



DREXEL UNIVERSITY COLLEGE OF MEDICINE'S

Hedwig van Ameringen
EXECUTIVE LEADERSHIP IN ACADEMIC MEDICINE®
Program for Women

2010 ELAM® FORUM ON EMERGING ISSUES



Liberating Structures for
Academic Communities:
Discovering INCLUSIVENESS
through DIALOGUE and ACTION

Presented by
Keith McCandless
and Henri Lipmanowicz

Table of Contents

Acknowledgments	2
About ELAM	3
Past Forum Topics	4
2010 Forum Report	5
Liberating Structures.....	5
Celebrity Interview.....	6
Speed Networking.....	7
1-2-4-Whole Group	8
TRIZ.....	8
15% Solutions.....	10
Open Space	11
Design Debrief.....	13
Five Whys	14
Wicked Questions	15
Fishbowl Sessions.....	16
Discovery & Action Dialogues	17
Ecocycle.....	19
25 Will Get You 10.....	21
Conclusion.....	21
Resources	22
Biographical Sketches	24
Attendees	25
Deans and Designees	25
Guests	28
Fellows	29

Acknowledgments

ELAM would like to thank the following institutions for their partnership in sponsoring the 2010 ELAM Forum on Emerging Issues

COLLEGE OF MEDICINE AND
UNIVERSITY MEDICAL ASSOCIATES AT THE
MEDICAL UNIVERSITY OF SOUTH CAROLINA

MAYO MEDICAL SCHOOL

UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL

We would like to extend our thanks as well to

Terence R. Flotte, M.D., Provost, Executive Deputy Chancellor,
Dean and Professor of Medicine
University of Massachusetts Medical School

Keith D. Lindor, M.D., Dean and Professor of Medicine
Mayo Medical School

Jerry G. Reves, M.D., Vice President for Medical Affairs and Dean, College of Medicine
Medical University of South Carolina

for their efforts in bringing our institutions together.

This report was produced by:

Barbara Minich

This report has been prepared by the Hedwig van Ameringen Executive Leadership in Academic Medicine (ELAM) Program for Women. All rights reserved. No part of this document may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without citation of the source. You can find this report and more information about the ELAM Program on the Web at <http://www.drexelmed.edu/ELAM>.

About the ELAM Program

Founded in 1995, the Hedwig van Ameringen Executive Leadership in Academic Medicine (ELAM) Program is the only in-depth national program that focuses on preparing senior women faculty at academic health centers (AHCs) to move into positions of leadership where they can make positive change. ELAM is a core program of the International Center for Executive Leadership in Academics and is housed within the Institute for Women's Health and Leadership® (IWHL) at Drexel University College of Medicine. Together, ELAM and the IWHL continue 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 school and predecessor of today's Drexel College of Medicine.

ELAM's year-long fellowship program mixes traditional executive seminars and workshops on topics pertinent to AHC management, with group and individual projects aimed at developing personal leadership. The program year culminates in a 1½ day Forum on Emerging Issues, when the Fellows, their Deans, and other invited guests gather with top experts to explore a new methodology or strategy for addressing a timely issue facing AHC leadership.

Results from research on the effectiveness of the program suggest that ELAM successfully prepares women to move forward into increasingly more challenging leadership roles. ELAM has had graduates from 86% of U.S. medical schools and 64% of U.S. dental schools. ELAM participants have held senior posts (division chief through university president or higher) at close to 160 U.S. academic institutions and 8 outside of the U.S., including 29 deanships.

The ELAM Program's Forum on Emerging Issues

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. For detailed information and a full listing of previous forum topics please visit the ELAM website (www.drexelmed.edu/elam) and click on the [Forum](#) link.

Past Forum Topics and Sponsors

Building Diverse and Inclusive Communities in Academic Health Centers

Sponsored by University of California Irvine and the University of Colorado Denver.

Building the Leadership Engine for Academic Health Centers

Sponsored by University of Michigan's Medical School, School of Dentistry, and Office of the Provost.

Energizing Change in Organizations: An Introduction to Appreciative Inquiry

Sponsored by University of Utah School of Medicine.

Innovative Thinking and Creativity Tools to Improve Academic Health Centers

Sponsored by University of Michigan's Medical School, School of Dentistry, and Office of the Provost.

Planning, Learning and Rehearsing the Future for Academic Health Centers: Success in the Face of...

Underwritten by a grant from the Josiah Macy, Jr. Foundation.

Positive Deviance

Sponsored by University of Alabama at Birmingham School of Medicine and West Virginia University School of Medicine.

Social Networks – A Key to Improved Institutional Performance

Sponsored by University of California, Davis, Northeastern Ohio Universities Colleges of Medicine and Pharmacy, the University of Minnesota Medical School and the University of Kansas School of Medicine.

Tapping the Full Power of the Alpha Leader

Sponsored by the University of Iowa Carver College of Medicine, the University of Medicine and Dentistry of New Jersey/New Jersey Medical School, and the University of Ottawa Faculty of Medicine.

Transformational Philanthropy

Sponsored by University of Texas M.D. Anderson Cancer Center.

Uncovering and Overturning the 'Immunity to Change': Personal Learning and Professional Development

Sponsored by University of Texas Medical Branch at Galveston.

Liberating Structures for Academic Communities: Discovering Inclusiveness through Dialogue and Action

2010 Forum on Emerging Issues Hedwig van Ameringen Executive Leadership in Academic Medicine (ELAM) Program for Women

*Presented by the ELAM Program of Drexel University College of Medicine
with support from the following sponsors:*

College of Medicine and University Medical Associates at the Medical University of South Carolina, Mayo Medical School, and University of Massachusetts Medical School

Following the “see one, do one, and teach one” approach, ELAM Fellows and their guests participated in a primer on Liberating Structures at the 2010 Forum on Emerging Issues. Throughout the year, Fellows explored as deeply and broadly as possible how to bring inclusiveness to their academic communities. The Forum expanded Fellows’ repertoire of Liberating Structures, which by design create opportunities for inclusiveness. Liberating Structures, however, are only methods. Only the leadership that is put into practice in academic health centers can meet the challenge of promoting truly inclusive environments in these communities.

Liberating Structures

Liberating Structures are easy-to-learn, adaptable methods that can help groups of any size radically change how they interact and work together, and, therefore, how they address issues, solve problems, and develop opportunities. The structures allow participants to control content—the opposite of traditional meeting formats where content is controlled by those who create the agenda and hold the remote that advances the PowerPoint presentation.

Grounded in the field of complexity science, Liberating Structures don’t seek to educate. Rather they tap into the collective intelligence of participants by making it possible to include all stakeholders in the conversation, from frontline workers to senior managers. Liberating Structures focus on self-organization and changing the patterns of relationships—and in the process change the way everyday work gets done.

Liberating Structures employ the absolute minimum set of directions required to unleash the most ideas. And yet each method does have a structure—place, time, and physical actions—that guides the process. Liberating Structures promote inclusiveness by creating a safe, welcoming environment and maximize outcomes through methods that focus the collective intelligence on the task at hand.

As a result, Liberating Structures often produce surprising, unpredictable, and better than expected results. To use Liberating Structures in the practice of inclusiveness, one must believe that one change might result in change at other levels.

Some Liberating Structures are action oriented, others are reflective or diagnostic. All rely on the power of self-discovery within the context of a group. The only way to understand the potential of a Liberating Structure is through experience. In similar situations, individuals may choose different Liberating Structures with the same effectiveness.

Liberating Structures are inclusive by design, but the extent of the inclusiveness is determined by the individual who invites others to participate. Using Liberating Structures with members of a curriculum reform committee, for example, will produce different results than using Liberating Structures with a group of faculty and students who respond to an open invitation to become involved. Inclusiveness also is not a substitute for diversity. Diversity, too, is dependent on the openness of the invitation to participate. When inclusiveness is achieved, individuals feel appreciated, listened to, respected, surprised—all the emotions that engage. For the leader, the benefits of inclusiveness are manifested in the wealth of ideas and the momentum to accomplish change.

The 2010 ELAM Forum on Emerging Issues applied thirteen different Liberating Structures to the exploration of how to build more inclusive academic communities. Participants also were encouraged to consider how each structure might apply to other organizational challenges at their institutions.

Celebrity Interview

Traditionally, speakers, award recipients, and special guests are introduced by reading their biographies. With the Liberating Structure, Celebrity Interview, inclusiveness begins with introductions.

Rather than repeat the credentials of the Forum hosts Keith McCandless and Henri Lipmanowicz, ELAM Executive Director Diane Magrane conducted a Celebrity Interview. She asked both questions about how they began working with Liberating Structures. This approach gave audience members additional information into Keith and Henri's backgrounds and set the stage for the two days' work.

Keith, who has worked in health services research for many years, initially turned to Liberating Structures after experiencing “formal failure” using traditional organizational development and research methods. He cited successes in changing individual and cultural behaviors that resulted in the reduction of MRSA infections using Liberating Structures that engaged everyone from custodians to physicians (bottom up). Liberating Structures, he said, are a “protest for me of conventional methods” that tell people what to do rather than engage them in the change process.

