

Transitioning to a New Role: Practical Tips on Navigating From One Chapter to the Next

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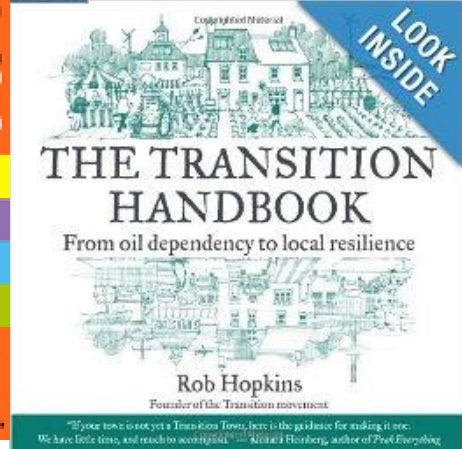
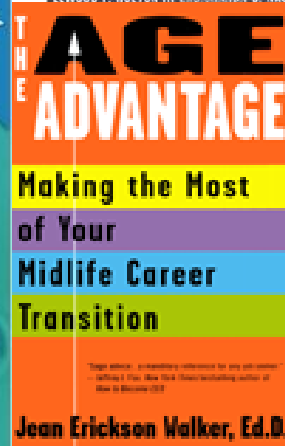
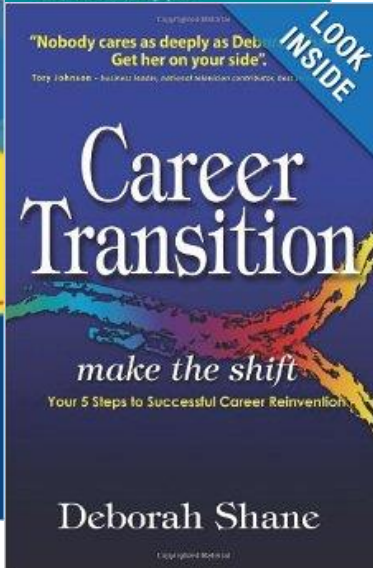
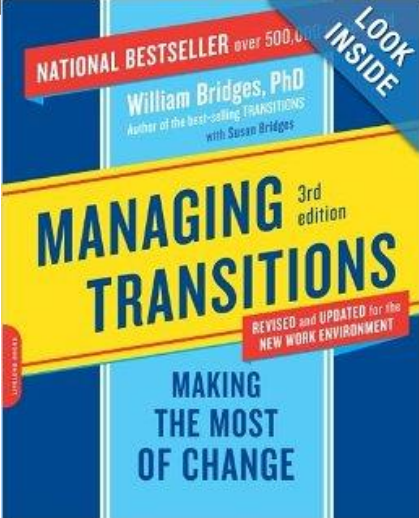
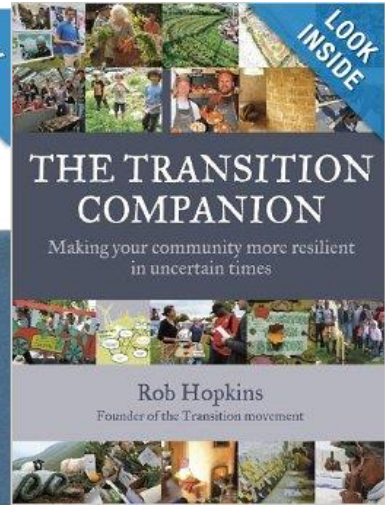
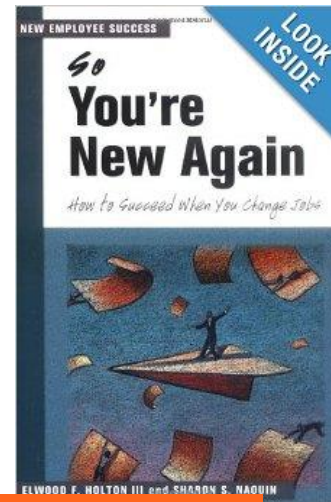
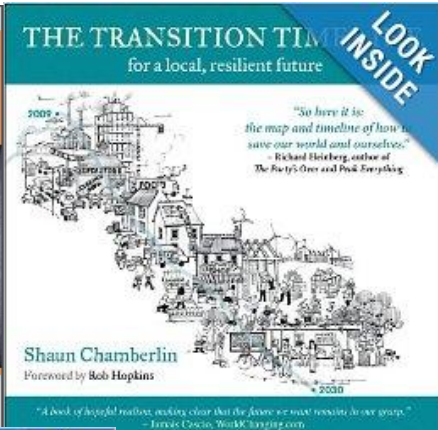
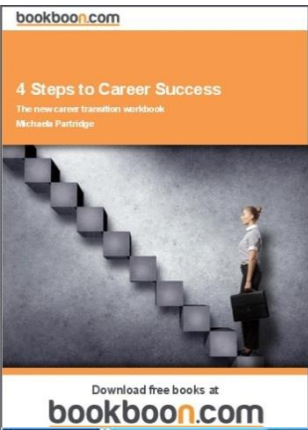


