The Academic Role of the Vice President for Health Sciences: Can a Walrus Become a Unicorn?

Edmund D. Pellegrino, M.D.

Abstract—The post of vice president for the health sciences was first developed in an attempt to interpret, modulate, and buffer the growing power of the medical school in the university and the different values that have existed there. The job has been greatly transformed over the past 10 years as a consequence of a variety of factors. Now a genuine creative effort applied to the design of the administration of health sciences centers and how they fit into universities is needed. The present modes of organization are not equal to the challenges that must be faced. New designs must be created which will recognize the special place of the health sciences center in today's world and yet keep its function within the university frame.

While it is a very recent newcomer to the realm of academic administration, the job of vice president for health sciences* is perhaps the most exciting and interesting administrative post in the modern university. Yet, it was conceived as a child of frustration and necessity, and in the manner of such children vice presidents are deeply immersed in the familiar questions of their identity and purpose within the

university family. These uncertainties, together with the conflict of authority and responsibility inherent in the vice president's functions, are in large measure at the base of a rapid turnover rate in these posts, a rate approaching that of medical school deans.

The purpose of this essay is to review the genesis of the job, the factors in its transformation to its present state, and the tensions this newest member of the academic community inevitably generates as it gains strength, maturity, and a larger measure of visibility as well as identity.

There are several ways to view the position of the vice president for health sciences, not all of them benign or congenial. To medical deans and faculties, vice presidents may seem a herd of tuskless walruses, occupying a large volume of space, surrounded by a flock of adulatory assistants, uttering accommodating noises, and accomplishing little of visible benefit. No longer fit for the hunt, they engage in

---

This article is adapted from a presentation to the Association for Academic Health Centers, Banff, Canada, September 1973.

Dr. Pellegrino formally was vice president for health affairs and chancellor of the Center for the Health Sciences, The University of Tennessee, Memphis. He presently is chairman of the board of the Yale-New Haven Medical Center, Inc. and professor of medicine at the center.

* The term "vice president for health sciences" is used throughout as a convenient shorthand for the chief administrative officer of the multi-school health sciences component of a university, not excluding those few unassociated with a university. Titles include president, chancellor, vice president, vice chancellor, and provost, all of which are subsumed here under the rubric of "vice president."

mystical pursuit of "coordination" and "management." To the university president, these vice presidents are like the sheiks of fabulous empires, controlling vast storehouses of federal and clinical dollars but only feebly restraining the pragmatic and sometimes rowdy band of clinicians they supposedly command. To the deans of the schools other than medicine, the vice president may be seen either as a super-dean of medicine thinly veiling his preferences for extending the barony of the medical school or, in rarer instances, as a new St. George who will keep the dragon of the medical school at bay and encourage the rightful growth of all the other health professions. For the general university faculty, this new vice president is simply another administrative encumbrance, further cluttering the academic scene and weakening the academic supremacy of the academic vice president or provost and thereby the supremacy of the academic "heart" of the university.

In each of these contrary views, there is some measure of truth and reality which is derived from the telescoped history and rapid transformations of the position of vice president for health sciences. There is little wonder that the incumbents should themselves be a bit confused, as they attempt to conform to, or resist, the multiple images thrust upon them. What about the vice president's view of himself?

Here too, there is no clear picture. Some vice presidents, coming straight from the deanship of medicine, see themselves as the protectors of the rightful dominance of the medical school, benignly and paternalistically "coordinating" the other health professions. Others assume a variety of postures as the university president's adviser on health affairs or the extramural and community representative of the medical center or the semi-autonomous executive of a large multi-

institutional enterprise, deploying large budgets, personnel, and facilities and thereby influencing the whole spectrum of health care and its provision to the community.

There is partial truth and reality in these views, too, and no single vision of the vice presidency is the "right one." Nonetheless, there is growing necessity to define and delimit more clearly the academic role of the vice president for health sciences. This definition must concentrate on those things unique and essential to the emergent conception of a true academic health sciences center (1, 2).

The lineaments of this new image are as yet quite unclear, but they promise to become less vague in the decade ahead. The unicorn might provide a good counter image to that of the tuskless walrus fashioned by medical deans and faculties. The unicorn is a bit mythical; no one has actually seen one, and it takes particular care to find one since from behind it looks like any other equine and it is only unique when seen in profile. Is the walrus on the way to becoming a unicorn, improbable as that metamorphosis may appear?

Let us examine features of this strange creature by looking at the forces which are shaping it even now—its genesis in the university and the tensions created as vice presidents begin to perceive the nature of an academic health center and move more strenuously toward its realization.

