Supplementary information to: Ten tips for choosing an academic chair (Comment in *Nature* 519, 286–287; 2015)

Pierre-Alain Clavien & Joseph Deiss



International Conference on Selection of Academic Medical Chairs

"Are selection criteria different in the headhunting industry?"

December 3-6, 2014, Zurich, Switzerland

Jury's Report on Selecting a Departmental Chair of Medicine

President:

Joseph Deiss, Economist. Professor, University of Fribourg, Switzerland

Vice President:

Philip Campbell, Editor-in-Chief, Nature, UK

Jury Members:

Claudio Feser, Leader of McKinsey Switzerland
Charles Kleiber, Former Swiss Secretary of State of Switzerland
Jean-Marie Lehn, Professor of Chemistry, Nobel Prize in Chemistry, Strasbourg, France
Stefan Lippe, Co-Founder and Vice-Chairman Acqupart Holding AG, Switzerland
Felicitas Pauss, Professor for Experimental Particle Physics, ETH, Switzerland
Juan-Francisco Perellon, Director for Quality and Accreditations, Ecole hôtelière de Lausanne,
Switzerland

Carmen Walbert, Chief Medical Officer Covidien Europe, Switzerland Hansjörg Wyss, Founder of Synthes, Boston, MA, USA Verena Bütler, Patient Representative, Switzerland Fabian Unteregger, Student Representative, Switzerland

Appendix A: Jury member

Appendix B: Panels and their members

Jury's report on selecting a departmental Chair of medicine



1 Introduction

The following report is the outcome of a three day meeting in Zurich in December 2014, devoted to discussing how one should best appoint a Clinical Chair of a university department of medicine.

The meeting was in the form of a consensus conference, in which a jury of individuals with strong interests in academia considered nine expert panels' analyses and recommendations about aspects of the selection process. During the meeting, the jury discussed these with panel leaders, and formed their independent conclusions about how the appointment of a Chair might best be conducted.

The jury members were also stimulated by three lectures. One was on 'Human mistakes in decision making', by Ernst Fehr (University of Zurich). Another was titled 'What are the current shortcomings in selecting Chairs for academic medical departments?', by Patrick Aebischer, of EPFL, Lausanne. The other was 'Decades of research on personnel selection in organisations: key evidence and principles', by Filip Lievens (University of Ghent). The value of these lectures will be referred to below.

For a description of the process, the membership of the panels, and the panels' reports, see www.chair4medicine.uzh.ch

We, the co-authors of this report, are the jury, and we here present our considerations and recommendations. (See Appendix A for details of jury members.)

2 Resources reported by the panels

Part of the responsibility of each panel was to assess available resources to assist in their respective aspects of the recruitment process. We believe that this is a valuable contribution to anyone thinking about the challenge of senior appointments in academic medicine and in other disciplines.

Here we summarise resources highlighted by some of the panels. (The panels are listed in Appendix B). We also indicate where a search revealed few resources; this may stimulate further work.

- -Most panels reported the results of literature surveys relating to their respective aspect of the selection process.
- -Panel 4, examining the use of scientometrics in selection, drew our attention to the existence of 'individual scientific portfolios' generated by scientometrics research centres. (See p6 of their report at www.chair4medicine.uzh.ch.)
- -Panel 5, examining criteria for selection relating to candidates' track record in education, found little by way of literature and therefore conducted a survey of academics. The results of that survey can be found in their report, and informed our recommendations.

Panel 3



- -Panel 7, examining criteria for the social and personal skills of candidates, produced suggested scenarios and simulations that might be presented to candidates for engagement with selectors during the process.
- -Panel 8, examining whether software and online tools might assist in selection, found a lack of literature and appropriate tools already available, so constructed their own. See their report. The open source tool can be found at www.chair4medicine.uzh.ch.
- -panels 2 (CV assessment), 3 (demographics and language skills), and 6 (leadership and management skills) found little that was useful in external literatures, so drew on their own expert knowledge and experience in reaching their recommendations.