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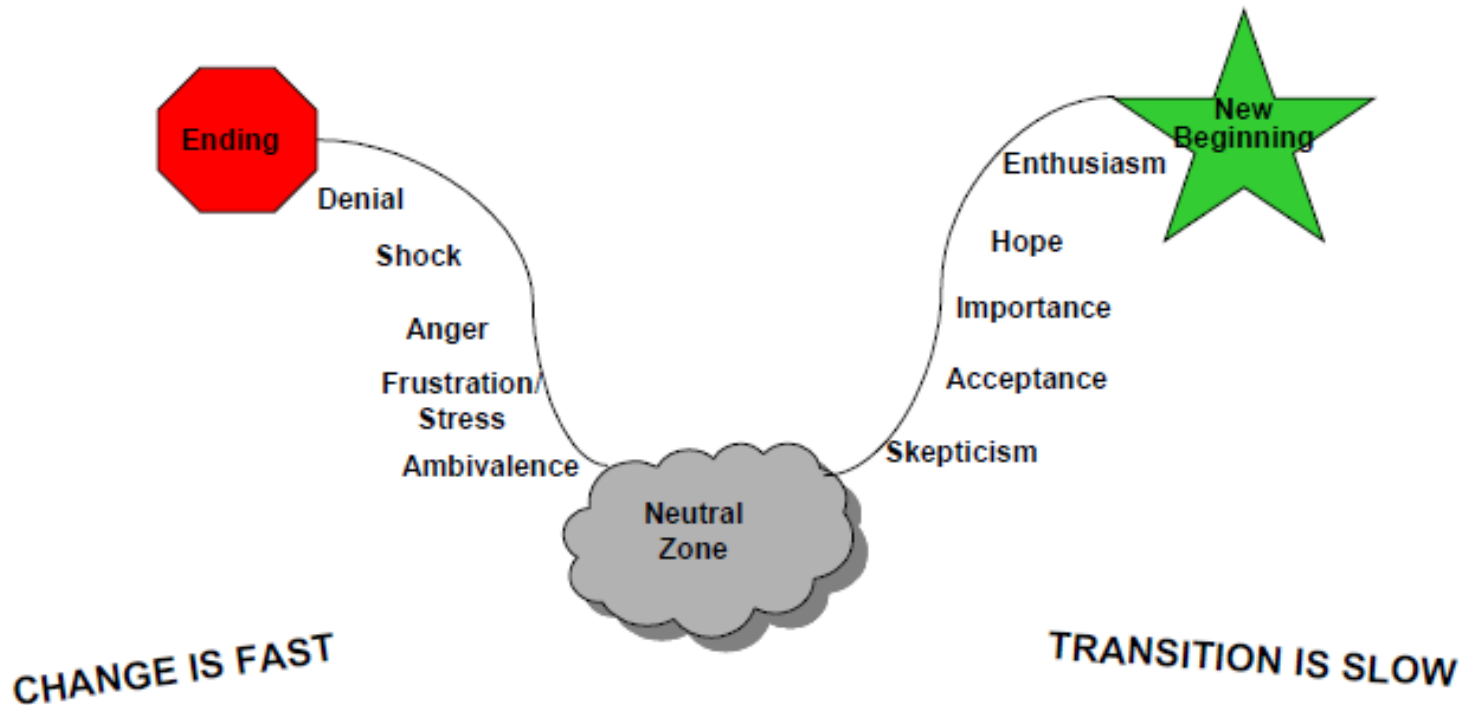
“Not in His Goals but in His Transitions man is great” - Emerson



Background

Change vs. Transition – Change is Easy, Transition Hurts!