Genesis

Several decades ago most medical schools in this country moved to a closer relationship with their parent universities. While the degree of this integration has been variable, some common problems were created for the university administration. University presidents were faced more squarely with the resolution of a viper's tangle of unfamiliar problems: affiliation

agreements, community demands for medical care, private practice plans, reimbursement formulae, hospitals with deficits, demands of the practicing community—the whole mixture of exciting and often frustrating exercises that constitute normal daily fare for vice presidents in the health sciences. The whole mix was made a little more vexing by emanating from a professional faculty not yet entirely respectable to its university colleagues.

Predictably, and somewhat in self-defense, the university president conceived the need for a member of his staff—the academic vice president, the provost, a special assistant, or the dean of medicine—to coordinate, consolidate, and screen these new problems for him. Whatever his own discipline, the president did not have the requisite knowledge or time to devote to such a rapidly growing and unpredictable element in his organization as the medical schools and university hospitals were becoming.

Matters were further complicated as other schools were added—nursing, pharmacy, dentistry. These schools began to relate to each other and to the medical school in a new but vague entity called the “medical” or “health sciences center.” The energies created by the vigorous expansion of the health professions soon overwhelmed the buffering capacity of the president’s staff man. More and more of the decisions arising in the new “centers” had to be referred to his desk since they impinged increasingly upon the operation of the entire university. Clearly, more line of authority was needed and more authority had to be delegated.

Presidents now selected a medical person, still largely as a staff administrator, who usually was from the ranks of distinguished or fatigued deans of medicine or was a retired military or hospital ad-

ministrator. To avoid the inevitable proliferation of vice presidents to which organizations are so susceptible, this new person was made a director of the medical center and had certain limited decision making powers.

But health sciences centers continued to grow exponentially in the sixties, to become more deeply involved in community service and in large building programs, and to receive larger amounts of external financial support. The range of problems widened proportionately; an array of new academic problems arose in the interrelationships of the several schools of the health sciences centers and the university departments. Today the academic health center is a giant, still unsure of its mission and still evolving in complexity if not in size.

Chief administrative officers of health sciences centers had to assume more line authority, make more decisions on their own, and manage enterprises often equal in complexity to those of the rest of the university. Today, almost all centers have chief executive officers with decentralized authority of significant proportions. The president of the university faces new problems with his schools in the health professions—a new kind of isolation from the university based on size and complexity of mission but nonetheless potentially divisive and threatening in several vital respects. The full potentialities of the health sciences centers are still evolving. The administrative authority, responsibility, and functions of the vice presidents for health sciences have moved decidedly from staff to line function and then to those of executive officer of a mini-university within the larger total university. A closer look at the forces effecting this transformation will help to define the vectors which will, in turn, determine the future evolution of the position.

Transforming Factors

While the responses of individual academic health centers and individual vice presidents to them are as yet variable, a clear set of forces is operating to transform the academic health center. In so doing, those forces will transform the functions of its chief administrative officer. An enumeration of these factors will suffice to make the point.

The first is the sheer growth in size. Most centers started with a medical school and hospital. Now they may include as many as eight different professional schools, affiliations with half a dozen or more hospitals, academic relationships with community colleges, and regional responsibilities for health maintenance organizations, area health education centers, regional medical programs, comprehensive health planning, and other community organizations.

Budgets and physical facilities have paralleled the growth in size and complexity of programs. These may in many instances equal those of the entire university or even surpass them. These budgets consist of funds from sources external to the university, and in large part their use is dictated by demands often only indirectly related to the needs of the rest of the university. The management of these funds requires a familiarity with intricacies of third party payers, clinical practice funds, and billing and collection from a wide range of consumers—all problems of a different genre than those familiar to university business officers.

The second factor is the increasing assumption of responsibility for service to the communities in which academic health centers reside. They are expected to provide health care services, modify patterns of care, effect a better distribution of manpower, and generally engage in a host of activities directly or indirectly related to

the health of the community. The vice president must in consequence deal with a large number of organizations, legislative officers, boards, and executive officers, whose variety and number equal or exceed those with which the president of the university may deal.

A third factor is the mounting pressure to effect some equality between the needs of society for certain kinds of manpower and the rate at which that manpower is produced. The endless proliferation of categories of health workers and the overlap and duplication of functions and increased costs which follow upon uncontrolled growth must be countered. This requires a coordination of the efforts of the several professional schools, development of new educational continua, consortium arrangements with other institutions preparing health workers, realignment of roles of existing professions, and operation of new models of patient care. Since these are matters which transcend the interests of individual schools, they fall to the office of the vice president, the only place where professional leadership can be exerted in such matters as interdisciplinary education, common courses for several professions, and long-range manpower-planning.