“Rather than read the biography of award recipients at our next award ceremony, I’m going to ask each recipient questions about their research using the Celebrity Interview structure.” —Academic Dean

Henri, who worked for years as a senior executive in a major pharmaceutical corporation, realized that traditional management methods often failed to produce desired results. For example, sending senior managers separately to development courses rarely resulted in visible

changes. Looking for a more effective approach, Henri decided to experiment by making two basic changes. First he organized workshops that included the top three management levels from different countries based on the idea that managers should learn together what they will have to implement together. Second, the weeklong workshops had no agenda. Instead managers were asked to bring their current tough issues so everyone could discuss together how best to address them. With some 20 people from 4 different countries debating freely, the workshops were, in his words, an “absolute mess.” But, each year the workshops invariably turned into transforming learning events for all participants and, more importantly, were followed by significant changes in practices. While the end results were great, Henri was nevertheless disappointed each year in his own performance because he thought he should be able to control the group’s conversations but always failed to do so. Looking back he wishes that he had known about Liberating Structures at the time. Clearly he had the liberating part right—include all levels and let them create the agenda—but he didn’t know the structures that could have helped generate the same profound results in a more orderly fashion. With Liberating Structures he has found methods that generate profound results regardless of the size of the group.

The Celebrity Interview works best when the interviewee is interviewed by an individual known to audience members. Questions should seek information of interest to the audience—ask what audience members might ask—and be provided to the interviewee beforehand. The interviewer may take a few minutes to welcome and introduce the interviewee and topic and then spend no more than a half-hour asking questions. Audience members also may ask questions, time permitting, and then the interviewer should provide brief closing comments. As with all Liberating Structures, the Celebrity Interview method can be modified depending on the purpose of the interview.

Speed Networking

Rather than going around the room and asking individuals to give their name and position at the beginning of a meeting, invite them to stand up and move to an open space. Ask them to find someone they don’t know and answer two questions. The first question should focus participants on the topic. At the Forum, the first question was related to the participants’ experiences: What is the hardest part of being an inclusive leader? Other possible examples include: What is your involvement with [meeting topic]? or Why do you think you were asked to participate? The second question should focus individuals on their participation. For participants, the question was: What do you hope to get from and contribute to the Forum? Another example is: What do you wish to take away from this meeting? During Speed Networking, each individual should have the same two- to three-minute conversation with three different people they didn’t previously know.

Tip: Rather than using a vocal callout for transitions, a bell or other device works best.

Speed Networking gives people the opportunity to meet others and generates energy for and engagement in the coming conversation. The structure—having people stand up, directing individuals to find someone they don’t know (three times), and holding conversations within a set time period (2 to 3 minutes each)—gives a framework for the activity. Because everyone is being asked to follow the structure, it is easier for all to participate. For those who are

uncomfortable speaking to someone they don't know, the structure is such that inevitably someone will approach them or they will be standing next to someone without a partner making it easy for them to follow the directions and become involved.

One thing the structure may not do is ensure the conversation stays on target or that people will always find someone they don't know. That too, is ok. Conversations at the Forum ranged from a discussion about the lack of titles on name tags which eliminated hierarchies to how complicated inclusivity can be. What individuals did notice was that their responses to the two questions kept getting better—the more they described being an inclusive leader, for example, the more focused they became on what made being an inclusive leader hard.

1-2-4-Whole Group

1-2-4-Whole Group can be used independently or easily combined with other Liberating Structures to tap into the collective group intelligence and creativity for any complex issue, or even in classroom teaching settings. The process keeps a few individuals from dominating the conversation and moves the conversation forward using short discussions that can occur over several rounds as needed.

This Liberating Structure begins with silent time in which individuals reflect on a topic. Energy in the room then builds as individuals are invited to share their answers in pairs and then in foursomes. The final activity is sharing with the full group. Time periods should be short—cycles of 1 to 2 minutes each for personal reflection and pair conversations, 3 to 4 minutes for conversations in groups of four, and 5 minutes for whole-group sharing should produce quick out-takes. The structure requires each individual, pair, and foursome to do some of the work, but doesn't require anyone to have all the answers. Rather, the wisdom emerges from the whole group. The structure of moving from groups of two and then four creates safe space in which all individuals can contribute, thereby deepening the thinking. Ideas and recommendations then come from the foursomes, which is safer than having individuals report out.

The 1-2-4-Whole Group structure is a series of progressive, rapid cycle conversations.

TRIZ

TRIZ makes space for identifying new opportunities in organizations by defining the most unwanted result to generate a wanted result. One of the simplest and easiest Liberating Structures to use and appropriate for most situations, TRIZ changes the depth of conversations. TRIZ works best with a diverse group of people who are representative of the organization. The more TRIZ is used, the easier it is to use.

The first step when leading any TRIZ activity is for the group to identify unwanted results of its work together. The unwanted results should be expressed in

TRIZ, the Russian acronym for *Theory of Inventive Problem Solving*, illustrates the power of creative destruction. The TRIZ process creates space for new approaches to emerge and self-organize by recognizing rigidity in mature systems and eliminating activities that keep an organization from working on its core purpose.

a question format that incorporates practical suggestions that are outrageous (farcical) at the same time. For example: How can we ensure the number of women and minorities in executive positions in health professions schools steadily decrease over time? A question may be posed to the group, or the group may develop its own questions. Small groups may consider the same question or different questions.

At the Forum, individuals participated in a combined 1-2-4-Whole Group—TRIZ activity that led up to the development of TRIZ questions. Individuals first were asked to generate ideas that would absolutely guarantee that inclusiveness is a farce in their organization—what policies, practices, personal behaviors, and investments would demonstrate that inclusiveness is not something their organization is serious about? Individuals then shared their ideas in pairs and then in foursomes. Suggestions from the debriefing included:

- Rolling your eyes when someone makes a suggestion.
- Rejecting systematically every report of harassment and closing the ombudsman office.
- Eliminating faculty to faculty email.
- Replacing face-to-face meetings with videoconferencing.
- Operating only on a need-to-know basis.
- Admitting only students of wealthy donors.
- Sending all feedback to policies and procedures to a mailbox no one looks at.

For the next part of the exercise, in foursomes, participants were asked to suggest a possible (but outrageous) activity that would absolutely guarantee that inclusiveness is a farce in their organization. Suggestions included:

Tip: Good TRIZ questions ask how your most unwanted result can be reliably achieved.

- Creating separate lunch areas for administrators, faculty, and staff.
- Creating positions below you with no resources.
- Using multiple choice answers to get key input.
- Setting up an office of inclusivity headed by an individual with no credibility.
- Labeling anyone who has a dissenting opinion as not a team player.
- Making inclusiveness so much a part of the system—every faculty member has to participate—that nothing gets done.
- Finding sabbatical opportunities for those with innovative ideas.

In the final steps of the 1-2-4-Whole Group activity, participants were asked to identify in their foursome what in their organization resembles the possible but outrageous activities and then share steps they would take to change those policies, practices, behaviors, or actions. Suggestions included:

- For issues related to institutional culture, raise awareness of culture and behaviors and role model appropriate behaviors.
- For issues related to curricular reform, bring faculty and students to the discussion.
- For issues related to activities that some think are broken and others think are fine, bring both parties together for a discussion.

- For issues related to search outcomes, ensure the composition of the search committee is diverse.

From the 1-2-4-Whole Group activity, Forum participants then developed TRIZ questions that might apply to future discussions about inclusiveness and other organizational challenges:

- How can we encourage buy-in for solutions by not inviting key players to serve on committees?
- How could we change the culture of our academic community by creating a caste system and forbidding communications among castes?
- How could we reform the curriculum by continuing to do what we are doing now? How can we reform the curriculum by excluding faculty and students?
- How can we bring about clinical quality improvements by making sure times for patient visits are always greater than 90 minutes?
- How can we ensure diverse search outcomes by narrowing diversity on the search committee and limiting advertisement placements?
- How can we ensure average students have no chance to pass?

The last steps of a TRIZ activity are to get a group commitment to stop or change the identified action or behavior. Use a whole-group debriefing to share ideas for changing or stopping the undesirable action or behavior. Be prepared to acknowledge and counter resistance. As soon as the group agrees on the need to stop or change an undesirable action or behavior, focus the next round of discussions on ideas for achieving this goal. The conversation might focus on why the action or behavior started, how it evolved, what might be good and kept, and what is bad and must go. Look for common ideas during the whole group sharing as a way to sort out and identify steps to implement ideas.

15% Solutions

This Liberating Structure is based on the idea that 85% of our lives are out of our control—someone else defines what is possible. That leaves 15% of our lives to our discretion—the time during which we have the freedom to make decisions and act. While this might seem a small amount of time, 15% offers gigantic possibilities. To effectively use the available 15%, each individual needs to identify where he or she has influence and then focus creative energy in that arena.¹ Remember, within the 15% you don't have to ask anyone's permission before taking action.

As an example, Keith told the story of a company that makes hot salsa. A customer focus group thought the company's salsa wasn't hot enough. An employee took the initiative to change the size of the bottle opening. He went back to the focus group with the same salsa formula dispensed in a bottle with a larger opening. This time the focus group said the salsa was hotter. The result was that the company found it could have two strengths of salsa without changing the recipe, by selling it in two different bottles. The story illustrates that in a nonlinear world a small change can have a significant impact.

¹ Morgan, G. *Images of Organization*. Sage Publications, Thousand Oaks, CA, 1997.

Open Space

One of the original Liberating Structures, Open Space² creates space in which everyone has the opportunity to hold a conversation about something they care about. The structure gives individuals the responsibility to make sure the topic they care about is discussed, making Open Space a useful Liberating Structure, for example, when there is confrontation within a group.

Open Space works with groups of all sizes. For groups of hundreds of people, Open Space may take several days. A day or afternoon may be sufficient for small groups. Regardless of group size, the result should be dynamic. The time allocated for each round may vary; holding two or more rounds gives session hosts an opportunity to participate in sessions that are not their own or for session participants to decide to continue a conversation into the next round.

Open Space begins with the acknowledgement that this is the first and last time participating individuals will be together.