- **Change** is situational and happens without people transitioning
- **Transition** is psychological and is a 3 phase process where people gradually accept the details of the new situation and the changes that come with it



From “Managing Transitions” by William Bridges. Available at http://www.moravian.org/wp-content/uploads/2013/06/Bridges_Transition_Model.pdf

Why People Change Roles

- 1) Get recruited/asked to take on new role
- 2) Figure it is time to change

How many of you:

- Have Transitioned Recently?
- May Transition in the Near Future?



Who Stays and Who Leaves?

| Respondent Characteristic | YES | NO | UNSURE |
|--|-----|-----|--------|
| Plan to retire in the next 1–2 years | 3% | 91% | 7% |
| Plan to leave this medical school in the next 1–2 years | 10% | 71% | 19% |
| Plan to retire, leave the medical school, or leave academic medicine in the next 1–2 years | 13% | 67% | 20% |

Select AAMC Faculty Forward data from 2011

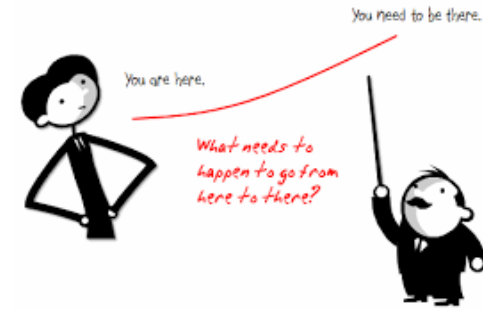
Factors that predict Intent to Leave

- Nature of work - 83%
- Collegiality + Collaboration - 72%
- Relationship with supervisor - 70%
- Focus on medical school mission - 67%
- Workplace Culture - 67%
- Faculty Recruitment + Retention - 63%
- Compensation + Benefits - 62%
- Medical school governance - 45%

Select AAMC Faculty Forward data from 2011

*Items in red font are designed to draw the attendee's attention to them

Objectives



- 1) Identify **need/opportunity** for transition
- 2) Prioritize **tasks associated with leaving** a position and institution
- 3) Describe strategies to **enhance knowledge of the new organization** and **establish priorities**
- 4) Establish **goals to be accomplished early**
- 5) **Avoid common pitfalls**
- 6) Describe methods of **building new collaborative relationships and effective teams**

OBJECTIVE #1

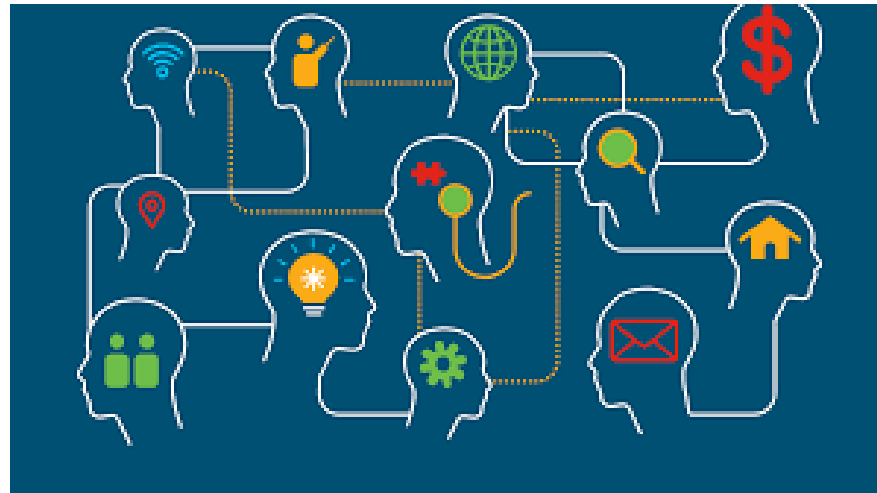
Identifying Need/Opportunity



Opportunity

Strategies to Identify Need/Opportunity Where are the “Hot Jobs”?

- Small group/dyad discussion – Within Institution vs. External
- 5 minutes
- Report to larger group



Strategies to Identify Need/Opportunity

Where are the “Hot Jobs”?



- Are you happy in your current position?
 - If **not**, look for opportunities – Within Institution vs. External
- Engage your network
- Let trusted people know you may be willing to transition to a new position/role
- When asked to serve in a new role – SAY YES (If it is the right fit for you)!
- Connect with search firms
 - Typically hired by organizations to fill leadership positions
 - Some specialize in placing leaders in academic medicine
 - Helpful in identifying the right position for you and preparing you for interviews

OBJECTIVE #2

Prioritizing Tasks



How Would You Prioritize Tasks?

