

Executive Onboarding: Ensuring the Success of the Newly Hired Department Chair

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Abstract

The success of newly recruited medical school department chairs has become increasingly important for achievement of organizational goals. An effective onboarding program for these chairs can greatly facilitate early success, as well as satisfaction of the new hire with the position and the school. Onboarding programs can include traditional orientation items such as payroll sign up and parking details, but should focus heavily on sharing organizational structure, culture, and how things get done. The goals of onboarding will be

well served by implementation of three roles in the process. An *Orientation Navigator* can assist the new chair in the orientation phase, completing new employee documents and navigating the day-to-day challenges of working at the location. A *Peer Mentor*, generally a sitting chair, serves as both “buddy” and mentor, providing moral support as well as ensuring that the new chair gains an understanding of the people and processes important for getting things done. A *Transition Mentor* serves over a longer term as a sounding board and

coach outside the peer group, assisting in a variety of ways to promote the chair’s growth, development, and success as a leader. Finally, any onboarding process is significantly compromised without the active participation of the dean, meeting regularly with the chair to clarify expectations, promote assimilation, and solve problems. Successful onboarding begins with a mindfulness of the needs of the newly hired chair, and a well-designed and well-implemented plan will have wide-ranging benefits for the chair and the organization.

The recruitment of a department chair is a critical strategic event and one that involves significant investment of time, attention, effort, and money. The promise of a creative and energetic leader is compelling, and of course the impact of failure can be no less momentous. Early failure can have particularly high costs, not just in lost dollars and opportunity but also in the loss of morale and institutional confidence of those stakeholders most dependent on the success of the process. The impact of failure is perhaps most acutely felt in the department served by the new recruit. Recognizing this, many academic health centers have redesigned their search efforts for new chairs to ensure success, in many cases going so far as to hire an

executive search firm. Less acknowledged is the importance of the onboarding process, which can be critically important for ensuring integration of the executive into their new role, and thereby reducing the risk of failure.¹⁻³

We define onboarding as the process that encompasses the critical functions of assimilation; relationship formation; clarity of performance goals and metrics that will be applied to the newly hired executive’s role; continuation of leadership and management skill development; and ultimately, feedback for both the placement and organization.⁴ For the purposes of this discussion, onboarding also incorporates orientation, not because the technical aspects of payroll sign up, obtaining an ID, and completing physician credentialing are strategically central to a placement’s success, but because the way an organization facilitates the transition process helps set the tone for the individual’s assessment of and relationship to the organization.

There is a voluminous, if not always thoughtful, literature on the importance of onboarding in the corporate world. Studies indicate that as many as 30% to 40% of executives fail in their new roles, many within the first 18 months.^{5,6} According to the Corporate Leadership Council and others, executive failure and turnover occur for the following reasons⁷:

- Poor cultural fit; failure to understand the organization and “how things are done”
- Failure to create, build on, and translate team relationships
- Lack of clarity or alignment around performance goals and metrics
- Poor political skills
- Absence of a strategic, formal process to assimilate executives into the organization
- Being influenced by the wrong people

Other factors include unrealistic expectations, conflicting messages on expectations, and acting on messages received during recruitment that don’t reflect the reality on the ground at the time of arrival.⁸

Although available studies on proprietary corporate programs lack in scholarly rigor, they nonetheless indicate that formal onboarding can increase executive engagement and performance, reduce voluntary departures, and shorten the time to full productivity.⁹⁻¹¹ For instance, a comparative study at Texas Instruments showed that new hires who experienced the full onboarding process reached “full productivity” two months earlier than those who did not.¹² Johnson & Johnson’s survey of 125 new executives

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indicated that onboarding offerings gave them clarity regarding performance expectations (82%), knowledge that guided their focus on appropriate priorities (95%), and information that helped them build new relationships (83%).¹³ Similarly, PepsiCo found a significant difference in performance and satisfaction between managers who experienced the onboarding program and those who did not.¹⁴

Onboarding programs have been found to not only clarify expectations, facilitate relationship building, and foster organizational loyalty but also reduce undesired executive attrition. In the late 1990s and early 2000s, American Express noticed a high rate of attrition among its externally hired executives, a rate three times higher than that of internal promotees in a given three-year period.¹⁵ By instituting a “New Executive Career Launch” onboarding program for externally hired executives, American Express reversed its attrition to essentially zero, which was significantly lower than the 13.5% industry average.