To begin an Open Space activity the leader designates the question; participants create the agenda. Sitting in a circle, individuals are invited to contribute by hosting a session on a topic of their choosing. Individuals need not be an expert or an authority on their topic. The only requirements are that the topic be something the host cares about and that the host shows up and takes some notes so the conversation can be shared. Session hosts announce the session topic and their name in the center of the circle—a brief explanation is permitted, but no speeches. Session hosts then write their topic and name on a sheet of paper and post it on a wall. The sheets form the Open Space agenda.

Once the agenda is complete, the marketplace is opened. Individuals are invited to review the sessions and go to whichever session most interests them. The only requirement for participation is that everyone in the session learns from and contributes to the conversation. Four principles define the Open Space structure:

1. The law of two feet prevails. If you are somewhere where you are not learning from and contributing to the conversation, then get up and go somewhere else. Moving among groups is not considered rude.
2. Whoever comes is the right people.
3. Whatever happens is the only thing that could ever happen. Session hosts should go with the flow of the conversation and not attempt to direct the conversation or, later, rewrite history.
4. Whenever it starts is the right time. Session hosts have no control over when the conversation really gets going. Again, keep asking questions and go with the flow.
5. Whenever it is over it is over and its corollary, when it is not over, it is not over. While a period of time might be set aside for the session, if the conversation isn't complete it is perfectly acceptable to continue the conversation at a later time. Participants should decide what they want to do next.

Open Space gives people the freedom to go wherever they want—and a certain percentage will embrace that freedom. Some will come on time, participate, and stay until the end. Some will come, listen, and then leave partway through. These individuals, known as bumblebees, are

² See Open Space Technology at www.openspaceworld.org; see work by Ann Stadler.

important because they “pollinate” discussions by bringing in new ideas of their own and also ideas generated in other sessions. The challenge for hosts is to integrate bumblebees in the conversation while keeping it moving forward. The third type of individual, known as the butterfly, might not be interested in any of the topics. Instead they sit to the side and engage others in conversation as they pass by. If enough individuals join a butterfly, the conversation may turn into a session. In that case, the butterfly should take notes so the conversation can be shared.

There are two challenges inherent in the Open Space structure. The first occurs with the invitation for individuals to come forward to host a session. It might take time for the first volunteers. Also, the leader should wait long enough after the last volunteer to give those still considering volunteering time to make up their minds. The second challenge comes when a host finds that no one is coming to his or her session. In this situation the host has three choices—be a bumblebee, be a butterfly, or use the time to quietly reflect on his or her topic.

The sessions at the Forum, offered in response to the question—What can I/we start doing or stop doing to make inclusive leadership a priority or an obligation?—demonstrate the diverse topics of interest to participants.

- Round A:
 - Inviting and improving communication
 - Innovative mentoring models that promote inclusive leadership
 - Tools for practice and implementation of inclusive leadership
 - Real mentorship
 - Engaging board members in truly strategic decisions
 - Improving the lack of transparency in high administration
 - Creating leadership jobs that are consistent with balanced lives
 - Mobilization and engagement of marginalized populations
 - Creating and retaining diverse faculty
 - Dealing with harassment in the workplace

- Round B:
 - Beyond diversity training—ELAM curriculum and inclusive leadership
 - Promoting inclusive thinking in tomorrow’s leaders—students—and curriculum elements
 - How to be inclusive across borders
 - How to teach inclusiveness in 80 hours or less
 - How do we address the cost of medical education and its effect on inclusiveness?
 - Promoting innovation from people typically not included
 - Implementing a zero-tolerance policy to discourage leaders who aren’t tolerant
 - When is exclusion good?
 - How to promote inclusiveness in a dysfunctional unit or department
 - Clearing out existing clutter as a precursor to Open Space

Design Debrief—What?, So What?, Now What?

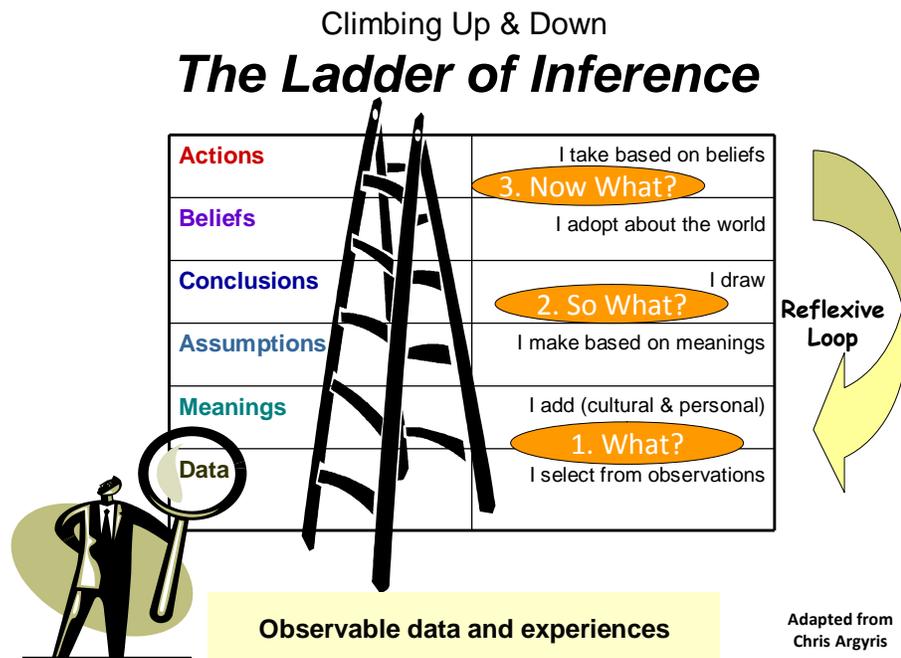
The Design Debrief is a structure for obtaining feedback in the middle or at the end (or sometimes both) of a group’s work or at the beginning of a project. At a minimum, each meeting or conversation should be debriefed when observations are fresh. Debrief agenda items as well as the process and effectiveness or importance of the meeting: Did we work together in a way that increased the chances of getting an outcome? Was there something missing that should have been discussed? Should someone who was missing have been part of the conversation?

The Design Debrief structure uses three questions to ensure all participants have the same information, interpret the information in the same way, and are able to reach consensus. The three questions are:

1. **What?** What is the data (beliefs are not data)? What happened? Who did what? What are the facts? What was important? What stood out? The goal is to remove personal interpretations and focus on what actually occurred.

2. **So What?** What conclusions can we draw? What hypotheses can we make? Did a pattern emerge? Do the facts or what happened make a difference, and if so how? What do the facts imply? The goal is to come to agreement on the interpretation of the facts or what actually occurred. Conclusions on the content and what happened at the meeting are relevant, such as why someone didn’t say something when they were expected to.

3. **Now What?** What action might help us shift the pattern? What action is required to move forward? Who else should be here? The goal of this question is to identify actions that are consistent with the facts and their meaning and are acceptable to participants.



The structure can be illustrated with the ladder of influence, which looks at how we add our own interpretation to the facts.

Forum participants, in groups of four, used the three questions to discuss how to use what they have learned to implement inclusiveness in their academic communities. They were encouraged to dedicate equal time to all three questions. In the whole group sharing, some groups found they

naturally gravitated to the Now What? question while others moved back and forth between the What? and So What? questions. Others moved freely among all three questions by topic. These responses are all appropriate provided the conversation is balanced and everyone is participating. Practice will make the structure more familiar and a productive tool for getting to results/actions quickly.

Five Whys—Why Is That Important to You?

The Five Whys Liberating Structure focuses on clearly defining purpose (in principle no meeting should start without a clear common purpose). If individuals have been asked to attend a meeting who don't know each other or who might not be clear about their purpose for being there, consider starting the meeting with the Five Whys. This structure also can be used to clarify the purpose of a project, for example. Appropriate for groups of all sizes, the progressive conversation that evolves during the Five Whys first clarifies purpose and, in the case of a project, ensures the purpose is shared by all participants.

The understanding when using this Liberating Structure is that continually asking why is not a rude behavior, but an inquisitive behavior. Careful listening shows interest in what the interviewee is saying.

The structure involves the “interviewer” asking an initial question focused on a topic or project to an “interviewee.” The interviewer listens carefully and then asks a “why” question, such as, Why is that? The interviewer continues to ask why questions (Why are you doing that? Why is that important/meaningful?) until the interviewee expresses the fundamental purpose. The interviewer and interviewee then change roles.

Forum participants were asked to find a partner they don't know well and in a short interview session ask the question: What do you do as a leader? Forum participants found the answers to the first few questions were objective and then the answers got personal, eventually revealing the person's core values and passions. Some found that their whys deepened the conversation while others broadened the conversation. After the exercise, participants identified several possible uses for the Five Whys Liberating Structure:

- Preparing a letter of recommendation for someone you don't know well
- Learning about your mentee as a mentor
- Articulating why an activity is important to solicit funding
- Interviewing medical students about why they have chosen medicine and their core values
- Defining a purpose statement

The Five Whys activity at the Forum involved two-person interviews. When using the structure to tap the collective thinking of a large group about a project, the pair interviews may be expanded to conversations among four and then eight individuals to build the conversation in an iterative manner. The progressive conversation clarifies and ensures the purpose of the project is shared by all participants.

Wicked Questions

The difference between complex and mechanical systems is that complex systems are paradoxical—there are always two opposite things happening or desirable at the same time. Wicked Questions expose assumptions we hold about complex situations. They are a “safe” way to start conversations about the paradoxes associated with tough or chronic problems.³ The Wicked Questions structure can be used to define new work or as a starting point for an Open Space activity.