- Write down 3 things you would do
- 5 minutes
- Report back



Leaving Gracefully (and with Integrity)

- 1) Create a Transition Plan
- 2) Make a TO DO list
 - 1) Professional
 - 2) Personal
- 3) Develop a Time Table (and stick to it!)
- 4) **Announce departure/new position**
- 5) Activate succession plan/delegate duties



1) What to Include in a Transition Plan

- Offer to write/modify a job description
- Offer to help recruit/suggest successor
- Prepare staff/colleagues
- Offer to provide training/support for replacement
 - Create list of responsibilities
 - Index paper/electronic files
 - Share “insider tips”



2) Things to include on a TO DO List

- **Professional**

- Apply for medical licensure/credentialing
- Arrange to transfer grants
- Meet with HR – Benefits, vacation, etc.
- Complete/hand off projects/charts, etc.
- Clear up files – paper/electronic
- Allow time to pack/organize office, lab., etc.



2) Things to include on a TO DO List (cont.)

- **Personal**
 - Prepare/Engage your family/friends – this often plays a large role in women's decision to transition
 - Arrange for school, bank transfers, mail forwarding, etc.
 - Allow time to pack/organize
 - Schedule a vacation
 - Allow time to reflect on past, plan for future



3) & 4) Timetable/Communications

- Develop a realistic timetable
- Allow for “cushion”
- Create/deliver/rehearse notification of resignation/ transition
- Meet key stakeholders
- Notify patients/collaborators/friends/relatives
- Prepare/deliver “farewell” message
 - Emphasize the positive
 - Thank everyone (not a time to vent/gloat!)
 - Bid goodbye



5) Succession Plan/Delegation

- Allow sufficient time for transition
- Clarify work expectations during transition
- Be flexible on timelines
- Keep end date in mind
- Suggest appropriate successor
- Mentor successor if possible
- Offer future support (with realistic expectations)

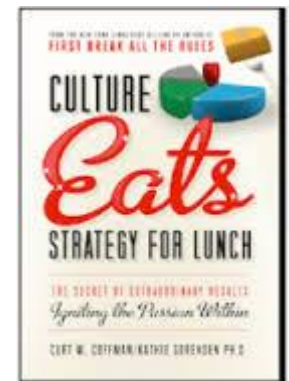
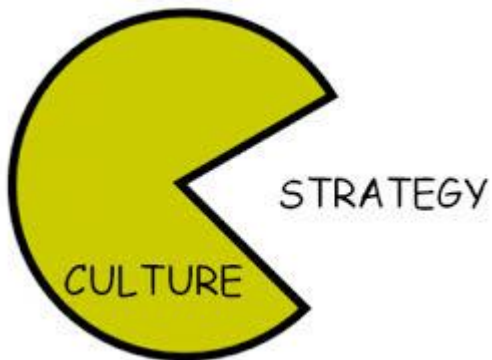


OBJECTIVE #3

Learning the New Culture



What is “culture” and how do I learn it?



Definition of “Culture”

The behaviors and beliefs
characteristic of a particular group

OR

“How we do things around here” –
Dr. Kevin Grigsby

Knowledge of New Organization

- **Learn Organizational Culture** – websites, publications/reports, key stakeholders, discussion with colleagues, utilize Linked In profiles to search for networks
- Situation Analysis - Understand Mission, Org. Chart, history and traditions, decision-making process
- Start “listening tour”
- Discuss with predecessor/interim person – issues, priorities
- Conduct stakeholder interviews
- Engage a Mentor/Coach
- **Connect with Admin staff** – Schedule “Unscheduled” Time



OBJECTIVE #4

Establishing Priorities/

Goals



How Would You Establish Priorities?

Write down 3 things you would do

5 minutes

Report back



Establishing Priorities/Goals

- Priorities
 - Yours – “A” items
 - Your boss’s – urgent vs. longer-term
 - Others’

- Develop “Milestones”

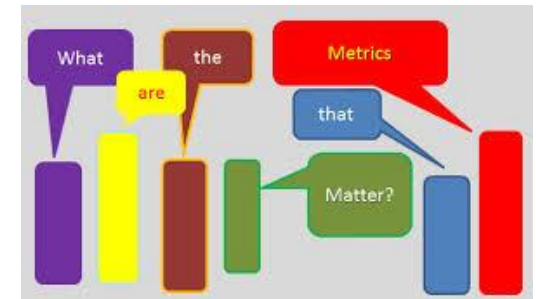
- First week
- First month
- First quarter
- First year



“Low-hanging Fruit”

Establishing Priorities/Goals (cont.)

