May 17th, 2005

John D. Wiley, Chancellor
161 Bascom Hall
500 Lincoln Drive
Madison, WI 53706

Professor Judith W. Leavitt,
Chair Medical School Dean Search and Screen Committee
133 Bascom Hall,
500 Lincoln Drive
Madison, WI 53706

Re: A Rural Perspective for the Medical School Dean Search, Screen and Selection Process

Dear Chancellor Wiley & Professor Leavitt:

I am writing this open letter at the request of the 29 community hospitals that own and operate the Rural Wisconsin Health Cooperative (RWHC) to suggest issues to be considered as applicants are reviewed for the position of Dean of the Medical School. We all need the Medical School to serve the state, but equally so, the Medical School best serves itself when it makes collaboration a core institutional competency. Secondarily, we wish to formally state our objection to the lack of rural community and limited external representation on the Committee.

I appreciate having had the opportunity to meet with Professor Leavitt as well as several other members of the Committee in order to discuss our concerns. This letter is the result of the resulting suggestion that we submit examples of questions that we feel should be asked to the candidates. While "presence by proxy" is a poor substitute for face to face participation, we are complying with this request.

It is our hope that the Committee members consider these comments and questions in recognition that "outside" rural voices are absent from the process in a way similar to the more frequently discussed under-representation of women and people of color "within" University leadership. It is not our intent to criticize the individual members selected to serve on the Committee; we know that they have agreed to an extraordinarily time consuming and challenging job.

RWHC continues to believe that the University of Wisconsin, as one of the great land-grant universities, must excel in its ability to partner with the whole state, not just itself. We hope that the candidate selected by this process will understand that the Medical School's long-term success requires multiple external collaborations. There is some reason to believe this is possible as there is a substantial body of peer reviewed literature that speaks to the self-interest of academic medical centers being well served through community collaboration. We highly recommend review of the articles from the Kellogg Commission, *JAMA* and *Academic Medicine*

noted at the end of this letter.

The state's rural residents depend on the teaching and research mission of the Medical School to be both successful and relevant to them, which in turn requires the School to maintain a statewide clinical base. A critical part of this vision is the much publicized Transformation of the Medical School into a School of Medicine and Public Health; a vision that also includes the rural context. For the University to move forward, it absolutely cannot afford to retreat from the historic view that the boundaries of the University of Wisconsin are the boundaries of the state. Anything less is simply not comprehensive enough to be the basis, in terms of either political support or market share, for a viable medical school.

Naming Differences in Collaborative and Traditional Leadership

As a means of organizing specific comments and questions which we hope will be considered by the Committee and the Chancellor, much of the rest of this letter borrows liberally from the structure of "Managing Partnerships" a paper written by senior RWHC staff which details our experience re collaboration and was subsequently published in *Health Care Management Review*, Winter of 1993.

If the University is serious about maintaining and developing external relationships, the following concepts must be kept in mind as this process proceeds:

- Significant management practices necessary for successful collaboration such as needed between the Medical School and "out-state" organizations are not commonly seen in traditional vertically organized institutions.
- Most administrators have had little experience and even less training regarding leadership within the context of collaborative models.
- The "natural" administrative response will frequently come out of traditions that may be inconsistent with the actions needed to support networking.
- The development of collaborative relationships can look deceptively easy but collaborative processes sometimes require more time up front than that needed in authoritarian models.
- Enlightened self-interest is necessary for organizations to work together.

Personal Attributes of a Collaborative Leader

The personal attributes RWHC seeks in a Dean include at least the following:

- Experience managing community-academic collaborations.
- Understanding that the performance of any one sector depends on the performance of the state as a whole; e.g., health care professionals alone cannot make a healthy state, only multi-sector collaborative interventions can make a healthy state.
- A realistic understanding of the health challenges our state, country and world faces balanced by an "irrational" optimism and faith that we each can make a difference.
- When looking at alternative investments: the objectivity of an academic, the pragmatism of a businessman or woman and the creativity of an artist.

- Appreciation for the dualities inherent in American and Wisconsin culture—individualism and community, competition and collaboration.
- A vision that leadership needs to be simultaneously top down and bottom up within organizations, as addressed by Fortune 500 executive and author Max DePree—within the University itself *and* with its partners and stakeholders.
- At least as much experience with creating meaningful community partnerships as applying and disseminating knowledge.
- Tolerance for ambiguity and a willingness to hear and act upon alternative perspectives.