3 The need for objectivity in selecting a department Chair

A recurring theme throughout the meeting was that selection processes are potentially subject to explicit and latent biases, some of them embedded in human psychology. Several panel reports and presentations (especially panels 2, 4 and 8), and the talks, highlighted these phenomena and ways of countering them. These factors can and should be mitigated by careful design of the selection processes. The following are examples mentioned in reports or in discussion:

- -In advance of assessing candidates, selectors should set standards of ability for key dimensions of the job and of the minimum experience in those dimensions.
- -Although interviews may include questions tailored for candidates, and open discussion relating to points they may make, a set of standardized questions should be applied to every candidate.
- -Every step of the process, including key aspects of conversations, should be recorded systematically.
- -The method or algorithm for aggregating and weighting information should be specified in advance.
- -Negative comments made about candidates should only have an influence if backed by evidence and should be formally documented.

We recognise that, during the selection process, prescribed thresholds and processes may be reviewed. But setting these prior expectations will support the principle that the standards of candidates must be dispassionately assessed.

In general a non-compensatory principle should operate in relation to minimum standards. In other words, there should be pre-defined minimum standards in abilities for key aspects of the role, and these should not be breached, even if there are major strengths in other dimensions.

4 Ownership of the selection and appointment process

The definition of the Chair's roles, and the ultimate responsibility for the appointment, will depend on the structure within which he or she will operate, as discussed in the next section. However, the ultimate accountability for the process needs to be clearly defined from the outset. In some universities, the ownership will lie with a single senior individual, eg a Dean. In others, the structure

Panel 4



may require a sharing of the responsibility. In either case, the jury holds the strong opinion that the ownership and accountability for the appointment needs to be clearly defined.

5 Context of the process

Seeking a leader begins with clarity about institutional profile, including its vision and goals for the future.

While there are some shared features that help define an academic medical centre, including its component medical school and teaching hospital(s), each also has its own unique vision, mission and goals; different models of organization and governance; and variations in resources and accompanying strengths, weaknesses and challenges.

Accordingly, the position of department Chair varies widely and the required attributes of the potential candidates will depend on a host of factors that should be well defined and delineated before the search gets underway. It is imperative that the search committee and/or selecting institutional leader (e.g., dean, chancellor, hospital CEO) have clear and aligned understanding of the institutional profile and the characteristics of the Chair that is being sought. These characteristics will vary enormously depending on the medical centre and the department itself even though these are often inextricably interrelated.

For example, the characteristics of Chair candidates for a medical school or medical centre that is primarily clinical in its mission will be different from those for in institution that is more research focused. Whether the institution is public or private, urban or more rural, or whether it is considered to be in the top tier of national and international institutions can have a considerable impact on the search process and potential candidates. This is further impacted by the size and scope of the department and whether it is medical or surgical or whether it is hospital based. The nature of the healthcare system and its funding in the country where the search is being conducted has enormous importance, as does the funding and support for the missions in clinical care, research and education.

The organization and governance of the medical school, medical centre and university will also influence the leadership skills for the potential Chair who is being recruited. For example, will the Chair report to the dean of the school of medicine, to a hospital CEO or some combination of the two? Will there be other reporting relationships and will the Chair have a broader institutional role in addition to her or his position of department Chair (e.g., physician-in-chief or surgeon-in-chief)?

It is also important to define the expectations of the Chair beyond administrative leadership responsibilities. For example, will the Chair be expected to have clinical care responsibilities and if so, what percentage of her or his time should be allocated to those duties? It should be noted that continuing clinical responsibilities is further influenced by the nature of the medical school and the size of the department. In general, leaders of surgical departments are often assessed by their peers on whether he or she is an outstanding surgeon – something that requires continued active surgical practice. Chairs of more medically oriented departments are more often assessed by their colleagues and peers on their academic prowess and this requires continuation of investigator initiated research and/or outstanding skills in education of students and trainees.

While the traditional skills of the department Chair in clinical care, education and research are highly relevant, many departments are also businesses in their own right and require detailed knowledge



and skills in financial management and administration.