Wicked Questions, also called complementary pairs, identify two things that are true but at odds with one another, thus causing tension. As a result, Wicked Questions don’t have one answer, but many answers. The question format encourages inquiry rather than quick solutions. Wicked Questions are not:

- Data questions where the objective is to seek information instead of meaning.
- Trick questions where the answer is already known.
- Nasty questions where one side is deemed more valid than the other.



Wicked Questions are about strategy. They often are used as a filter or criteria for judging the validity of a program. Effective strategies recognize the effect on both sides of the Wicked Question; one side cannot be addressed without recognizing the reality of the other.

Forum participants were encouraged to write Wicked Questions about inclusiveness, first individually and then in pairs and foursomes. As with TRIZ questions, the best Wicked Questions elicit an audience response. Examples included the following.

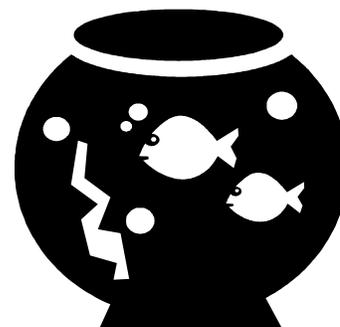
- How is it possible to make decisions that are excluding in an inclusive manner?
- Why include medical students in the clinical enterprise when they decrease the money we receive?
- How can we make rapid decisions and be inclusive?
- How can we have enough minority representation in leadership roles when there are so few minorities?
- How do we promote inclusiveness when some groups don’t want to be included?
- How is it that representatives from schools in the bottom 10 of NIH funding can transform the world of academic medicine?
- How can we work to increase levels of inclusiveness while still making individuals feel isolated?
- How is passively listening actively encouraging?

³ Zimmerman, B., Lindberg, C., Plesk, P. Edgware: Insights from complexity science for health care leaders. VA, Inc, Irving, TX, 1998, pp. 150-153.

Fishbowl Sessions

Fishbowl sessions employ the Liberating Structure of a circle—this time a circle within a circle. Effective for groups of 10 to 500 participants, the activity can quickly illuminate a complex challenge or topic and build skills in group process. Like other Liberating Structures, Fishbowls are effective because they engage participants jointly in creative adaptability. Solutions come directly from interactions among participants. Rather than present information in a didactic manner, the Fishbowl disseminates information in the form of individuals' stories about their experiences.

Fishbowls begin with the leader introducing the topic and giving a brief summary of background information. A small group of individuals (3 to 7) who have direct experience with the topic (usually slightly more experience than others in the audience) are invited to sit in the center circle. Other participants form a circle (or concentric circles) around the inner circle. Inner-circle volunteers then are asked to discuss the topic by sharing their experiences and insights as if the individuals in the outer circle were not present. Each volunteer is encouraged to speak; initially each volunteer might give a brief answer. Then the conversation may flow back and forth among the volunteers as responses lead to new questions or the sharing of similar or diverse experiences. Volunteers talk to each other, not the audience, for a set period of time.



After the conversation among the volunteers concludes, individuals in the audience are invited to make observations or to ask questions, creating a conversation among all participants. At the end of the session, outer and then inner circle members may be asked about the outcomes. A second Fishbowl may be held on a related topic or on the same topic with a different group of volunteers. Sufficient time should be allowed for the volunteer conversation to commence and intensify; within available time parameters, all audience member questions should be asked and addressed. Debriefing should take approximately 10 to 15 minutes depending on the size of the group.

Forum volunteers were asked to describe ways in which they have used Liberating Structures at their academic communities. In the initial round, several individuals described how they had used TRIZ to bring together people resistant to an idea, to develop a project around campus diversity training, to meet with a cross representation of faculty members, and to identify steps to increase the efficiency of a lab. Others talked about using Discovery and Action Dialogues (D&ADs) (see below) in a leadership meeting that included other schools and campuses to bring out issues around resource sharing, to get buy-in and visibility for a new project, and to identify additional stakeholders who should be included in project planning.

As the conversation deepened, one volunteer talked about how she had trained a student in a leadership program to use D&ADs to run a meeting at which she wanted to be a participant. Another talked about combining TRIZ with the three questions in the Design Debrief—TRIZ was used to identify the purpose and the What?, So What?, and Now What? questions were used to confront biases in meeting participants and identify actions to create change.

The Fishbowl session clarified for many that different Liberating Structures could be employed effectively in situations common to their academic communities and demonstrated the flexibility of the structures in that they can be modified, combined, and easily taught to others.

Audience members became more engaged as the conversation deepened and interactions between volunteers became more natural. Volunteers said it was difficult at first to talk to one another and forget the audience. (With practice, conversations might not be as slow to develop.)

Questions from audience members highlighted the need for several individuals at each institution to be trained in Liberating Structures for their use to become integral to meetings and retreats. Volunteers acknowledged they initially questioned how easily the Liberating Structures would work in their academic communities, with many noting that they are still practicing with the different structures and how and when to use them.

Discovery and Action Dialogues

Discovery & Action Dialogues (D&ADs) are invitations to stakeholders to participate in a conversation, often about a future project or an area of focus being considered for strategic planning. D&ADs can be conducted with a single individual or a small group. Diverse perspectives are important within the same group and across groups; participation should be voluntary. When multiple individuals conduct D&ADs for the same purpose they should follow a simple script that includes a few introductory questions. The script provides the foundation for a meaningful response, but encourages spontaneity—a structure that often makes the conversation “seriously fun.”

ELAM Fellows conducted D&ADs prior to the Forum using a script with the following questions:

1. When and how do you know when the academic community is not inclusive? (An optional twist might be: “What is the worst thing that can happen when the opportunities are missed?)
2. What do YOU personally do to cultivate an inclusive community?
3. What keeps you from doing it all the time?
4. Is there a person, unit, or group that seems to be particularly successful at creating inclusive community? How they do it?
5. What ideas are coming to mind?

The D&ADs identified several actions that could be used in individual institutions to improve inclusiveness, including:

- Developing an intentional approach to inclusiveness with a plan, goals, and objectives; making a decision that the best “staff” is diverse.
- Defining specific goals and objectives to engage each stakeholder.
- Being deliberate about including individuals who may not have a voice by creating multiple avenues for input; setting up inclusive situations.
- Employing the continuous cycle of identifying the problem, brainstorming solutions, implementing a change, and getting feedback from the change.

- Helping individuals maintain their lack of bias and interest in seeing all types of views.
- Making inclusiveness a “badge of honor” in your organization’s culture.
- Recognizing individuals who practice inclusiveness as role models.
- Being a mentor who practices inclusiveness.
- Making collective success more important than individual success.
- Using a specific phrase in meetings to alert one another when all present are not being heard; pay attention to the dialogue.
- Creating social opportunities so people get to know each other.
- Making a commitment to not engage in negative discussions and to stop such conversations before they begin.
- Developing communications that are inclusive in content, language, appearance, and distribution.

Effective D&ADs get to the details of actions and behaviors, not the ideas. The role of the facilitator is to get the ideas expressed quickly and to focus the conversation on details. The What?, So What?, Now What? Liberating Structure might be helpful (Tell me more about this behavior, condition, or situation). Select actions or behaviors of interest and probe to get at the details. If someone brings up an issue that will be addressed in a question later in the interview, the facilitator should encourage the conversation to continue and then return to the earlier question. During D&ADs, go with the flow of the conversation.

Just as the scripted questions provide structure, the D&AD interview template is useful for recording responses. Facilitators may use the right-hand column to collect thoughts and observations about the process. For example, take note of difficulties, such as participants refusing to move to observed behaviors instead of discussing theoretical and abstract ideas. Or if there is enthusiasm around a certain question, that might be noted for follow up. The left-hand column should be used to record responses and questions from the interviewees.

Sample Page 1 of D&AD Interview Template

1. When and how do you know when the academic community is not inclusive? (An optional twist might be: “What is the worst thing that can happen when the opportunities are missed?)	
<i>What they say</i> [a phrase or essence of the answer; verbatim is nice]	<i>Observations...from the recorder/observer</i>
[Facilitators: if needed, ask... <i>Tell me more about this behavior, condition or situation?</i> Details can be illuminating. Not every item needs to be probed but some items will come to life very quickly with more detail.	<i>Three categories:</i> 1. <i>What?</i> (data & meaning you give what they say) 2. <i>So What?</i> (assumptions & conclusions about importance) 3. <i>Now What?</i> (beliefs and actions that you are forming)
A.	
B.	
C.	

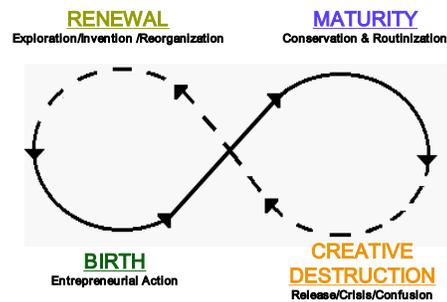
Some dos and don'ts for D&AD facilitators:

- Do:
 - Start with the purpose: We are here to....
 - Give questions back to the group; wait at least 20 second for a response.