A fourth factor is the appearance of the concept of professional accountability, which is rapidly being translated into institutional accountability as well. Heretofore, professionals and institutions might vest themselves with responsibilities and be their own judges of the degree to which those responsibilities were fulfilled. Community and consumer participation, federal legislation, and such things as the patient's "bill of rights" underscore the new public interest in continuing assessment and external review of the adequacy of the performance of professionals and institutions. The vice president for health

sciences is now the focal point of institutional accountability for quality of patient care, competence of professionals, and continuing education as well as efficiency of management, cost confinement, hospital and laboratory utilization, and a host of other matters of acute public concern.

In clinical matters, the call for accountability and the concomitant fixing of liability are squarely with the ranking clinical administrator and can be shifted to the president and the board of trustees only with difficulty. If the vice president for health sciences is a clinician, the president must of necessity delegate authority for decisions to him or carry the onus of errors in clinical decision-making himself.

These are just some examples of the powerful forces which are now transforming the role of the vice president for health sciences into one of the most important and vital in the university and in the community as well. In certain matters, especially those with clinical dimensions, his authority is at least equal to and may exceed that of the university president; at least it will seem so to those who demand accountability.

No longer is a staff position equal to the span of these demands. Nor can the office be a passive conduit for papers from deans to the president of the university, though some presidents and vice presidents might wish it that way. The vice president for health sciences is clearly not "another" vice president in the university. He must be a peculiar type of vice president who somehow has to meet all the external and internal demands imposed on the chief executive officer of a large and complex clinical and educational undertaking and still do so as a university officer.

When the enlarging dimensions of the functions of the vice president for health sciences are taken seriously, there are

bound to be tensions with the regular academic structures of the university, which is attuned to adherent sets of values. These tensions in their turn are now shaping the image of the vice presidency, and a brief look at them is worthwhile.

Need for Defining Role

A conscious decision must be made in each university about the nature of the position of vice president for health sciences rather than waiting for resolution of ambiguities during some crisis. The expectations of the university president and his other vice presidents may be inconsistent with some of the newer and expanded responsibilities of the position. Does the university want a staff or line position, a matter too often left ambiguous, creating conflict with other vice presidents? Are the other vice presidents in line with authority over the vice president for health sciences, actually or by default of definition? Can he expect them to serve him as they do the president for those functions he needs and in terms dictated by the special climate of a clinical setting? Lack of clarity on this point creates ill will and animosities in a position too large in its scope for a vague assignment.

Opinions will differ among those who hold this post and among university presidents, but the author believes that if the job is to be done properly, the position must have clear line authority for each of the schools which make up the health sciences center. The vice president for the health sciences is unique in this respect among the other vice presidents in a university, who usually function as the president's staff officers. In fact, if he is to be accountable as the public requires and if he is to create a team out of the diverse schools over which he presides, the vice

president for health sciences is really the chief executive and academic officer of a compact but complex mission-oriented mini-university within a larger university.

This fact is not discussed openly enough. It implies considerable overlap with the functions of other vice presidents—for academic affairs, for business and finance, and for graduate studies. The latter positions carry responsibility for the “whole” university. But to what extent should these responsibilities be decentralized to meet the urgent needs of the health sciences centers, especially where there is a hospital along with other programs providing health care to the community? How much duplication is sensible, and how much is divisive? To what extent should policies apply uniformly to all segments of the university, and to what extent do the special needs of the health sciences justify exceptions?

These questions are pertinent to every facet of the operation of a modern-day health sciences center. While there is no one “right” pattern, these questions cannot be answered by default.

Some Academic Challenges

Vice presidents for the health sciences have several unique and exciting academic challenges. One is to use their unique position to define a common mission and purpose toward which all the schools in a center may direct their efforts. A multi-school center needs a definition of its commitments, that is, of the choices it has made among the things it wishes to achieve as an institution. These are essential benchmarks in planning, allocating resources, and coordinating the efforts of disparate schools and programs. Each school cannot be completely free to devise its own answers to social needs. The result of this libertarian view is an inevitable multiplication of categories of health pro-

fessionals, endless territorial fracasces, and confusion in the public mind about the vice president's purposes.

The vice president is the person best situated to take leadership in defining the mission and common goals of his center. His most important academic task is to articulate this mission, symbolize it, and by persuasion unite all schools in its pursuit. He is expected to adjudicate and balance interschool and supraschool aspirations. In that endeavor he really adumbrates the specific image and physiognomy of the entire center, as the deans and faculty are expected to do within their own schools. Each school is a part of the mosaic. But if the pieces are to fit into a comprehensible whole, the total pattern has to be known to all and accepted by them.