Of particular importance are skills as a communicator. Also, the individual needs to be respected for accessibility, as well as for his/her ability to resolve inevitable conflicts and issues of human resource management that arise all too frequently. While it is unlikely that any individual will possess deep skills in every domain and dimension, it is imperative that the skills needed for a particular position be carefully assessed and matched to attributes of the Chair candidates.

The world of academic medicine has changed enormously in recent years and the requirement for leadership transcends the traditional roles that most academic faculty have acquired. Being a great researcher, or an outstanding clinician or a superb educator does not in itself assure that an individual will be successful as a department Chair. While knowledge in the academic enterprise is a prerequisite for leadership as a department Chair, success requires a high level of emotional as well as cognitive intelligence, along with knowledge and skills that transcend the traditional academic pathway. If a search committee or selecting official chooses a Chair on past academic performance without also critically assessing leadership skills and abilities, the likelihood for failure is high.



6 Jury recommendations for an optimal result in selecting a medical Chair.

6.1 How to attract the best candidates?

RECOMMENDATION 1:

A clear job description, including responsibilities, accountability and required skills (including personal and social skills) must be specified. This should be focused on the main components of the position: clinical practice, research and education. The degree of autonomy with appropriate resources must be built into the job description. In creating role specifications, the distinction between managing up, managing across, and managing down should be kept in mind. Minimum standards should be specified for key aspects of experience and demonstrable skills.

RECOMMENDATION 2:

Institutions should exert sufficient flexibility to accommodate 'blue sky' visions from prospective candidates. This could take the form of new provision of infrastructure, staffing, space, personnel or other resources based on a clear plan and strategy with a minimum 5-year projection and regular peer-review. Flexibility needs to be sustained to provide for changing academic and clinical needs.

RECOMMENDATION 3:

For the composition of the search committee, the following should be taken into consideration: diversity (eg. gender representation), academic credibility of its members, conflict of interest, cross-departmental and non-medical disciplines, and both institutional and global vision. Individuals from outside the organization should be included. Senior members of the search committee should use their discretion in approaching individuals who might be potential applicants.

RECOMMENDATION 4:

Attracting excellent candidates with "fire in the belly" requires substantial investments from the institution. These investments can be classified as <u>personal</u>: remuneration, partner employment, children schooling and tuition, housing and re-location issues; and <u>professional</u>: infrastructure (administration, space, personnel), professional scientific and/or clinical critical mass, start-up funding (minimum 3 years non-recurrent to pump-prime sustainable developments), budgetary control and acceptable levels of managerial autonomy.



6.2 How should the degrees, the training courses, the professional and the clinical experience of the candidates be assessed and how should the honours, awards and grants of the candidates be assessed?

RECOMMENDATION 1: It is important to specify in advance the standards to be applied with respect to degrees, training courses, professional and clinical experience for the role, and how honours, awards and grants are to be assessed.

RECOMMENDATION 2:

The initial phase of candidate evaluation should include efforts by the search committee to quantify or rank different types of academic achievement as they pertain to the Chair's responsibilities. The background, training and experience are best assessed early in the evaluation process to determine whether candidates do or do not exceed minimal standards of achievement at a level sufficient to warrant further evaluation.

- Interviews, testing and other approaches must be utilized to assess leadership and communication skills, the ability to motivate existing faculty and recruit new ones, and administrative competence.
 Where weaknesses are identified, they can often be compensated for by others on the leadership team if necessary.
- The importance of aligning academic, clinical and institutional expectations cannot be overstated since it leads to clarity on how the different backgrounds and accomplishments of candidates should best be weighed.

6.3 How should demographics and the language skills of the candidates be assessed?

RECOMMENDATION 1:

In the interest of equal opportunity, any kind of discrimination must be avoided during the selection procedure. The jury recognizes particular concerns about gender and age discrimination.

RECOMMENDATION 2:

Information additional to the CV should be gathered from the short listed candidates. These candidates should be invited to give at least one seminar presenting results, projects and visions and be available for a set of interviews.