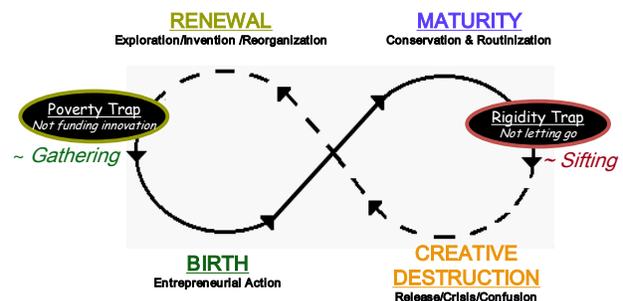
- Encourage quiet people to talk.
 - Work through all the questions without worrying too much about the order or reaching neat conclusions for each topic.
 - Flip cynical assertions by asking: If I understand you correctly, no one has ever done this successfully or well? Or, what would you do if there is an opportunity for change?
 - Rely on your recorder for help noticing behaviors and action opportunities.
 - Maintain humility; you “sit at the feet” of people with solutions.
- Do not:
 - Answer questions that have not been asked directly of you.
 - Miss opportunities to record actions to be taken by participants (not you) as they pop up.
 - Come away with a to-do list for yourself.
 - Decide about me without me—invite “them” into the next dialogue.
 - Avoid responding positively or negatively to contributions; let the group sift through their own assessments. For example, ask: How do others think or feel about this suggestion?

Ecocycle

The Ecocycle Liberating Structure draws closely from the ecological sciences. It expands the traditional business life cycle of birth and maturity by adding the phases of renewal and creative destruction. Both renewal and creative destruction often represent incremental changes in direction or structure. Change is constant along the Ecocycle—renewal follows creative destruction just as maturity follows birth. The Ecocycle is local and contextual reflecting the strategies and programs of an organization and, to be healthy, has balance among the four quadrants.



Two traps lurk in the Ecocycle. Organizations fall into the *Rigidity Trap* when they fail to let go of activities that are no longer viable. This doesn't mean traditions have to go, but rather that associated processes may benefit from periodic review. The *Poverty Trap* catches organizations that strategize and plan for innovation, but don't fund change. Getting out of the poverty trap might require creative destruction to free up funding for a new program, for example.



The Ecocycle Liberating Structure begins with individuals thinking about their activities and the quadrant in which they belong in the Ecocycle. Individuals then share their findings with a partner. The third step is for each individual to write their activities on Post-It Notes® (one

activity per note) and place the notes on a large drawing of the Ecocycle hanging on a wall. When everyone has posted their activities, the whole group looks for patterns and discusses the placement of different activities.

Forum participants were asked to identify 8 to 10 activities that they do at their institutions to create more inclusiveness. Discussions among individuals from different institutions found that similar activities at different institutions often fell in different quadrants; even when individuals identified the same activities at the same institution, they sometimes placed the activities in different quadrants. For example, recruiting a new chair might be renewal activity in a well-working department or creative destruction when a complete overhaul of a department is warranted. As another example, activities considered innovative by some individuals were not considered innovative by individuals of another generation.

Tip: If a large group will be taking part in an Ecocycle, keep the number of notes each individual writes to a workable number, use multiple Ecocycle drawings, or create an Ecocycle drawing large enough to accommodate the number of notes.

Forum participants placed their notes on the ELAM Fellows, Deans, or Guests and ELUMS Ecocycle drawings. The pattern on the Guest and ELUMS Ecocycle showed more notes in the mature and birth quadrants—a common pattern that shows activities associated with renewal and creative destruction often are not considered a typical focus of management. The Dean’s Ecocycle included relatively few notes in creative destruction and birth, possibly indicating activities caught simultaneously in the rigidity (difficulty letting go) and poverty traps (lack of funding). The notes on the Fellows’ Ecocycle were fairly balanced, with a wide variety of activities posted in each of the quadrants.

The Ecocycle Liberating Structure is primarily a diagnostic tool—a starting point for conversations that lead to action. The structure can be used by individuals to analyze how one spends one’s time and to strategize for the future. The structure also works well at the department level to initiate conversations that clarify activities and future actions and it can be a useful method for looking at prospective ideas or models. Examples of underlying questions include: If we do this where does it fit? Do we have space for this? If not, what would have to change for us to be able to do this? Regardless of the purpose of the Ecocycle, it must be followed up with action.

Forum participants identified several areas where the Ecocycle might be used:

- For new department chairs to perform a needs assessment and strategize with faculty—what is going well, what is new, or what is in the works.
- For department review processes or resource allocation—how to redeploy resources, create a new activity, or analyze progress toward a goal.
- For curriculum reform—have students post on one Ecocycle and faculty on another and then comparing the notes and their placement on the two drawings.
- For a department chair’s retreat—ask participants to discuss activities and put them on the Ecocycle

25 Will Get You 10

This Liberating Structure quickly taps the community’s wisdom and can be used for group problem solving. Also known as crowd sourcing, “25 Will Get You 10” illustrates the power of including many diverse voices in a conversation. This structure can be used at the beginning or end of a meeting and easily mixes with other Liberating Structures.

At their tables, Forum participants were asked to clearly write their response (anonymously) to two questions on a 3-x-5 index card:

- What is one exciting idea you are taking away from the Forum?
- What is one action you will do when you get back to your academic community?

Then everyone was asked to stand in a large open area with their index card and a pen. When the bell rang, individuals milled about and continually passed the card in their hand to another and received a card in return. Typically cards were exchanged 4 to 5 times. When the next bell rang, individuals reviewed the card in their hand with a partner. After a brief conversation, each individual wrote a number on the back of the card based on a scale of 1 to 5, with 5 being fabulous and 1 being ok. When the next bell rang, individuals again milled around exchanging cards. When the bell rang again, with a partner they reviewed the cards in their hand and wrote a number on the back. This process continued until each card had five numbers on the back. After the fifth round, individuals were asked to add up the numbers on the back of their cards.

Then, with everyone still standing, the leader asked if anyone had a card with a score of 25...24...23...22...and so on. As the number matched the total on their card, individuals read the card out loud. At the Forum, the top 7 cards, with scores from 22 to 19 were as follows (10 cards had scores of 18).

Exciting Idea from the Forum	Action
Power and Systems Activity (tops/middles/bottoms).	Consider doing this activity to settle tensions between residents and mid-levels in the SICU.
Use Ecocycle in hiring decisions.	Consider where in the Ecocycle a department is and use that knowledge to help determine an appropriate choice of candidate.
One way to increase inclusiveness in faculty members is to personally connect with potential recruits at their institutions or at meetings.	I will make phone calls, set up meetings at professional meetings to recruit and emphasize less advertising and “friend of friend” recruiting.
Get perspectives of faculty and students on what is needed to improve/renew the curriculum.	Use the Ecocycle to compare student and faculty perspectives.
Empower the ELAM Alumnae Association to serve on T&P; recruitment.	Quarterly meeting with dean; associate dean; women’s leadership program.
Create inclusivity in the nomination process for ELAM Fellows at our institution.	Create group of ELUMs to have D&AD to address the task.
Have a retreat with faculty, staff, and board members and use the TRIZ Liberating Structure.	TRIZ question: How can we best undermine success at this institution?

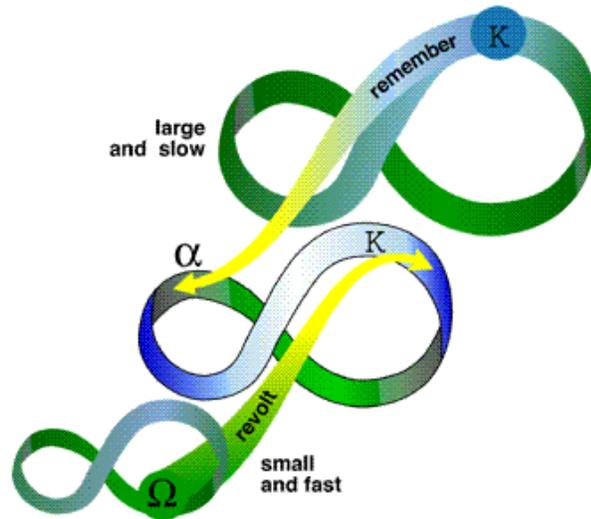
Conclusion

Liberating Structures are methods for working with the fluid relationships and systems embedded within systems in organizations, known as panarchy. Panarchy is the opposite of

hierarchy, which depends on a set of “sacred rules” that determine interactions from the top down. The unpredictable patterns in panarchy are fast and nimble with cross-level interactions. The lower and faster levels invent, experiment, and test; the middle levels stabilize ideas; and the higher levels accumulate memory, with all levels interacting. These are the natural cause-and-effect relationships within an organization. Panarchy is both creative and conserving.

Complex challenges arise because of unpredictable relationships and, by their nature, require that attention be paid to multiple levels of time and place simultaneously. Change at one level will precipitate the need for change at other levels. The outcome depends on whether a hierarchy or panarchy lens is applied.

A panarchy lens begins by identifying the multiple levels affected by a project and engaging leaders or individuals at each level and those who straddle multiple levels. Rather than holding top-down conversations, panarchy includes all stakeholders in discussions that assess the conditions at each level and identifies cross-level relationships. Together, all stakeholders strategize about how to work at multiple levels simultaneously and how to create conditions that support cross-level transformations.



Panarchy Model

To embrace Liberating Structures, one also must acknowledge and embrace panarchy. By design, Liberating Structures create imaginative, surprising results. If one goes into a situation with an outcome in mind the use of Liberating Structures will be counterproductive. Odds are overwhelming that the end result using Liberating Structures will not be the expected outcome. Embracing Liberating Structures—and panarchy—requires a willingness to be inclusive, curious, and flexible.