In another study, a high-tech company that hired about 100 executives a year in the early 2000s lost 20% of them within two years. This 20% attrition rate was costing the company an estimated \$8 million annually in the form of lost productivity, additional recruitment costs, and severance packages, so the company instituted a formal onboarding process. The onboarding process resulted in a reduced attrition rate that yielded an estimated net return of \$1,325,000.¹⁶ Similarly, lower attrition has been credited to onboarding at Bristol-Myers,¹⁷ Hunter Douglas,¹⁸ Ernst & Young,¹² and Corning.¹⁹

In a detailed description of the onboarding program at Bank of America, researchers note that the program significantly reduced the rate of executive failure. Over the course of two decades, Bank of America grew dramatically through a variety of acquisitions and needed to assimilate the new executive leaders into the organization. They turned to onboarding as one of the tactics for assimilating them into Bank of America’s standards and performance expectations. As a result, Bank of America reduced its failure rate to 12%, compared with an industry average of 40% for similarly large organizations.¹⁰

Executive Onboarding in Academic Health Centers

The corporate literature generally establishes the onboarding time frame from arrival on the job to 6 to 12 months hence. Academic hires, however, have a longer wait period from hire to arrival, and it would be remiss to ignore the opportunities offered by the prearrival phase.

In this Perspective, we will focus on the onboarding of new department chairs, but our ideas are applicable to a wider group of academic leaders, including division chiefs, center directors, and even deans. It is tempting to imagine this is only a problem for hires from the outside, but both literature and personal experience suggest that internal hires would also benefit from an onboarding process. We will first frame the need for onboarding and then discuss some approaches that academic institutions might take to address it. Of course, there are many ways to improve the onboarding process, some undoubtedly more elegant than ours. What is most critical is a mindfulness of a new executive’s needs, which begin with the moment of hire.

We have spent a decade in the search field, making almost 300 placements in all types of academic health centers. After discussing the experiences of new hires at top U.S. medical schools, including many not placed by Korn/Ferry, it is apparent to us that a formal onboarding program, similar to the approach that has been so successful in industry, would accelerate and improve the transition of new chairs. Below, we provide a few examples that should illuminate the need for a more formal onboarding process for department chairs.

A chair of psychiatry, taking over a distinguished but unstable department, found that upon arrival, it took some months before he realized that he really had not comprehended the complexity of the organization he had joined. It was painfully brought to light when someone he’d never heard of from a unit he didn’t know existed called him to task for failing to meet an expectation about which he was unaware.

In another telling example, an individual who had been a chair at another institution nearby learned not long after arriving at his new institution that “how things get

done” could not be more different. He noted that his peer group of chairs were a collegial bunch, but no one tried to help him understand how things work.

Several chairs lamented the passive role that the dean had played after their arrival. Medical schools exist in ever more complex environments, and frequently key partners are neither close by nor culturally consonant. One chair had been promised resources from an affiliate hospital program. Imagine his reaction when he made what he thought was a routine request for the resources, only to be told by the affiliate hospital that they had no knowledge of the commitment (because the dean had not made the request, as it turned out). A review of expectations with the dean on the chair’s arrival would have exposed the issue. Like many new chairs, however, he found that meetings with the dean after arrival were superficial and infrequent.

With these experiences in mind, we were not surprised at the frequency with which we heard new chairs say they had seriously contemplated returning to their former organizations, and in at least one instance, did return.

What is perhaps most striking is that as we canvassed senior leaders around the country about onboarding, it quickly became apparent that many deans recognized the opportunity immediately, but almost none actually had done anything about developing a formal onboarding program. (Ohio State University Medical Center may be an exception, receiving high marks from a chair we interviewed for its onboarding efforts. A description of the program can be found online.)²⁰

After one of us (W.E.R.) shared a draft of this paper with the dean of a prestigious school, he pulled me aside during one of my subsequent campus visits to tell me that our paper had prompted him to meet with a chair who had arrived on campus only two months earlier. To his shock and dismay, he received an earful of complaints from the new chair regarding subversive and disrespectful actions by the former chair. As the dean noted, if he hadn’t asked, he would not have known and the situation may have escalated. As it was, he was able to fix the problem quickly.

