

NJ Regent Message- 9/09

Terrence F. Cahill, EdD, FACHE

Beginning...Middle...End! While those words are likely to bring back memories of writing a paper in English 101 class, I'm thinking of them in the context of our career paths. As your Regent this past year I've had the opportunity to meet many members who, in "career path" language, represent early careerists, mid-careerists, and, late careerists. As one who fits into that last category, I have the advantage to compare what I see with what I experienced in my career, and, as with most things these days, there's no doubt that "career path" for our current ACHE members differs in many respects from the experiences of those who went before. In this message I'd like to consider just a couple things and then reflect on the implications for our ACHE organization.

To say that life has become more complex regarding the pursuit of a career in healthcare leadership is to state the obvious. It wasn't that long ago that we spoke about a "path" for healthcare leadership. Undergraduates went to graduate school, and, as they left with their MHAs or MBAs they started their leadership careers as middle managers and even Assistant Administrators. Plus, most wanted to one day serve as a CEO (of course that meant "hospital CEO"). Today it is much more common that early careerists are older, as many have already pursued one or more other career "paths," (e.g. clinician, business...etc); "healthcare" is much broader than just "hospital," with increasing leadership opportunities outside of hospitals; and, have you asked an early careerist what his/her ideal career goal is? It is much less common that you'll hear, "CEO". "It's too political;" "They get fired too often;" or, "There's no work-life balance." Granted these comments are generalizations, but, my point is that our ACHE early careerists today have much more diverse backgrounds and diverse career goals than early careerists in the past. That has implications for what we do as your local ACHE organization, but, hold that thought while I turn, for a moment, to our late careerists.

After serving many years as leaders in our industry, our late careerists have often assumed the most senior positions in our organizations. And, as a result of their many years of healthcare leadership experiences, they have accomplished a level of expertise that can only be attained over time. However, while these characteristics apply not only to our current "elders", but to those who came before them, a key difference for our current group has been that they have been responsible for moving us from a cottage industry to a competitive marketplace, from independent hospitals to integrated health systems. As these changes have unfolded, unfortunately (particularly during the past 10-15 years) our late careerists were often not available to share their wisdom with us. In fact, the nature of "competitiveness" led to new walls that discouraged the open sharing that we had come to rely on. Yet, when we sent out the call this past year to invite many current and recent NJ CEOs to help our up-and-comers learn what it takes to be a successful leader in today's environment, twenty-one responded. In the seven events that we held, the "good old times" returned, with our most senior leaders sharing with our members their lessons-learned. It was in observing these sessions that I came to a new

understanding of the message that I have conveyed this past year (“What have you done recently for your career?”). Let me explain.

As a professional organization, ACHE members have a cafeteria menu of services available to pick-and-choose from. Interested in a cluster program? How about Congress? Perhaps you’d like to check out the job postings? After all, we pay our dues and we want our benefits, right? Sounds like a reasonable expectation; return-on-investment. Yet, as I witnessed a number of our ACHE members this past year giving of their time to host events, speak at them, mentor, or volunteer in other ways, I found that these individuals seem to be getting a much better return-on-their investments compared to those of us who only pick from the menu of ACHE benefits. It reminded me of the saying, “If you want to learn something, try teaching it.” A rough translation for our context might be, “If you want to get more from your ACHE membership, give more to our ACHE activities.” If you are one of our late careerists, you have so much knowledge that can benefit our up-and-comers. Call me or your Chapter leaders and volunteer to speak or offer to host a meeting. One meeting is not too much to ask. Think of this as part of your legacy to the profession, succession planning for the future of healthcare leadership. Also, expect your organization’s leaders to participate in ACHE. One day they will thank you for that nudge. If you are an early careerist, sometimes it’s difficult changing affiliations from a 1st career clinical or other professional association to ACHE, or just taking the time to get involved in any professional association. However, if you are interested in making healthcare leadership your career, ACHE is where those general leadership conversations take place. Start attending local Chapter events, ask for a mentor, volunteer for Chapter activities, network with our late careerists (senior leaders). As time is short, I’ll leave mid-careerists for the next letter. However, I’m sure you already figured out that this message applies equally to you: “If you want to get more from your ACHE membership, give more to our ACHE activities.”

Hope to see you at an ACHE event. Check your Chapter’s on-line calendar for the most up-to-date schedule. By the way, we’re planning on a next round of the CEO series in 2010; stay tuned for more information. Lastly, if you’re at the HFMA-NJ annual meeting in Atlantic City on Friday, October 16, my colleague, Mona Sedrak, PhD, and I are delivering a version of a presentation we’ve done at the last two Congresses concerning the topic, “Generational Differences.” Stop by and say hi. I really appreciate meeting our members.

Terry