RECOMMENDATION 3:

Fluent English is a must. A good level of national language and local culture knowledge (for foreign candidates) is expected especially for clinical responsibilities. If necessary, resources should be made available to the foreign candidate to learn the national language. Language learning should be undertaken before, or at the beginning of, the appointment.

6.4 How should the scientometrics of the candidates be assessed?



RECOMMENDATION 1:

Both quantitative scientometrics information as well as the qualitative portfolio approach have merit in assessing the research capabilities of the candidate. Scientometric indicators should be used as supplements to qualitative approaches.

RECOMMENDATION 2:

Examining academic genealogy in biomedical resources is not a well-established methodology. However, having successful mentees reflects positively on the candidate, and therefore should be a facet of the candidate's assessment.

RECOMMENDATION 3:

Candidates for leadership positions must be able to delineate an approach for assuring integrity and robustness of the department in all facets of its mission, should be well-educated in research methods and must be able to set adequate incentives for his or her co-workers.

6.5 How should the teaching skills of the candidates be assessed?

RECOMMENDATION 1:

Education is fundamental to the success of the academic mission. Demonstrable commitment of the candidate to teaching and learning should be considered strongly in the selection process.

RECOMMENDATION 2:

The candidate should prepare a formal educational dossier as part of the review process. The elements of this dossier should comprise both traditional measures (including mentorship experience) and cutting-edge teaching-methods.

RECOMMENDATION 3:

The candidate should outline which up-to-date technology methods he/she teaches and how he/she incorporates new media.

RECOMMENDATION 4:

To establish a specific Educational Advisory Committee at the faculty level whose role would be to assess the educational qualification of the candidates. This committee would evaluate all applicants for senior leadership positions and make a recommendation to the various search committees.



6.6. How should the leadership and management skills of candidates be assessed?

RECOMMENDATION 1:

The individuals in charge of creating the profile for the Chair position should define the required leadership, management, and organizational skills by carefully considering the contingencies for the position and the appropriate approach to balancing leadership (requirements related to flexibility, innovation, and change) and management (requirements related to stability, order, and efficiency) in view of these contingencies.

RECOMMENDATION 2:

Expectations regarding the successful candidate and the selection process itself should be made transparent, misalignments of expectations among members of the selection committee discussed and if at all possible resolved. Group dynamics in the search committee should be carefully monitored and counteracted if needed.

RECOMMENDATION 3:

Besides the formally provided information in the application package, as much informal information as possible should be sought and cross-validated to learn about the candidates' past performance as leaders and the standing in their current institution. This information may be provided by external contacts or by the selection committee members themselves. Ethically correct behavior in seeking and using this information needs to be assured.

RECOMMENDATION 4:

During the assessment process the candidates should be exposed to a wide number of conversations as well as be confronted with different settings and scenarios that allow the committee to see them and their leadership, management, and organizational skills as broadly and deeply as possible.

RECOMMENDATION 5:

The selection committee should use as many additional formal sources as feasible, such as public talks, reference letters or reverse site visits, to evaluate the final candidates' leadership, management, and organizational skills.

6.7 How should personal and social skills of the candidates be assessed?

RECOMMENDATION 1:

Give personal and social skills high weight. Exclude candidates with poor personal and social skills, regardless of other strengths.

RECOMMENDATION 2:

Besides inspection of biographic information, use past-behavior-oriented selection procedures (past-behavior interviews, multiple references from others) and scenario-based selection procedures (structured situational interviews, situational judgment tests, and simulation exercises) for assessing personal and social skills.



6.8 Do we need an algorithm/electronic tool to enhance the selection process?

RECOMMENDATION 1:

Selection committees should use a predefined method of weighing up the candidates' abilities with respect to key aspects of the role. We recommend that a computerized decision support tools be used throughout the whole process in order to explicitly and transparently describe the requirements for the Chair position and to support the evaluation of how well candidates fit these requirements. As described in the section on resources above, the panel addressing this issue could not find appropriate tools, so constructed one itself. We recommend that readers of this report consider using that open-source tool.