Executive success or failure in academic institutions plays out over a longer time

frame than in the business world, but effective onboarding will only grow in importance for academic health centers. Today's department chairs are expected to exhibit a different leadership style and are judged on different goals than they once were. The architecture of the modern medical school is more open, with greater interplay between departments and centers, sometimes crossing outside of the boundaries of the school itself. Chairs have a greater requirement for collaborative teamwork and achieving shared goals. The environment, both internal and external, is changing far more rapidly than previously, and getting an executive up to speed quickly has long-term benefits for the new chair, the department, and the institution generally.

Given these external and institutional complexities, medical schools should focus on the great opportunities provided by a formal onboarding program to accelerate and improve the transition of new chairs, much in the same way the approach has been so successful in industry.²¹

A key component of onboarding is assimilating the new chair, which should encompass a review of the organization's culture, explicit and shadow governance mechanisms, and key stakeholders. Joining, building, and leading teams is a critical task of any new leader, and it begins with effective assimilation. Knowing the stakeholders is required to understand how to get things done, and where obstacles can be anticipated. Many of the key stakeholders are obvious, but the list can also include the individual who previously held the job, as mentioned above, team members previously chosen because their styles or expertise complemented the incumbent's, and those who might have sought the job unsuccessfully. Stakeholders are not limited to the organization's employee ranks. Chairs can even find themselves undone by involved community leaders, donors, board members, and advocates for certain causes.

Assimilation is not the whole story, however. In the end, the goal is high performance, and that starts with clarity and agreement on desired goals and timelines. Conversations with previously placed chairs indicate that this is an area ripe with opportunity. Although there is frequently some discussion of goals and metrics in the negotiating phase of

the recruitment, it is usually too general to serve as clear guidance. Further, circumstances change between the hire letter and arrival. Only rarely are there formal discussions on arrival or shortly thereafter to ensure agreement. Achieving success in a complex organization typically requires cooperation from other stakeholders, and yet rarely are these goals shared with individuals whose cooperation is required. A new chair of medicine may be charged with dramatically improving cardiology, but if the leadership of cardiothoracic surgery is not a supportive party to the discussion, the chair can find herself frustrated by the lack of necessary cooperation.

Providing feedback early in the new chair's tenure offers an opportunity for course corrections before behaviors and decisions become institutionalized. A new chair may be surprised to learn that one or another constituency feels ignored and devalued. It is equally true that deans (and hospital CEOs) can be surprised to discover that the star performer they spent a fortune recruiting is thinking that taking the job was a colossal mistake because perceived support is not forthcoming and communication is inadequate. A 360-degree evaluation 6 to 12 months after arrival can be a valuable exercise for all concerned.

Finally, knowledge of and skills in leadership and its undervalued cousin, management, cannot be taken for granted. The increase in volume and complexity of issues as one progresses from division chief to chair is significant. It's the nature of academic leadership to assume (rightly in most cases) that someone recruited to a chair position is uncommonly bright and will "figure it out." Yet, academic success does not necessarily predict for the learning agility and emotional intelligence that is the hallmark of the successful leader.

Most new chairs would profit from an assessment of their leadership strengths and weaknesses, as well as knowledge of basic management skills. From that assessment, an individualized professional development plan can be constructed and implemented so that certain leadership qualities are highlighted and others are "dialed back" in order to facilitate a rapid and successful fit with the organization. An important by-product of this plan is the demonstrated commitment of

the new hire to continuing professional development, and the commitment of the organization to the growth of the new hire.

An Approach to Onboarding for Medical School Department Chairs

An institution's mindfulness of and commitment to recognizing the needs of the new chair is the most important element in successful onboarding. A longitudinal plan, supported by the dean and, in the case of clinical chairs, the hospital CEO, makes an important statement to the new hire, auguring a nurturing, as well as disciplined, relationship between institution and chair. These plans will differ by department and institutional circumstance, and will have to fit into the culture of the organization, but there are enough steps in common to offer useful suggestions. For a complete onboarding checklist, see Table 1.

