minorities. Only 36 percent of hospital CEOs were satisfied with the number of finalists for their C-level positions who were racial or ethnic minorities; 47 percent were satisfied with the number of finalists who were women.[15]

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[15] Chief nursing officer (CNO) positions were excluded from the analysis of CEO satisfaction with the number of women finalists.

Promising Practice

**Understanding the impact
of unconscious bias in
recruitment**

Unconscious bias refers to
social stereotypes about
certain groups of people that
individuals form outside of their
conscious awareness. A vast
array of empirical research has
demonstrated that unconscious
biases negatively affect
women and racial and ethnic
minorities in the evaluation
of and decisions made by
those involved in recruitment.
Search committees and hiring
authorities can learn about
proven strategies to mitigate
the impact of unconscious bias
through the AAMC's Web
seminar. See the end of this
report for details.

Table 5   *Hospital CEOs' satisfaction with aspects of the search process for C-suite positions*

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
The performance of the search committee	31%	52%	14%	3%	0%
The quality of finalists to meet the most pressing challenges of the position	34%	51%	11%	3%	0%
The duration of the search process	20%	43%	14%	23%	0%
The overall quality of the candidate pool	17%	49%	17%	17%	0%
The number of women finalists*	16%	31%	22%	22%	9%
The number of finalists who are racial/ethnic minorities	9%	27%	36%	9%	18%

* CNO searches not included

Despite the dissatisfaction with the diversity of the applicant pool for these leadership
positions, teaching hospitals might not take advantage of tools and resources to connect
with applicants who are women and/or racial and ethnic minorities. While 90 percent of
C-suite searches include women and minorities on search committees, only 51 percent
of searches contact national organizations for women and minority professionals for
referrals, only 29 percent advertise in specialty publications geared toward women and
minorities, and only 12 percent attend meetings of women/minority special interest
groups at national professional societies (Table 6).

Table 6   *Various strategies used by U.S. teaching hospitals to recruit applicants who are
women and racial/ethnic minorities*

	Percentage of hospitals employing strategy
Inclusion of women and minorities on the search committee	90%
Contacts to national organizations for women or minority professionals for referrals	51%
Advertisement in specialty publications geared toward women and minorities	29%
Attendance at meetings of women/minority special interest groups of national professional societies	12%

These results indicate that teaching hospitals have much room for improvement in searching for more diverse individuals on the senior level. The results also suggest that executive search firms (used in 3 of every 4 C-level searches) may also not be tapping into available resources to identify diverse candidates. In fact, hospital CEOs expressed their greatest dissatisfaction with search firm performance in identifying minority candidates. While 77 percent of CEOs were satisfied or very satisfied overall with the search firm, only 43 percent were equally pleased with search consultants' assistance in diversifying the candidate pool (Table 7).

Table 7 *Hospital CEOs' satisfaction with aspects of the executive search firm performance in C-suite searches*

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
Overall satisfaction with the firm	44%	33%	11%	11%	0%
Helping the search committee set expectations	36%	50%	14%	0%	0%
Identifying a pool of candidates of adequate size	19%	58%	19%	4%	0%
Identifying women candidates*	21%	42%	24%	6%	6%
Identifying minority candidates	8%	35%	35%	8%	15%
Convincing "reluctant" candidates to consider the position	23%	39%	19%	19%	0%

* CNO searches not included

Finding #5: Identifying candidates with the best "fit" is the most vexing challenge in the leadership search process for major teaching hospitals and health systems; building systems of talent management and leadership development is a potential solution.

The survey asked respondents to share their opinions on the top three challenges that teaching hospitals and health systems face in searching for and hiring executive leaders. Through analysis of responses to this open-ended item, hospital leaders most often cited the challenge of ensuring the right "fit" between the candidate and the organization.

This challenge extends beyond a judgment of candidates' competencies, skills sets, and qualifications. Ensuring a good fit involves an understanding of the organization's culture and work style; defining the desired work style and approach; and assessing whether the candidates are a good match for the organization's values and culture (whether that culture be the one that exists or the one that the CEO hopes to create).