- Analyze own strengths, weaknesses, learning style – take time to pause, question, reflect
- Build Personal Credibility/Trust – Define strategic intent, **connect with people**, “early wins”
- Demonstrate Authenticity – create transparency, show loyalty, confront reality, keep commitments
- **Delineate Outcomes/Metrics for Success** – clarify expectations, practice accountability
- Articulate Vision and Goals -
Be a change agent (**respectfully**)
- **Create the role, don't just fill it!**



OBJECTIVE #5

Avoiding Common Pitfalls



What are Common Pitfalls and How Would you Avoid Them?

- Write down 3 common pitfalls during a transition
- Write down 3 ways to avoid these
- 5 minutes
- Report back



Common Pitfalls

- Overpromising/Underdelivering – “Human beings are overconfidence machines” – David Brooks, NY Times
- “Selective” listening
- Falling out of alignment with leadership
- Trying to orchestrate change without support
- Being inflexible
- **Poor communication**
- Underestimating resources needed to accomplish goals



Common Pitfalls (cont.)

- Failure to understand/adapt to organizational culture
- Failure to establish strategic priorities
- Inadequate “face time” – with peers, subordinates, boss
- Hubris - Arriving with “the answer”
- Over-reliance on old strategies
- Tyranny of the “Urgent”
- Conspiracy of Interruptions
- **Failure to build team**



Strategies for Avoiding Common Pitfalls

- Enlist trusted observer
- **Keep vision in sight** – plan for demands of new job, esp. time
- Continuously self-assess
- Let go of the past
- Hit the ground running
- “See” yourself in new role
- Relearn how to learn
- Rework your network – go to “them”
- Do not over-rely on strengths
- Watch out for “underminers”



OBJECTIVE #6

Building New Relationships and Teams



See “Strategies for Cultivating Career Satisfaction and Success through Negotiation” available at <https://www.aamc.org/download/439462/data/toolkit-negotiations.pdf>

How Would You Build New Relationships/Teams?

- Small group/dyad discussion
- 5 minutes
- Report back



Building Relationships and Teams

- Assemble/solidify team
- **Assess your “team”**
 - ? Right mix of skills
 - ? Right team dynamic
 - ? Right organizational support
- Keep “good” people
- May need to restructure – tough early calls
- **Foster collaboration**
- **Create supporting alliances and coalitions**
- May need formal team-building exercises/consultant

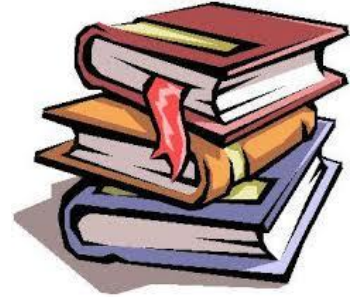


“Takeaways”



- Transition **NOT** the same as change
- Preparing to leave takes time and planning
- Learning ASAP/AMAP about new position critical to success
- What worked before may not work again
- **Communication is key**
- A thoughtful approach will help prevent pitfalls
- Team-building is vital and takes time and energy

Additional Resources




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Resources





Infant Mortality Rate in South Dakota Reservation Counties in Comparison to Non-Reservation Counties, State, and National Rates 2010-2012

Maya Gogoi, Cornell University 2017
Sanford Research Live, Learn Intern 2014

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INTRODUCTION

Infant mortality rate (IMR) is one measure that is used to assess the health and wellness of a population. The standard method for calculating infant mortality is as follows:

$$\frac{\text{Infant Deaths}}{\text{Live Births}} \times 1,000$$

An infant death is considered the demise of any live born child under the age of one year. However, the leading causes of infant mortality are congenital malformations and chromosomal abnormalities, disorders related to poor gestation and low birth weight, and otherwise classified and sudden infant death syndrome.