Resources

- Anderson, R.A. and McDaniel, R.R. Taking Complexity Science Seriously: New Research, New Methods (pp. 73-95). In Lindberg, C., Nash, S., & Lindberg, C. (Eds.), *On the Edge: Nursing in the Age of Complexity*, CreateSpace, July 14, 2008.
- Begun, J.W., Zimmerman, B.J., and Dooley, K.J. Health Care Organization as Complex Adaptive Systems. In *Advances in Health Care Organization Theory*, Mick, S.M. and Wyttenback, M. (eds.). Jossey-Bass, San Francisco, 2002. (Great overview featuring application to AIDS in Brazil and IDS development in the United States)
- Beinhocker, E.D. Strategy at the edge of chaos. *The McKinsey Quarterly*, Number 1, 1997, pp. 24-39. (A complex look at strategy development)
- Beinhocker, E.D. Robust adaptive strategies. *Sloan Management Review*, Spring 1999.
- Block, P. *Community: The Structure of Belonging*. Berrett-Koehler Publishers, May 1, 2008.

- Caballero, M.C. Academic turns city into a social experiment: Mayor Mockus of Bogotá and his spectacularly applied theory. *Harvard Gazette*, March 11, 2004.
- Dardik, I.I. The origin of disease and health, heart waves: The single solution to heart rate variability and Ischemic preconditioning. *Frontier Perspectives*, Vol. 6, No. 2, pp. 18-32. (A clinical application of complexity thinking)
- de Geus, A. The living company. *Harvard Business Review*, March-April 1997, pp. 51-59. (Classic article that applies metaphors from natural systems to organizations and leadership)
- Glouberman, S. and Mintzberg H. Managing the care of health and the cure of disease—Part 1: Differentiation. *Health Care Management Review*, vol. 26, No. 1, pp. 56-69. (Insightful description of complex organizational dynamics in health care organizations)
- Goldberger A.L. Non-linear dynamics for clinicians: Chaos theory, fractals, and complexity at the bedside. *Lancet*, Vol. 347, May 11, 1996, pp. 1312-1314. (Useful perspective and application for clinicians)
- Lipmanowicz, H. and McCandless, K. Liberating structures: Innovating by including and unleashing everyone at <http://www.ey.com/GL/en/Services/Advisory/Performance---Liberating-structures--innovating-by-including-and-unleashing-everyone>.
- Lipmanowicz, H. and McCandless, K. Liberating Structures FAQs: Simple self-organizing methods to unleash change across the organization at <http://socialinvention.net/Documents/Liberating%20Structures%20FAQs%209%2022%2009.pdf>
- Manzoni, J.F., Strebel, P. and Barsoux, J.L. Why Diversity Can Backfire On Company Boards. *The Wall Street Journal*, January 25, 2010 at <http://online.wsj.com/article/SB10001424052748703558004574581851089027682.html>.
- McDaniel, R.R. and Driebe, D.J. Complexity Science and Healthcare Management. In Blair, J.D., Fottler, M.D., and Savage, G.T. (Eds.) *Advances in Health Care Management*, Volume 2. JAI Press; 1st edition, volume 2, September 12, 2001, pp. 11-36. (A masterful overview of emerging approaches in health care management settings)
- Morgan, G. *Images of Organization*. Sage Publications, Thousand Oaks, CA, 1997. (Explores the value of metaphor in leadership and management, with emphasis on self-organization and biological systems)
- Singhal, A., Buscell, P., and McCandless, K. Saving Lives by Changing Relationships: Positive Deviance for MRSA Control and Prevention in a U.S. Hospital. Positive Deviance Wisdom Series, Number 3, 2009 at <http://www.positivedeviance.org/pdf/publications/FINAL-MRSA-Billings.pdf>.
- Open Space Technology at www.openspaceworld.org; see work by Ann Stadler.
- Zimmerman, B. HIV/AIDS in the Developing World: The Brazil Story. In Globerman, S. and Zimmerman, B. *Complicated and Complex Systems: What Would Successful Reform of Medicare Look Like?*, “How Brazil responded to AIDS...through a complexity lens.” York University, July 2002, pp. 16-20.
- Zimmerman, B., Lindberg, C., Plesk, P. Edgware: Insights from complexity science for health care leaders. VA, Inc, Irving, TX, 1998, pp. 150-153. (The volume is packed with accessible explanations and applications of complexity principles)
- Positive Deviance Website at www.positivedeviance.org
- Suchman, A. A New Theoretical Foundation for Relationship-centered Care. *Journal of General Internal Medicine*, Volume 21, Supplement 1, January, 2006, pp. S40-S44.

Biographical Sketches

Keith McCandless, Co-Founder, Social Invention Group



Keith McCandless helps people innovate and manage complexity by working with groups to discover opportunities and build on momentum. A founding partner of the *Social Invention Group*, his eclectic skills are grounded in organizational development, strategic planning, management and complexity science. He describes himself as a *structured improvisationalist*. A broad range of clients include health, education, and technology firms in the US, Canada, Europe and Latin America. He has served on the governing boards of the Plexus Institute (the Board of Directors and Science Advisory Board) and has a Master's degree from the Heller School for Social Policy and Management at Brandeis University in Boston. Currently, Keith is engaged in three bold, transformational initiatives: the *Innovation Learning Network* (including large health systems in the US); *Liberating Structures* in Latin America and Europe; and *Positive Deviance*, preventing the spread of hospital acquired infections in the US and Canada.

Henri Lipmanowicz, Chair, Board of Directors, Plexus Institute



A founder of the Plexus Institute and Chairman of the Board, Henri retired in 1998 after a 30-year career at Merck, from Managing Director in Finland to President of the Intercontinental Region and Japan (all countries outside of the US and Western Europe) and a member of Management Committee. Henri is French and resides in the US and France. Henri is engaged in spreading *Liberating Structures* in the US, Latin America, Africa, Asia, and Europe. He served as coach in a multi-center *Positive Deviance* initiative to prevent the spread of MRSA infections in the US.

Forum Attendees – Deans and Designees

** denotes Academic Sustaining Member*

Linda A. Alexander, Ed.D.

Associate Dean for Academic Affairs
Associate Professor of Health Behavior
University of Kentucky College of Public Health

Kathryn A. Atchison, D.D.S., M.P.H.

Vice Provost for Intellectual Property and Industry Relations
Professor of Public Health
Professor of Dentistry
University of California at Los Angeles

David J. Bjorkman, M.D., M.S.P.H., S.M. *

Executive Medical Director, University of Utah Medical Group
Dean, School of Medicine
Professor of Internal Medicine
University of Utah

Steven M. Block, M.B.B.Ch.

Senior Associate Dean
Professor of Pediatrics
Wake Forest University School of Medicine

Robin L. Brey, M.D. *

Associate Dean for Research
Interim Director, John A. Hartford Center of Excellence in Geriatric Medicine and Training
Founding Chair, Department of Neurology
Edna Smith Dielmann Distinguished University Chair
University of Texas Health Science Center at San Antonio

Edward R. Burns, M.D. *

Executive Dean
Professor of Medicine and Pathology
Albert Einstein College of Medicine of Yeshiva University

Michael E. Cain, M.D.

Dean, School of Medicine and Biomedical Sciences
Professor of Medicine
Professor of Chemical and Biological Engineering
University at Buffalo State University of New York

David S. Carlson, Ph.D.

Vice President for Research and Graduate Studies
Regents Professor
The Texas A & M University System Health Science Center

PonJola Coney, M.D., F.A.C.O.G.

Senior Associate Dean of Faculty Affairs
Virginia Commonwealth University School of Medicine

Lynda D. Curtis

Senior Vice President, South Manhattan Healthcare Network
Executive Director, Bellevue Hospital Center

Heather Dean, M.D.

Associate Dean for Academic Affairs
Professor of Pediatrics, Section of Endocrinology and Metabolism
University of Manitoba Faculty of Medicine

Teresa A. Dolan, D.D.S., M.P.H.

Dean, College of Dentistry
Professor of Dentistry
University of Florida

J. William Eley, M.D., M.P.H.

Executive Associate Dean for Medical Education and Student Affairs
Professor of Epidemiology
Emory University School of Medicine

John Fitzgerald, M.D.

Executive Associate Dean of Clinical Affairs
Indiana University School of Medicine

Terence R. Flotte, M.D. *

Executive Deputy Chancellor
Provost
Dean
University of Massachusetts Medical School

John P. Fogarty, M.D.

Dean, College of Medicine
Professor of Family Medicine and Rural Health
Florida State University

Richard L. Gamelli, M.D.

Dean
Professor of Surgery
Professor of Pediatrics
Loyola University Chicago Stritch School of Medicine

Shelley Gebar, M.P.H. *

Senior Associate Dean for Operations and Administration
University of Kansas School of Medicine

Robert N. Golden, M.D.

Vice Chancellor for Medical Affairs
Dean, School of Medicine and Public Health
Robert Turell Professor in Medical Leadership
Professor of Psychiatry
University of Wisconsin at Madison

Pascal J. Goldschmidt, M.D. *

Senior Vice President, Medical Affairs
Dean, Leonard M. Miller School of Medicine
University of Miami

Michael L. Good, M.D. *

Dean, College of Medicine
Professor of Anesthesiology
Professor of Medicine
University of Florida

Bruce S. Graham, D.D.S.

Dean, College of Dentistry
University of Illinois at Chicago

Jeffrey Griffith, Ph.D. *

Executive Vice Dean
University of New Mexico School of Medicine

Robert I. Grossman, M.D. *

CEO, NYU Hospitals Center
Dean, School of Medicine
Professor of Neurosurgery, Neurology, Physiology
and Neuroscience
Louis Marx Professor of Radiology
New York University

Charles N. Haas, Ph.D.