Promising Practice

4 Ways to Assess "Fit"
CEOs and other hiring authorities can assess fit through a variety of methods, including:

1. Candidate "statements": Organizations can request a statement from each candidate about their leadership philosophy, work style, and values.

2. Behavioral interviewing: A technique to understand candidates' fit based on actual past behaviors.

3. Formal assessment tools: Many training and development companies offer formal assessments to evaluate candidates in areas such as interpersonal communication skills, leadership styles, and work "personality."

4. 360-degree reference checking: Asking managers, peers, and direct reports about how candidates engender trust, energize and develop others, demonstrate respect for followers, hold people accountable, and delegate.

CEOs indicated that, as an aspect of good fit, they were challenged to find executives with appropriate leadership values or cultural understanding. Respondents were confronted in identifying:

- "Servant leaders in contrast to just leaders"
- Leaders "with competencies for the future of health care"
- "High-quality candidates who understand academic medical centers"

Another question asked respondents to identify the aspect of the search and recruitment process that most needs to be improved. Respondents often identified the need to better develop leadership from within, which would help ensure fit with organizational values and culture.

- "The best option is to promote from within. Thus, we should be working on mentoring future leaders."
- "Transition planning is minimal, as well as staff development for senior leadership positions."
- "Having home-grown talent is a positive."

Some teaching hospitals had greater capabilities in talent management than others. For example, one hospital CEO indicated that "We annually assess our management talent; we encourage promotions and transfers; and we have an incentive plan target that 60 percent of our directors, VPs, and SVPs be filled from internal resources." Another CEO responded in the more typical fashion: "We are just beginning with succession planning and leadership development."

Finding #6: Almost 4 in 10 medical school deans have no active role in the search and recruitment process for C-level executives at integrated teaching hospitals.

Previous research has found that in leadership recruitment in academic medical centers, alignment between the dean and CEO was critical.[7] This survey asked CEOs of integrated teaching hospitals about the role played by the dean of the affiliated medical school in the C-suite search process.[16] For C-suite positions at integrated hospitals, almost 4 in 10 (38%) of the affiliated deans had no role in the search and recruitment process for these hospital executives.

Whether the dean had a role in the search process for C-suite hospital executives varied by position of the candidate. As Table 8 indicates, deans affiliated with responding teaching hospitals had a role in 100 percent of searches for chief medical officers (CMOs) and 89 percent of searches for chief operating officers (COOs) but were less likely to have a role in searches for executives in nursing, human resources, or finance.

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[16] An integrated teaching hospital is under common ownership with a college of medicine or one in which the majority of medical school department chairs serve as the hospital chief of service. Of the 52 hospitals responding to this survey, 37 were integrated teaching hospitals.

Table 8 *Percentage of C-level position searches at integrated U.S. teaching hospitals in
which the dean of the affiliated medical school was involved in some capacity*

	Percentage of deans at affiliated medical schools who were involved in search process
Chief Medical Officer	100%
Chief Operating Officer	89%
Chief Information Officer	75%
Chief Nursing Officer	63%
Chief Human Resources Officer	40%
Chief Financial Officer	33%

Compared to the role that teaching hospital CEOs had in the recruitment process for
clinical department chairs at U.S. medical schools, deans are less likely to be involved
in the recruitment process for hospital C-suite positions (Table 9).[7] The most common
role was to interview the finalists.