South Dakota's IMR experienced a steady and sharp decline from the 1950's to the 1990's. However, in the 1990's following the millennium, a slight increase in IMR was observed. In response, Executive Order 12 (2011) was issued by the Governor's Office on December 16, 2011 to improve birth and reduce infant mortality rate. A final report was issued in 2011 detailing the progress and goals of the initiative. It was determined that South Dakota's IMR was higher than other states and the national average. (2) How do we compare to the

PURPOSE

The purpose of this initiative is to determine the IMR in reservation counties in comparison to non-reservation counties and national rates.

DATA


Infant Mortality by County 2010-2012

| County | 2010 | 2011 | 2012 |
|-----------------|------|------|------|
| Beauregard | 1.0 | 1.0 | 1.0 |
| Black Hills | 1.0 | 1.0 | 1.0 |
| Brookings | 1.0 | 1.0 | 1.0 |
| Butte | 1.0 | 1.0 | 1.0 |
| DeWitt | 1.0 | 1.0 | 1.0 |
| Glenn | 1.0 | 1.0 | 1.0 |
| Hamlin | 1.0 | 1.0 | 1.0 |
| Hand | 1.0 | 1.0 | 1.0 |
| Harrison | 1.0 | 1.0 | 1.0 |
| Howard | 1.0 | 1.0 | 1.0 |
| Hyatt | 1.0 | 1.0 | 1.0 |
| Jackson | 1.0 | 1.0 | 1.0 |
| Jackson Park | 1.0 | 1.0 | 1.0 |
| Kimberly | 1.0 | 1.0 | 1.0 |
| Lawrence | 1.0 | 1.0 | 1.0 |
| Lincoln | 1.0 | 1.0 | 1.0 |
| Lyman | 1.0 | 1.0 | 1.0 |
| McCook | 1.0 | 1.0 | 1.0 |
| Minnehaha | 1.0 | 1.0 | 1.0 |
| Missouri | 1.0 | 1.0 | 1.0 |
| Needham Heights | 1.0 | 1.0 | 1.0 |
| Pennington | 1.0 | 1.0 | 1.0 |
| Roberts | 1.0 | 1.0 | 1.0 |
| Spink | 1.0 | 1.0 | 1.0 |
| Stanley | 1.0 | 1.0 | 1.0 |
| Sturgis | 1.0 | 1.0 | 1.0 |
| Tadoussac | 1.0 | 1.0 | 1.0 |
| Thompson | 1.0 | 1.0 | 1.0 |
| Tripp | 1.0 | 1.0 | 1.0 |
| Walters | 1.0 | 1.0 | 1.0 |
| Ward | 1.0 | 1.0 | 1.0 |
| Yankton | 1.0 | 1.0 | 1.0 |
| Ziehl | 1.0 | 1.0 | 1.0 |

Infant Mortality by County 2010-2012 (continued)

| County | 2010 | 2011 | 2012 |
|-----------------|------|------|------|
| Beauregard | 1.0 | 1.0 | 1.0 |
| Black Hills | 1.0 | 1.0 | 1.0 |
| Brookings | 1.0 | 1.0 | 1.0 |
| Butte | 1.0 | 1.0 | 1.0 |
| DeWitt | 1.0 | 1.0 | 1.0 |
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| Kimberly | 1.0 | 1.0 | 1.0 |
| Lawrence | 1.0 | 1.0 | 1.0 |
| Lincoln | 1.0 | 1.0 | 1.0 |
| Lyman | 1.0 | 1.0 | 1.0 |
| McCook | 1.0 | 1.0 | 1.0 |
| Minnehaha | 1.0 | 1.0 | 1.0 |
| Missouri | 1.0 | 1.0 | 1.0 |
| Needham Heights | 1.0 | 1.0 | 1.0 |
| Pennington | 1.0 | 1.0 | 1.0 |
| Roberts | 1.0 | 1.0 | 1.0 |
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| Walters | 1.0 | 1.0 | 1.0 |
| Ward | 1.0 | 1.0 | 1.0 |
| Yankton | 1.0 | 1.0 | 1.0 |
| Ziehl | 1.0 | 1.0 | 1.0 |

Infant Mortality 2010-2012



DISCUSSION

The South Dakota state IMR is slightly higher than the national average. However, if state IMR is examined at the county level, the condition is more accurately analyzed. More than half of the South Dakota counties have IMRs higher than the national IMR. Reservations and surrounding counties have consistently higher IMRs, which shows the state each year. This evidence needs additional research addressing causes of higher infant mortality reservation areas.

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