Chair, Department of Environmental Engineering
L.D. Betz Professor of Environmental Engineering
Drexel University

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

Dean, School of Medicine
Professor of Radiation Oncology and Pediatrics
Ford Foundation Professor in Medical Education
University of Louisville

David R. Harder, Ph.D. *

Associate Dean of Research
Medical College of Wisconsin

Robert F. Highsmith, Ph.D. *

Associate Dean and Director, Office of Research and
Graduate Education
Interim Chair, Department of Biomedical
Engineering
Professor of Biomedical Engineering
University of Cincinnati College of Medicine

Richard V. Homan, M.D. *

Senior Vice President for Health Affairs
Annenberg Dean, College of Medicine
Drexel University

Sarah J. Kilpatrick, M.D., Ph.D. *

Vice Dean
Chair, Department of Obstetrics and Gynecology
Goldstick - Arends Chair of Obstetrics and
Gynecology
University of Illinois at Chicago College of Medicine

Sally A. Kornbluth, Ph.D. *

Vice Dean for Research
James B. Duke Professor of Pharmacology and
Cancer Biology
Duke University School of Medicine

Richard D. Krugman, M.D. *

Vice Chancellor for Health Affairs
Dean, School of Medicine
Professor of Pediatrics
University of Colorado Denver

Janis G. Letourneau, M.D. *

Associate Dean of Faculty and Institutional Affairs
Louisiana State University School of Medicine in
New Orleans

Charles H. McKown, Jr., M.D.

Vice President for Health Sciences
Dean
Joan C. Edwards School of Medicine at Marshall
University

Robert F. Meenan, M.D., M.P.H., M.B.A. *

Dean, School of Public Health
Chair, Department of Sociomedical Sciences
Professor of Health Policy and Management
Professor of Medicine (Rheumatology)
Boston University

Frederick J. Meyers, M.D. *

Executive Associate Dean
Professor of Internal Medicine
University of California Davis School of Medicine

Alicia D.H. Monroe, M.D.

Vice Dean for Education
Professor of Family Medicine
University of South Florida College of Medicine

Victoria A. Mulhern *

Executive Director of Faculty Affairs
University of Pennsylvania School of Medicine

Karen D. Novielli, M.D. *

Senior Associate Dean, Faculty Affairs and Faculty Development
Director of Special Programs - Office of Scientific Affairs
Associate Professor of Family Medicine
Jefferson Medical College of Thomas Jefferson University

Harold L. Paz, M.D. *

Chief Executive Officer, The Milton S. Hershey Medical Center
Senior Vice President for Health Affairs
Dean, College of Medicine
Professor of Medicine and Public Health Sciences
Pennsylvania State University

Etta D. Pisano, M.D., F.A.C.R. *

Dean Designate, MUSC College of Medicine
Vice Dean for Academic Affairs
Director, UNC Biomedical Research Imaging Center
Director, TraCS Institute
Keenan Professor of Radiology and Biomedical Engineering
Professor of Radiology and Biomedical Engineering
University of North Carolina at Chapel Hill School of Medicine

Vijay M. Rao, M.D., F.A.C.R. *

Chair, Department of Radiology
David C. Levin Chair of Radiology and Otolaryngology, Head and Neck Surgery
Jefferson Medical College of Thomas Jefferson University

Jerry G. Reves, M.D. *

Vice President for Medical Affairs
Dean, College of Medicine
Professor of Anesthesiology
Medical University of South Carolina

Alan G. Robinson, M.D.

Associate Vice Chancellor, Medical Sciences
Executive Associate Dean
David Geffen School of Medicine at UCLA

Maria L. Soto-Greene, M.D. *

Vice Dean, New Jersey Medical School
Director, The Hispanic Center of Excellence
Professor of Medicine
University of Medicine and Dentistry of New Jersey

Wiley W. Souba, Jr., M.D., Sc.D., M.B.A. *

Vice President and Executive Dean for Health Sciences
Dean, College of Medicine
The Ohio State University

Samuel J. Strada, Ph.D.

Dean, College of Medicine
Professor of Pharmacology
University of South Alabama

Gavin C.E. Stuart, M.D.

Dean, Faculty of Medicine
University of British Columbia

Thomas E. Tenner, Ph.D. *

Associate Dean for Faculty Affairs
Texas Tech University Health Sciences Center

Elizabeth L. Travis, Ph.D. *

Associate Vice President for Women Faculty Programs
Mattie Allen Fair Professor in Cancer Research
Professor of Experimental Radiation Oncology
University of Texas - M.D. Anderson Cancer Center

James O. Woolliscroft, M.D. *

Dean
Lyle C. Roll Professor of Medicine
University of Michigan Medical School

Forum Attendees – Guests

** denotes Academic Sustaining Member*

David J. Bachrach, F.A.C.M.P.E., F.A.C.H.E.

Principal
The Physician Executive's Coach, Inc.

Lourdes C. Corman, M.D.

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

Barbara Eiser, M.A., M.C.P.

President
Leading Impact, Inc.

Judith Kapustin Katz, Ed.D.

Licensed Psychologist/Executive and Career
Transition Coach and Educational Consultant

Omofolasade Kosoko-Lasaki, M.D., M.S.P.H., M.B.A. *

Associate Vice President for Health Sciences,
Multicultural and Community Affairs
Professor of Surgery (Ophthalmology)
Professor of Preventive Medicine and Public Health
Creighton University

Mary M. Moran, M.D. *

Associate Dean for Faculty Affairs and Professional
Development
Associate Professor of Pediatrics
Drexel University College of Medicine

Lois Margaret Nora, M.D., J.D., M.B.A.

President Emeritus
Dean Emeritus, College of Medicine
Professor of Internal Medicine (Neurology) and
Behavioral and Community Health Sciences
Northeastern Ohio Universities Colleges of Medicine
and Pharmacy

Catherine Ormerod, M.S.S., M.L.S.P *

Project Director, Vision 2020
Institute for Women's Health and Leadership
Drexel University College of Medicine

Sally E. Rosen, M.D., M.F.S.

Special Assistant, Office of the Provost
Co-Director, Center for Women's Health Research,
Leadership and Advocacy
Inaugural ELAM Senior Scholar
Temple University

Barbara A. Schindler, M.D. *

Vice Dean for Educational and Academic Affairs
The William Maul Measey Chair of Education
Professor of Psychiatry and Pediatrics
Drexel University College of Medicine

Laura F. Schweitzer, Ph.D.

President
Union Graduate College

Patreece May Thompson, M.D.

President
Treece Consulting, LLC

Lynn Hardy Yeakel, M.S.M. *

Betty A. Cohen Chair in Women's Health
Director, Institute for Women's Health and
Leadership
Drexel University College of Medicine

Forum Attendees – Fellows

Meenakshy K. Aiyer, M.D.

Vice Chair, Department of Medicine
Associate Professor of Clinical Medicine
University of Illinois College of Medicine - Peoria

Christine A. Arenson, M.D.

Co-Director, Jefferson Inter-Professional Education Center
Director, Division of Geriatric Medicine, Department of Family and Community Medicine
Associate Professor of Family and Community Medicine
Jefferson Medical College of Thomas Jefferson University

Jill M. Baren, M.D., M.B.E.

Director, Pediatric Emergency Medicine Education
Associate Professor of Emergency Medicine
Associate Professor of Pediatrics
University of Pennsylvania School of Medicine

Yolanda T. Becker, M.D.

Co-Director, Core Day Curriculum
Associate Professor of Surgery
University of Wisconsin at Madison School of Medicine and Public Health

Vivian M. Bellofatto, Ph.D.

Vice Chair for Research, Department of Microbiology and Molecular Genetics
Professor of Microbiology and Molecular Genetics
University of Medicine and Dentistry of New Jersey, New Jersey Medical School

M. Ines Boechat, M.D.

Chief, Section of Pediatric Radiology, Department of Radiological Sciences
Professor of Radiology and Pediatrics
University of California, David Geffen School of Medicine at UCLA

Deborah J. Bowen, Ph.D.

Chair, Department of Community Health Sciences
Professor of Community Health Sciences
Boston University School of Public Health

Brenda A. Bucklin, M.D.

Senior Associate Chair for Educational and Academic Affairs, Department of Anesthesiology
Director of Obstetrical Anesthesia, Department of Anesthesiology
Professor of Anesthesiology
University of Colorado School of Medicine

Penny Z. Castellano, M.D.

Chief Medical Officer, The Emory Clinic
Chief Quality Officer, The Emory Clinic
Associate Professor of Obstetrics and Gynecology
Emory University School of Medicine

Anees B. Chagpar, M.D., M.Sc., M.P.H.

Academic Advisory Dean
Director, Multidisciplinary Breast Program
Associate Professor of Surgery
University of Louisville School of Medicine

Heidi S. Chumley, M.D.

Senior Associate Dean for Medical Education
Associate Professor of Family Medicine
University of Kansas School of Medicine

Deborah M. DeMarco, M.D.

Associate Dean, Graduate Medical Education
Professor of Medicine
University of Massachusetts Medical School

Luisa Ann DiPietro, D.D.S., Ph.D.

Director, Center for Wound Healing and Tissue Regeneration
Professor of Microbiology and Immunology
Professor of Periodontics
University of Illinois at Chicago College of Dentistry

Patricia A. Donohoue, M.D.

Section Chief, Endocrinology and Diabetes, Department of Pediatrics
Director, Pediatric Endocrinology Fellowship Program
Director, Endocrinology Program, Children's Hospital of Wisconsin
Professor of Pediatrics
Medical College of Wisconsin

Rena N. D'Souza, D.D.S., M.S., Ph.D.