Table 9 *Role of the dean of the affiliated medical school in the search of C-suite executives,
compared with the role of the hospital CEO in the search for medical school
department chairs*

Role	Percentage of medical school deans involved in hospital C-level searches	Percentage of hospital CEOs involved in clinical chair searches*
Interviewed each finalist for the position	54	91
Helped develop expectations for the position before the search process was launched	32	71
Reviewed and commented on the job description	24	53
Consulted on the composition of the search committee	22	67
Had at least one nominee who served as a member of the search committee	22	74
Presented his/her expectations for the position to the members of the search committee.	19	41
Served as a member of the search committee	14	36
Had no role	38	0

* From Mallon & Corrice, 2009 (see footnote 7)

Conclusions

The results from this AAMC study on recruitment practices for C-suite executives in major teaching hospitals indicate that CEOs are generally satisfied with the duration, process, and outcomes of the recruitment process, with notable exceptions. High levels of dissatisfaction exist among hospital CEOs with the number of finalists for these positions who are women and racial/ethnic minorities. While CEOs were generally satisfied with executive search firms, they indicated their greatest levels of dissatisfaction in the consultants' ability to identify women and minority candidates.

While teaching hospitals complete the recruitment process for leadership positions more quickly than their medical school counterparts, they are almost twice as likely to tap into an external candidate for the position. This finding, coupled with the CEOs' impressions of how the recruitment process can be improved, suggests that hospitals can improve their systems of internal leadership development and talent management. In fact, many CEOs indicated that they are in the process of doing so.

At integrated teaching hospitals—where there are very close connections with the affiliated medical school—the deans of medicine often are not involved with the CEOs in the recruitment process for C-suite executives. While deans played a role in a high percentage of searches for CMOs and COOs, they were less involved in recruitments for chief nursing officers and chief financial officers. Given the increasing demand that all parts of the academic health enterprise function as a highly interdependent, integrated, cross-functional, and high-performing organization, we speculate that deans and CEOs will align their recruitment functions to a much greater extent in the future than they have in the past.

This study comprises one component of a multifaceted AAMC initiative on leadership recruitment and talent management. Other AAMC resources include:

- **Finding Top Talent: How to Search for Leaders in Academic Medicine**
  Integrative leadership teams are key to the future of every academic medical center. *Finding Top Talent* presents innovative ideas and promising practices to help medical schools and teaching hospitals recruit the best leaders for the future. The premise of this book is that process is the key to every successful search. Available from www.aamc.org/publications.

- **What You Don't Know: The Science of Unconscious Bias and What To Do About It in the Search and Recruitment Process**
  There is overwhelming scientific evidence that unconscious bias may influence the evaluation and selection of candidates from entry-level to leadership positions in all types of organizations, including medical schools and teaching hospitals. This Web seminar, created for academic medicine audiences, is designed to acquaint search committees and others with this research as one step toward mitigating the effects of unconscious bias. Available at https://www.aamc.org/initiatives/opi/leadership/seminar.

- **Finding Top Talent blog**
  This blog is for anyone involved in recruiting in academic medicine or anyone who wants to be recruited. www.leadership-recruitment.org

About the Authors

William T. Mallon is senior director of organizational learning and research at the AAMC, where he is responsible for developing best-practices research and solutions for medical schools and teaching hospitals to improve organizational leadership and effectiveness. Dr. Mallon was educated at the University of Richmond and Harvard University. He is the author of 35 journal articles, book chapters, and monographs on leadership and organizational issues in academic medicine and higher education.

David S. Hefner is senior advisor to the president at the AAMC. Mr. Hefner has more than 30 years' experience in the health care industry as both a health system CEO and a health care consultant. Prior to joining the AAMC, he served as president of the University of Chicago Medical Center and chief operating officer of the Penn State Hershey Medical Center. Mr. Hefner received his bachelor's degree in business administration and computer science from the University of Texas at Austin and a master's degree in health administration from Brigham Young University. He has served as a consultant to over 75 academic medical centers, schools of medicine, faculty practices, and more than 1,000 private physician practices and hospitals nationwide.

April S. Corrice is research analyst at the AAMC, a position she has held since 2008. Ms. Corrice has authored or coauthored numerous studies on faculty and leadership issues in academic medicine, including unconscious bias in hiring and recruitment, faculty personnel policies, faculty satisfaction, and leadership recruitment. She received her bachelor's degree in psychology from St. Mary's College of Maryland.