RECOMMENDATION 2:

In order to define explicitly and transparently the importance (weight) that is put on clinical, research, managerial and other skills required for the Chair position, selection committees should use formal and/or preference-eliciting and/or consensus methods before evaluating candidates.

RECOMMENDATION 3:

Selection committees should not use computerized tools as the sole source to evaluate and select candidates for a Chair position.

6.9 How should post-recruitment evaluation and guidance be defined?

RECOMMENDATION 1:

The successful candidate should be provided with a clearly defined set of expectations and should be offered internal support by senior colleagues as well as external support by executive coaching.

RECOMMENDATION 2:

What are the criteria/indicators for an optimal evaluation?

- Evaluation criteria should be broad and encompass academic, management and leadership performances which would include teaching skills, leadership and management competencies and interpersonal and social skills.
- b) Evaluation criteria should be specific, adapted to the job description and objectives.



RECOMMENDATION 3:

Who should conduct the evaluation? Are there alternatives?

- a) Chair evaluation should be conducted by the Dean or Rector and the committee including senior faculty of the medical school, the hospital director and 1 or 2 Chairpersons of the same domain from other medical schools.
- b) The evaluation process should be based on a semi structured self-evaluation document by the department Chair.
- c) Chair evaluation should be conducted at appropriate intervals at least every two years.

RECOMMENDATION 4:

What documentation and information should be available for the evaluation? How is the feedback of the evaluation to be given to the Chair?

- a) The evaluation should be based on a portfolio including the department Chair's self-evaluation and all necessary information to document the explicit evaluation criteria and goals set at the time of nomination or previous evaluation. An anonymous 360-degree evaluation may also be part of the portfolio.
- b) Feedback on the evaluation and proposals for improvement should be delivered in an open, nonjudgmental style, accompanied by a written document. The evaluation should include updated goals and recommendations that will form the basis for the next evaluation.
- c) The evaluated Chair should be given the opportunity to comment and complete this document, which will be kept confidentially at the Deans's/Rectors's Office.

RECOMMENDATION 5:

How should guidance be given to the Chair? What help could be provided?

- A support, feedback and guidance system (SFG) should be organized by the Dean's/Rector's
 office at the Chair's nomination. SFG should be mandatory for all department Chairs.
- b) SFG should be provided on topics requiring continuing Chair education (new areas of knowledge) and evolutions, trends relevant to the department's activities and leadership. Formal leadership programs may be an interesting option.
- c) SFG may be provided by persons from inside the medical school including a member or members of the evaluation committee. SFG from persons outside the faculty of medicine or the university may also be provided.
- d) Mentoring should be proposed, preferably by a peer (for example by a present or former Chair).



7 Concluding remarks

Individually we are interested in and dependent on the integrity, robustness and calibre of university research. The selection of any leading figure in academia is a key moment for any institution, and we commend the initiative by the University of Zurich in undertaking a mindful exercise in how such a foundational process might be optimized. We also thank and commend the panels for their expertise and for devoting time to this initiative.

The recommendations in our report may be perceived as statements of the obvious. However, we believe that individually and collectively, if taken fully into account, they will raise the standards of university selection processes.

Members of the jury

President:

Joseph Deiss

Vice President:

Philip Campbell

Jury Members

Claudio Feser Charles Kleiber Jean-Marie Lehn Stefan Lippe Felicitas Pauss Juan-Francisco Perellon Carmen Walbert Hansjörg Wyss Verena Bütler

Fabian Unteregger

For details of the jury, see Appendix A.