Chair, Department of Biomedical Sciences
Professor of Biomedical Sciences
Baylor College of Dentistry The Texas A & M University System

Margarita L. Dubocovich, Ph.D.

Chair, Department of Pharmacology and Toxicology
Professor of Pharmacology and Toxicology
University at Buffalo State University of New York School of Medicine and Biomedical Sciences

Patricia Jacques Emmanuel, M.D.
Associate Dean for Clinical Research
Director, Clinical and Translational Science Institute
Medical Director, Pediatric HIV Program, All
Children's Hospital
Professor of Pediatrics
University of South Florida College of Medicine

Karen A. Fagan, M.D.
Chief, Division of Pulmonary and Critical Care
Medicine, Department of Medicine
Associate Professor of Medicine
University of South Alabama College of Medicine

Patricia Gallagher, Ph.D., P.E.
Associate Professor of Civil, Architectural and
Environmental Engineering
Provost's Fellow in Sustainability
Drexel University

Jennifer F. Havens, M.D.
Vice Chair, Department of Child and Adolescent
Psychiatry
Chief, Department of Child and Adolescent
Psychiatry, Bellevue Hospital Center
Associate Professor of Child and Adolescent
Psychiatry
New York University School of Medicine

Deborah L. Helitzer, Sc.D.
Assistant Dean for Research Education
Professor of Family and Community Medicine
University of New Mexico School of Medicine

Shuk-mei Ho, Ph.D.
Chair, Department of Environmental Health
Director, Center for Environmental Health
Director, Genomics and Microarray Laboratory
Jacob G. Schmidlapp Professor of Environmental
Health
University of Cincinnati College of Medicine

Jean T. Jacob, Ph.D.
Director of Research-LSU Eye Center
Director of Research Development
Residency Research Director for Ophthalmology
Professor of Ophthalmology and Neuroscience
Louisiana State University School of Medicine in
New Orleans

Joanne M. Jordan, M.D., M.P.H.
Director, Thurston Arthritis Research Center
Chief, Division of Rheumatology, Allergy, and
Immunology
Herman and Louise Smith Distinguished Professor of
Medicine
Professor of Orthopaedics
University of North Carolina at Chapel Hill School of
Medicine

Adina L. Kalet, M.D., M.P.H.
Director of Research, Division of Educational
Informatics, Department of Medicine
Associate Professor of Medicine and Surgery
New York University School of Medicine

Nadine T. Katz, M.D.
Associate Dean for Students
Director, Women's Health Undergraduate Medical
Education, Department of Obstetrics and Gynecology
Associate Professor of Clinical Obstetrics and
Gynecology and Women's Health
Albert Einstein College of Medicine of Yeshiva
University

Norma S. Kenyon, Ph.D.
Director, Wallace H. Coulter Center for Translational
Research
Martin Kleiman Chair in Diabetes Research
Martin Kleiman Professor of Surgery, Microbiology
and Immunology and Biomedical Engineering
University of Miami Leonard M. Miller School of
Medicine

Abigail F. Klemsz, M.D., Ph.D.
Associate Director, Pediatric Residency Program
Associate Professor of Clinical Pediatrics
Indiana University School of Medicine

Elizabeth J. Kovacs, Ph.D.
Vice Chair for Research, Department of Surgery
Director of Research, Burn and Shock Trauma
Institute
Professor of Surgery
Professor of Cell Biology, Neurobiology and
Anatomy
Loyola University Chicago Stritch School of
Medicine

Valerae O. Lewis, M.D.

Associate Director, Sarcoma Center
Associate Director Thoracic/Orthopaedic Center
Chief, Section of Orthopaedic Oncology, Department
of Surgical Oncology
Associate Professor of Orthopaedic Oncology
University of Texas - M.D. Anderson Cancer Center

Alma B. Littles, M.D.

Senior Associate Dean for Medical Education and
Academic Affairs
Professor of Family Medicine and Rural Health
Florida State University College of Medicine

Pauline M. Maki, Ph.D.

Associate Professor of Psychiatry and Psychology
University of Illinois at Chicago College of Medicine

Stephanie C. McClure, M.D., F.A.C.P.

Mirick-Myers Endowed Chair of Excellence in
Geriatric Medicine
Chief, Division of Geriatrics, Departments of Internal
Medicine and Family and Community Medicine
Director, Geriatrics Clerkship
Texas Tech University Health Sciences Center
School of Medicine

Diana V. Messadi, D.D.S., M.M.Sc., D.M.Sc.

Chair, Orofacial Pain, Oral Medicine, Oral Biology
and Medicine
Professor of Oral Medicine, Oral Biology and
Medicine
University of California at Los Angeles School of
Dentistry

Janet P. Niemeier, Ph.D., A.B.P.P.

Director, Inpatient Neuropsychology and
Rehabilitation Psychology Services
Associate Professor of Physical Medicine and
Rehabilitation
Virginia Commonwealth University School of
Medicine

Maureen A. Novak, M.D.

Associate Dean for Medical Education
Vice Chair of Pediatric Education, Department of
Pediatrics
Director, Pediatric Residency Program
Associate Professor of Pediatrics
University of Florida College of Medicine

Barbara E. Ostrov, M.D.

Administrative Vice Chair, Department of Pediatrics
Chief, Division of Pediatric Rheumatology, Allergy
and Immunology, Department of Pediatrics
Interim Chief, Division of Rheumatology,
Department of Medicine
Professor of Pediatrics and Medicine
Pennsylvania State University College of Medicine

Tina L. Palmieri, M.D., F.A.C.S., F.C.C.M.

Director, Burn Center
Assistant Chief of Burns, Shriners Hospital for
Children
Associate Professor of Surgery
University of California, Davis, School of Medicine

Katherine E. Paton, M.D., F.R.C.S.C.

Executive Associate Dean, Clinical and Community
Partnerships
Clinical Professor of Ophthalmology and Visual
Sciences
University of British Columbia Faculty of Medicine

Elizabeth M. Petty, M.D.

Associate Dean for Student Programs
Medical Director, Genetic Counseling Training
Program
Professor of Human Genetics
Professor of Internal Medicine
University of Michigan Medical School

Donna M. Russo, Ph.D.

Associate Dean of Medical Education
Director, Interdisciplinary Foundations of Medicine
Professor of Microbiology and Immunology
Drexel University College of Medicine

Darshana Shah, Ph.D.

Assistant Dean for Professional Development in
Medical Education
Chief, Section of Academic Pathology, Department
of Pathology
Professor of Pathology
Joan C. Edwards School of Medicine at Marshall
University

Nancy D. Spector, M.D.

Associate Chair of Education and Faculty
Development, Department of Pediatrics
Associate Director, Pediatric Residency Program
Associate Professor of Pediatrics
Drexel University College of Medicine

Mary Frances Stavropoulos, D.D.S.
Director, Undergraduate Oral and Maxillofacial
Surgery Curriculum
Associate Professor of Oral and Maxillofacial
Surgery
University of Florida College of Dentistry

Gyongyi Szabo, M.D., Ph.D.
Associate Dean for Clinical and Translational
Research
Chief, Gastroenterology Research
Director, Hepatology and Liver Center
Director, Clinical/Translational Research Pathway
Associate Director, MD/PhD Program
Professor of Medicine
University of Massachusetts Medical School

Pamela B. Teaster, Ph.D.
Chair, Department of Gerontology
Director, Graduate Center for Gerontology
Professor of Gerontology
University of Kentucky College of Public Health

Amanda M. Termuhlen, M.D.
Associate Chief of Clinical Research, Academics and
Education, Division of Pediatric Hematology/
Oncology/ Bone Marrow Transplant
Director, Cancer Survivorship Program
Director, Pediatric Blood and Marrow Transplant
Program
Professor of Pediatrics
The Ohio State University College of Medicine

Melanie B. Thomas, M.D., M.S.
Associate Director of Clinical Investigations,
Hollings Cancer Center
Grace E. DeWolff Chair in Medical Oncology
Associate Professor of Medicine
Medical University of South Carolina College of
Medicine

Gail E. Tomlinson, M.D., Ph.D.
Interim Director, Greehey Children's Cancer
Research Institute
Director, Division of Pediatric Hematology-
Oncology
Greehey Distinguished Chair in Genetics of Cancer
Professor of Pediatrics
University of Texas Medical School at San Antonio

Elisabeth J. Van Bockstaele, Ph.D.
Vice Chair for Research, Department of Neurological
Surgery
Director, Graduate Program in Neuroscience
Professor of Neurological Surgery
Professor of Pathology, Anatomy and Cell Biology
Jefferson Medical College of Thomas Jefferson
University

Monica L. Vetter, Ph.D.
Chair, Department of Neurobiology and Anatomy
Professor of Neurobiology and Anatomy
University of Utah School of Medicine

Janice D. Wagner, D.V.M., Ph.D.
Deputy Associate Dean of Research
Director, Animal Resources Program
Professor of Pathology
Wake Forest University School of Medicine

**Debrah Wirtzfeld, M.D., M.Sc., F.R.C.S.C.,
F.A.C.S.**
Provincial Head, Surgical Oncology, CancerCare
Manitoba
Associate Professor of Surgery, Oncology,
Community Health Sciences, and Microbiology and
Clinical Genetics
University of Manitoba Faculty of Medicine

Terri L. Young, M.D.
Professor of Ophthalmology and Pediatrics
Duke University School of Medicine

Hedwig van Ameringen
Executive Leadership in Academic Medicine
Program for Women



Drexel University College of Medicine
2900 West Queen Lane
Philadelphia, PA 19129
P: 215-991-8240
F: 215-991-8171
E: elam@drexelmed.edu

www.drexelmed.edu/elam