An effective onboarding process is best guided by a collaborative effort between the Department of Human Resources and the Office of Faculty Affairs. The truth is, neither is ideally focused on all the relevant issues, and a better fix is a jointly operated Office of Professional Affairs (OPA) housed in the dean's office. Because of the importance of clinical issues, involvement by the clinical enterprise is also highly desirable.

Although there are many constructs to achieve effective onboarding, there are three sets of responsibilities that are important to the process, represented below by these three roles: Orientation Navigator, Peer Mentor, and Transition Mentor.

Orientation Navigator. Commencing with the date of hire, an Orientation Navigator will assist the new chair in obtaining important materials, including an organizational chart; completing new employee documents; and navigating the mundane but important day-to-day challenges of working at the location, such as where to get food or find an ATM. In some academic health centers, physician credentialing is unusually burdensome because of the number of clinical entities involved. The Navigator can be of great assistance to the new hire, and also provide appropriate feedback to the organization on how to simplify the process for the future. Much of this role is currently often

Table 1
Onboarding Checklist for a New Department Chairperson

| When | Who | What |
|-------------------|-----------------------|--|
| Before start date | Orientation Navigator | <ul style="list-style-type: none"> • Send welcome letter and welcome packet with essential information (e.g., campus map, parking information, hospital ID) • Begin preparation of workspace, nameplate, computer, smartphone, etc. • Provide critical information (e.g., organizational chart, employment documents, list of resource people) |
| | Dean | <ul style="list-style-type: none"> • Prepare the department for the new chair, especially if he or she has been hired to lead major changes |
| | Dean | <ul style="list-style-type: none"> • Explain what behaviors are most likely to make a positive first impression and to establish him/herself as a leader (e.g., emphasize formal displays of expertise, eagerness to listen and learn, humility, extraverted social engagement) |
| First day | Transition Mentor | <ul style="list-style-type: none"> • Begin work on transition plan |
| | Dean | <ul style="list-style-type: none"> • Personally welcome the new chair • Review the vision, mission, and major initiatives of the institution |
| First week | Peers | <ul style="list-style-type: none"> • Personally welcome the new chair (e.g., informal lunch) |
| | Orientation Navigator | <ul style="list-style-type: none"> • Provide training on internal systems and procedures • Provide tour of relevant facilities • Assist in getting final forms, photos, and other administrative tasks completed |
| | Transition Mentor | <ul style="list-style-type: none"> • Assist new chair in developing a transition plan for early wins • Provide chair with coaching and support • Provide list of key stakeholders whom the new chair must build relationships with and any likely problems • Explain how the chair's role will interface with other roles • Provide information on which meetings, social networks, stakeholders, channels of communication, etc., are key • Explain team dynamics, strengths, weaknesses, tensions, etc. |
| | Peer Mentor | <ul style="list-style-type: none"> • Provide information on how the department operates, the incumbent's successes, missteps, and legacy/imprint on the role; how the new chair might "fit" with the existing team |
| | Peer Mentor | <ul style="list-style-type: none"> • Provide information on the organization's culture: written and unwritten rules, values, behavioral norms, beliefs, attitudes, "how things get done," who decides, who helps/doesn't help, how does change occur, how the department historically responded to change, critical incidents that exemplify the organization's culture, etc. |
| | Dean | <ul style="list-style-type: none"> • Provide critical information on the hospital, medical school, and department—for instance, the department's financials, business plan, bios of key people, patient and student surveys, key issues of the department • Specify financial, leadership, and organizational performance expectations, how they are to be measured, which early wins are top priority, the degree of agreement of those expectations across various stakeholders, the new chair's strengths/areas of development for meeting those expectations |
| | Dean | <ul style="list-style-type: none"> • Provide information on the search—why it was conducted and any drama or road blocks that may be associated with the position (e.g., failed internal candidates and their allies, how members of the team perceived the new chair during the search) |
| | 30 days and beyond | Transition Mentor |
| Peer Mentor | | <ul style="list-style-type: none"> • Discuss individual work styles and preferences of team members and how to manage them |
| Dean | | <ul style="list-style-type: none"> • Review performance objectives and emerging challenges, resource problems, progress in establishing key relationships, and alignment of goals and objectives emphasized by the chair, the dean, and the hospital |
| 180–360 days | Transition Mentor | <ul style="list-style-type: none"> • Provide performance feedback based on observation and 360 feedback from peers, direct reports, and key stakeholders; make course corrections as needed • Provide support and coaching around changes indicated by the 360 feedback |