Appendix A: Jury members

Appendix B: Panels and their members



Appendix A

Jury members

President

Joseph Deiss

Economist. Professor, University of Fribourg, Switzerland Former Federal Councillor of Switzerland President of the Swiss Confederation 2004 President of the UN General Assembly 2010 – 2011

Vice President

Philip Campbell

Editor-in-Chief Nature, UK
Aeronautical engineering, University of Bristol, UK
MSc in astrophysics, Queen Mary College, University of London, UK
PhD in upper atmospheric physics, University of Leicester, UK

Jury Members

Claudio Feser

Leader of McKinsey Leadership Development, Zurich, Switzerland Master Business Administration and Economics (lic. rer. pol.), University of Berne, Switzerland M.B.A. Insead, Fontainebleau, France

Charles Kleiber

Former State Secretary for education and research of Switzerland (1997 – 2007) PHD/ health economics University of Lausanne, Switzerland Former Head of Teaching, University Hospital CHUV, Lausanne, Switzerland

Jean-Marie Lehn

Professor at the University of Strasbourg (France), Institute for Advanced Study (USIAS) Honorary Professor at the Collège de France in Paris Nobel Prize in Chemistry in 1987



Stefan Lippe

Co-Founder and Vice-Chairman Acqupart Holding AG, Switzerland Chairman CelciusPro AG, Switzerland Master in Mathematic, University of Mannheim, Germany Doctorate in Business Administration, University of Mannheim, Germany

Felicitas Pauss

Professor for Experimental Particle Physics at the Swiss Federal Institute of Technology (ETH), Zurich Vice-President of the Foundation Council of the Swiss National Science Foundation PhD in Theoretical Physics and Mathematics, University of Graz, Austria

Juan Francisco Perellon

Director for Quality and Accreditations at Ecole hôtelière de Lausanne, Switzerland PhD in Higher Education Policy, Institute of Education, University of London, UK Master of Arts in Political Sciences, University of Lausanne, Switzerland

Carmen Walbert

Chief Medical Officer Europe, Covidien Group, Medtronic, Zurich, Switzerland Medical Doctor, Faculty of Medicine, University Timisoara, Romania

Hansjörg Wyss

Dr. h.c. mult.
Chairman Emeritus, Synthes, Inc.
Chairman, The Wyss Foundation
MBA with distinction, Harvard Business School, Boston, USA
Dipl. Ing. ETH, Swiss Federal Institute of Technology, Zurich, Switzerland

Verena Bütler

Patient Representative, Zurich, Switzerland
Housewife and mother of three adult daughters
Liver transplantation in 2007 due to autoimmune liver disease (living donor was her daughter)

Fabian Unteregger

Student Representative
Bachelor & Master of Medicine, University of Zurich, Switzerland



Appendix B

Panels and their members

Panel 1:

How to Attract the Best Candidates?

Chair: Ed Miller, Dean and CEO Emeritus, Johns Hopkins School of Medicine, Baltimore, USA

Vice Chair: Alexander Borbély, Vice president emeritus, University of Zurich, Switzerland

Member: Freddie Hamdy, Chair of Surgery, Oxford University, Oxford, UK

Panel 2:

How should the Degrees, the Training Courses, the Professional and the Clinical Experience be Assessed; and how should the Honors, Awards, and Grants of the Candidates be Assessed?

Chair: Gregory Fitz, Executive Vice President for Accademic Affairs,

Provost and Dean of UT Southwestern Medical School, Dallas, Texas, USA

Vice Chair: Gottfried Schatz, Emeritus, Biocentre University of Basel, Switzerland

Members: Tan Chorh Chuan, Deputy Chairman, Agency for Science,

Technology and Research, Singapore

Masatoshi Makuuchi, Chairman of Surgery, Red Cross Medical Center, Toyko, Japan

Jacques Marescaux, Chairman Surgery, University of Strasbourg, France

Matthias Rothmund, Dean emeritus, Medical School, University of Marburg, Germany

Panel 3:

How should Demographics and the Language Skills of the Candidates be Assessed?

Chair: Paola Castagnoli, Former Scientific Director, SlgN/A-STAR, Singapore
Vice Chair: Philippe Kourilsky, Former Director of the Pasteur Institute, Paris, France

Members: Roland Martin, Consultant, Department of Neurology, University Hospital Zurich, Switzerland

Igor Khatkov, Chairman of Surgery, Clinical Scientific Center, Moscow, Russia



Panel 4:

How Should the Scientometrics of the Chair Candidates be Assessed?