General Questions Relevant To Collaborative Leadership Skills and Experience

Below is a set of general questions we hope you ask each candidate. Validation of each finalist's responses should also be sought by asking similar questions to leaders of the community organizations with whom the finalists have partnered:

1. Please talk to us about the role of "trust" in your prior work with external stakeholders. What examples can you offer of your ability developing trust in these "partnerships"? How did you do it? How was the relationship affected?
2. How would you structure and manage university-community collaborations to be a good return on the invested time and money of the faculty, the university and the community organizations? What is the value of such collaborations to the university? How do ensure that the "tenure trap" not act as a counter incentive for faculty to be involved in service related initiatives? Relevant experience?
3. In your prior positions, how have you been able to make community partners feel useful, needed (beyond writing checks or lending support with State Government)?
4. Please give specific examples of how community partners and stakeholders have been invited into and participated in medical school or other university planning exercises. What did you see as the benefits and challenges in these instances. How would you do it differently today?
5. What has been your experience in getting external partners to understand the long-term strategic picture of academic medicine in your prior positions? What did partners learn from these experiences? What did you learn from these experiences?
6. In what ways have you worked to promote collaborative solutions that have enhanced the self-interest of both internal and external partners? Please be specific.

Questions Specific to Rural Health

Questions specific to the University of Wisconsin and the particular interest of rural communities in Wisconsin include:

1. Some have observed that, taken as a whole, the "culture" of the UW Medical School is unsupportive of rural health and primary care; if you found this to be the case, what would you do to change it?
2. There is an initiative being developed to create the Wisconsin Academy for Rural Medicine, a "school within a school" with a focus on improving the preparation of and distribution of

graduates into Wisconsin's rural communities. What is your experience in developing or helping to lead programs related to improving the distribution of physicians? What do you believe are the most effective strategies?

3. Wisconsin has one remaining rural Family Practice Residency; what would you help to do to strengthen that site and potentially redevelop other sites?
4. The Wisconsin Partnership Fund For a Healthy Future (created by the Blue Cross/Blue Shield conversion) is a new resource for the state and for the Medical School. The purpose of the Fund is "to significantly advance public health through prevention of disease, injury and disability." Many within and outside of the Medical School believe that, without strong leadership from the Dean, there is a substantial risk that this goal will be "transformed" to a more limited vision of primarily serving Madison campus interests. How will you exercise that leadership?
5. One goal of the Wisconsin Partnership Fund For a Healthy Future is to make Wisconsin the healthiest state; how can the Medical School best accomplish this goal in rural communities? What is the role of physicians in the future in rural Wisconsin and how can the Medical school best prepare them for that role?
6. The Wisconsin Partnership Fund For a Healthy Future is encouraging the University of Wisconsin to partner with the Medical College of Wisconsin to develop a collaborative "Public Health" Leadership Institute with a mission "to develop transformational leaders who engage in innovative community health improvement activities and effectively protect and promote the health of the public." Specifically, what do you hope this initiative will accomplish?
7. A key recommendation of the Institute of Medicine's Report, *The Future of Rural Health Care. Quality through Collaboration* is that "Rural communities must reorient their quality improvement strategies from an exclusively patient- and provider-centric approach to one that also addresses the problems and needs of rural communities and populations." What is the role of the Medical School with regards to this recommendation?
8. Most states have an Office of Rural Health, typically located either within state government or a university. What experience have you had with such offices and what would be your vision for the Wisconsin Office of Rural Health?

We hope the above observations and questions are helpful to the recruitment of a leader that will serve well both the Medical School and rural Wisconsin. If we can be of any assistance, please do not hesitate to ask. Thanks.

Sincerely,

Tim Size

Tim Size
Executive Director

cc: Dr. Kevin P. Reilly, President, University of Wisconsin System

Suggested Readings

"Community-Engaged Scholarship: Is Faculty Work in Communities a True Academic Enterprise?" (*Academic Medicine*, Vol 80, No 4/April 2005)

"Recognizing the Value of Community Involvement by AHC Faculty: A Case Study." (*Academic Medicine*, Vol 80, No 4/April 2005)

"Academic Medicine as a Public Trust" (*JAMA*, Aug 11, 1989-Vol262, No 6, pp 803-812)

An Open Letter to the Friends of American Public Higher Education: Sixth Report, Renewing The Covenant from the Kellogg Commission On The Future Of State And Land-Grant Universities, March, 2000

"Fulfilling the Social Contract between Medical Schools and the Public" (*Academic Medicine*, Vol 72, No 12/Dec 1997, pp 1063-1070).