Relationship with University

In tackling this difficult and sometimes elusive task, the vice president must somehow remain faithful to the larger mission of the university as a whole. This mission is only too rarely articulated, except in the most general terms. The vice president for health sciences faces a paradox. If he really creates a unity within the health sciences, he will induce friction with respect to the unity of the health sciences and that of the university as a whole. In fact, where no friction exists, the job is probably not being done. The trick is to make the resultant tension a positive stimulus for both the university and the health sciences.

University presidents and their faculties find this last fact difficult to accept. They see the health sciences as only one of a wide spectrum of programs in which the university is engaged. They fail to understand why academic programs in the health sciences should not be handled precisely as they are in English, physics, or classics. Pleas for “uniqueness” often

seem like self-serving bids for preferred status, equally arguable, it is thought, by all other disciplines.

The matter is most vexing when it comes to appointments, promotion, and tenure, that triad of staunchly defended prerogatives over which faculties bleed and die. Health sciences centers, and especially schools other than medicine, seem to use criteria which would lower the standards of appointment. Research productivity or scholarly publication are not as indispensable as they have become on the general campus.

This is true and necessarily so. If health sciences faculties are to take new directions in clinical education, experiment with new models of care, or teach clinical craftsmanship, their faculty members must have requisite experience and skills. The measures of excellence for these people are not the same ones applied to the usual university professor. The needed people are less apt to be involved in standard types of research. When they are so involved, their papers strike the university faculty members as nonacademic or naive and unsophisticated.

A special example appears when a medical school establishes a department of family medicine. The number of skilled family practitioners with academic credentials is very small. Yet, this field must be taught by competent clinicians. Their presence on medical faculties is essential if models of family care are to be developed and students are to see this field adequately represented on the academic scene. The same problems are encountered when clinicians in nursing, allied health, dentistry, and pharmacy are appointed to the faculties.

Another point of tension is in faculty governance. To develop a health sciences center as a unified entity directed toward achieving certain common goals, there is

need for some sort of unified governance within the center's faculty. A common complaint is that there is not enough communication among the faculties in the health sciences center. A health sciences center governance structure dealing with problems common to all the health professional schools is essential. This then raises the question of the relationship of that senate and that governance procedure to the university senate and its governance procedures.

Intrarelationships

There are tensions within the center as well which flow from some of the special and unique responsibilities of the vice president. One of the major examples is the relationship of the vice president for health sciences to the dean of medicine. If the kind of coordination that has been suggested is to be achieved, the vice president for the health sciences ought to be symbolically and actually the academic leader of a group of health professions. He cannot identify with any one profession, or he loses his effectiveness as the leader of all.

One of the recurrent errors is to fail to make the separation between the role of the vice president and that of the dean of medicine. Medicine needs to play a central role in the health sciences center. The other schools readily realize that without medicine there can be no genuine health sciences center. What the other health professions urgently need, however, is the support of the vice president for health sciences to make them more equal partners in the development of the center. A truly cooperative effort among all health professionals is indispensable to optimal utilization of health manpower and a coordinated set of academic programs.

The vice president for the health sciences cannot perform this vital function if

he is identified too personally with the medical school. He must not "run" the medical school. Even indirectly, he must not favor its purposes apart from those of other schools. This requirement is especially difficult for those with the medical degree. Yet, this distinction in function between vice president and dean of medicine is the most crucial determinant of whether the health sciences center really functions as an entity or not. The higher responsibility of the vice president is to represent all the health professions. That is his unique academic contribution, a contribution no other administrative officer in the university can make. If he does not meet this requirement, there is a valid question about the viability of the post, except to perform a mediator's function for the president; for the vice president to do so would mean a return to the situation that prevailed in the beginning days of the job, and it would abnegate all the changes in its potentialities since then.

The vice president for the health sciences must concern himself with all those matters which transcend the concerns of individual schools and professions. His success will increasingly be measured by the extent to which he can make the interactions between the component schools of the health sciences center act synergistically and not antagonistically.

Conclusion

This essential internal function and his function at the intersections with the university, the community, and government clearly define a set of tasks beyond the capabilities of ponderous old walruses. As the advertisements say, the vice presidents have "come a long way" from the staff position or special assistant category of a little while back. Whether or not something as unique and dramatic as a unicorn will emerge is an open question. But at least, we can be sure that a significant transformation has occurred and is still occurring.

The final outlines of the job of vice president are still not clearly visible. Those who occupy these posts have the responsibility to create that new outline simultaneously with solving their many complex operational problems. The forces shaping the position seem clear enough. Harnessing them in a new way is surely one of the most interesting and exciting assignments in academia.

References

1. COGGESHALL, L. T. *Planning for Medical Progress Through Education*. Evanston, Illinois: Association of American Medical Colleges, 1965.
2. PELLEGRINO, E. D. The Regionalization of Academic Medicine: The Metamorphosis of a Concept. *J. Med. Educ.*, **48**:119-133, 1973.