played by a department administrator or even an administrative assistant. Valuable as they are, however, their efforts may need to be supplemented if they do not have a robust perspective of the organization.

Peer Mentor. The second key individual is a Peer Mentor, generally a sitting chair recognized for skill in leadership and management, institutional commitment, and mentoring skills. The Peer Mentor serves as both “buddy” and mentor. Although relationships between new and existing chairs can arise spontaneously, a formal assignment gives it greater weight and creates some accountability for follow-through on the part of both parties. The Peer Mentor plays a number of roles in the first 6 to 12 months, from providing moral support to ensuring that the new chair gains an understanding of how the world of the particular academic health center is constructed, who the key players are, how one obtains critical information, what the key meetings and issues are, and how a chair gets his or her work done. Communicating the culture of the organization early, including the stories, traditions, and clues that illuminate its uniqueness and tribal ways, will go a long way toward facilitating early success. Of course, the assignment of a chair as Peer Mentor does not diminish the value of input from other chairs, and their contributions should be actively sought by the new chair and encouraged by the dean.

Transition Mentor. The Transition Mentor will assist the new chair over a longer period. It can be someone in the OPA, an outside consultant in talent management or executive coaching, or in some cases even the executive search consultant who helped with the recruitment process. An external chair or prior mentors might also serve in this role. This individual will serve as a sounding board and coach outside the peer group, assisting the chair in systematically mapping out a plan for building relationships with key stakeholders, facilitating team building, assessing strengths and gaps in departmental functions (both administrative and professional), and ensuring that performance goals of key colleagues and staff are clear and understood. Other action items of the chair and his or her Transition Mentor could include developing a transition plan that might include a review of the chair’s meeting

schedule, a plan for communicating vision, values, priorities, and goals to faculty and staff, and identification of some early wins. As a coach, the transition mentor will work with the new chair to create an individualized development plan, approved by the dean, with short-term and long-term efforts to strengthen both management and leadership skills, and aid the chair in retooling his or her professional identity and navigating the relationship changes with peers and friends that tend to occur. This Transition Mentor can also be a critical listener in the early months as the new chair encounters unexpected challenges and frustrations, facilitating communication between the chair and appropriate institutional leadership. The Transition Mentor can also be the resource to execute a 360-degree analysis three to six months after arrival, providing valuable information to both chair and institution about experiences and progress in this critical early period.

Finally, we note that nothing fully substitutes for the active involvement by the new chair’s dean. In our experience, one of the most critical success factors in a recruitment is the anticipated relationship between the chair candidate and the dean for whom she or he will work. There are few things more demoralizing to the newly arrived chair than to find the dean disinterested, inaccessible, or unsupportive of their mutually agreed-on goals.

In the new chair’s first year, the dean should commit the time for four to six meetings, each long enough to strengthen the relationship through sharing of experiences, providing mentoring, and assisting the chair in getting a few early wins. It is also an opportunity to clarify goals and performance metrics, as well as discuss obstacles, both anticipated and unforeseen.

The dean will contribute significantly to the chair’s assimilation by offering updates on the shifting external and internal environment, thereby also drawing the new chair into the sharing of responsibility.

The success of newly recruited chairs has great importance for any medical school. Successful onboarding deserves the attention of all the organization’s senior leadership, and an organized approach will increase the likelihood of a good outcome. The cost of recruitment and then possible

failure of a new chair supports the strong business case for onboarding. Perhaps more important, excellent organizations exhibit a culture of investment in the well-being and success of its people. The treatment of department chairs should reflect no less. A proactive approach will pay off in many ways, and perhaps should begin with “how can we help you”?

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