Chair: Gregory J. Gores, M.D., Dean for Research, Mayo Clinic, Rochester, MN, USA

Vice Chair: Paul Wouters, Ph.D., Director of Centre for Science and Technology Studie (CWTS),

Leiden University, The Netherlands

Members: Alison Abbott, Ph.D., Correspondent, Nature, UK

Patrick Bossuyt, Ph.D., Chairman Clinical Epidemiology, University of Amsterdam, The Netherlands **Margit Osterloh, Prof. Dr.Dr. hc**, Professor emeritus for Business Administration at the Institute

for Organization and Administrative Science, University of Zurich, Switzerland

Panel 5:

How should the Educational Abilities of Candidates for Department Chair be Assessed?

Chair: Morito Monden, Director, Cancer Institute Hospital,

Japanese Foundation for Cancer Research, Tokyo, Japan

Vice Chair: Gerald M. Fried, Chairman, Department of Surgery, McGill University,

Montreal, Canada

Members: Patrick Serruys, Chairman, Department of Interventional Cardiology, ERASMUS University,

Rotterdam, The Netherlands

Anna Wang, President, Swiss Medical Student Association, Zurich, Switzerland

Panel 6:

How should Leadership, Management and Organizational Skills of Candidates be Assessed?

Chair: Philip Pizzo, Former Dean and the David and Susan Heckerman Professor of Pediatrics and

of Microbiology and Immunology Stanford University School of Medicine and the Founding

Director, Stanford Distinguished Careers Institute, Stanford, US

Vice Chair: Gudela Grote, Head of the Department of Management, Technology and Economics,

Professor of Work and Organizational Psychology, ETH Zürich, Switzerland

Members: Kuno Schedler, Dean, School of Management, University St. Gallen, Switzerland

Philipp Heitz, Emeritus Head of Pathology, University Hospital Zurich, Switzerland **Felix Gutzwiler**, Senator State of Zurich, Member of the Swiss Parliament, Switzerland

Jörg Debatin, Former CEO, University Hospital Hamburg-Eppendorf, Germany



Panel 7:

How should Personal and Social Skills be Assessed?

Chair: Filip Lievens, Professor at Ghent University, Department of Personnel Management

and Work and Organizational Psychology, Ghent, Belgium

Vice Chair: Klaus Jonas, Professor, Depart. of Social & Business Psychology, University of Zurich,

Switzerland

Members: David Chan, Director, Behavioural Sciences Institute and Professor of Psychology,

Singapore Management University, Singapore

Martin P. Charns, Professor of Health Policy & Management, Harvard University, Boston, USA David Shore, Former Associate Dean at the Harvard School of Public Health, Boston, USA

Panel 8:

Do we need an Algorithm or an Electronic Tool to Enhance the Selection Process of Academic Medical Chairs?

Chair: Milo Puhan, Professor of Epidemiology, and Public Health and Director of the Epidemiology,

Biostatistics and Prevention Institute, University of Zurich, Switzerland

Vice Chair: Dimitri Raptis, Resideny in Surgery, Depart.of Surgery, University Hospital Zurich, Switzerland

Member: Tobias Mettler, Assistant Professor at the Institute of Information Management,

University of St. Gallen (HSG), Switzerland)

Panel 9:

How should Post Recruitment Evaluation and Guidance be Defined?

Chair: Francis Waldvogel, Emeritus, past Chair, Department of Medicine, University of Geneva,

Switzerland

Vice Chair: Arnaud Perrier, Head of the Division of General Internal Medicine and Head, Department

of Internal Medicine, Rehabilitation and Geriatrics, University of Geneva, Switzerland

Members: Scott Friedman, Dean for Therapeutic Discovery, Fishberg Professor of Medicine,

Professor of Pharmacology and Systems Therapeutics, Icahn School of Medicine

at Mount Sinai, New York, USA

Sonja Hammerschmid, President, University of Veterinary Medicine, Vienna, Austria

Martin Täuber, President of the University of Berne, Switzerland

Nu Viet Vu, Director of the Unit for Development and Research in Medical Education,

Faculty of Medicine, University of Geneva, Switzerland