Assessing the ‘Fit’: Using Competencies to Select New Board Members

Bringing new members onto the board has its challenges. In small or rural communities, the pool of potential trustees is often limited, with desirable candidates already serving on multiple boards. Even in bigger urban areas, it sometimes seems the same people rotate on and off the boards of larger community organizations — the Rotary Club, the chamber of commerce, the hospital.

Chairs of board nominating committees have been known to express frustration when they put out the annual call to other board members to suggest names of new people to serve on the board. It’s no wonder when meeting after meeting they remind their fellow trustees to suggest candidates and either get “the usual suspects” or even worse, little to no response.

The plot thickens, say trustees and governance support staff, when the board looks to diversify its membership by bringing up-and-coming community leaders to the board table. These often younger candidates may decline to serve because they are too busy maintaining a career, raising a family or focusing on other interests and obligations.

Recent governance research conducted by the American Hospital Association’s Health Research & Educational Trust and Center for Healthcare Governance seems to support these observations. Data from the 2011 survey suggest that hospital boards are getting older: fewer board members were age 50 or younger in 2009 (24 percent) than in 2005 (29 percent) and more were age 51 to 70 — 67 percent in 2009 versus 62 percent in 2005.

Using an informal, “who do you know” recruitment process may explain the difficulty some boards experience in bringing new blood into the board room. However, others have increased their chances of success by becoming more deliberate and systematic in recruiting new trustees. These boards seek not just viable candidates, but individuals who would be the best fit for board service.

During the search process, boards are providing trustee job descriptions that outline roles, responsibilities and expectations of board service to ensure candidates are fully aware of the commitment before they agree to join the board. Boards also are looking for individuals with more than the time, energy, support for the organization’s mission and personal integrity to serve. They are seeking people with specific knowledge and skills to address organizational needs. Astute board nominating or governance committees typically compare a current board profile displaying members’ professional backgrounds and personal characteristics, such as age, gender and geographic origin, with the hospital’s strategic priorities. They then aim to close gaps by identifying people with specialized knowledge and skills on which the board can draw to tackle such critical issues as improving quality and safety performance, engaging physicians better or determining whether to partner with other providers to expand access to care.

While these approaches can bring new expertise and perspective into the boardroom they don’t guarantee that the individuals who possess them will leverage their skills and experience in ways that most benefit the board and the organization.

Death and taxes aside, life doesn’t include many guarantees. However, there are ways to improve the odds of achieving success. When it comes to recruiting new members, boards are improving their chances of finding the best candidates by digging deeper to assess an array of behavioral-based compen-
petency would be able to demonstrate. That individuals possessing that com-
ter group then developed interview guide, job description and re-
employment and mentoring, trustee performance assess-
ment and board leadership development and succession planning, visit www.americangovernance.com.)
The tools were designed so that boards could begin applying competen-
ties to any of the governance practices listed. This approach reflected four principles that guided the efforts of the working group to develop tools that would:
- support the board as a team;
- function as an integrated suite of resources;
- be pragmatic and simple to use;
- encompass both formal education and peer-to-peer development.

IDENTIFY AND ASSESS COMPETENCIES
The Blue Ribbon Panel on Trustee Core Competencies’ 2009 report defined competencies as “the combination of knowledge, skills, personal characteristics and individual and social behaviors needed to effectively perform a job.” With funding from Hospira Inc., the panel, and a working group that developed tools and resources to apply competencies to governance practices, identified three knowledge and skills competencies and 15 personal capabil-

COMPETENCY-BASED TRUSTEE SELECTION
After gaining some preliminary experience using a competency-based approach to mentoring, the board of Sierra Vista (Ariz.) Regional Health Center incorporated competency assessment into their board member recruitment activities. “Our board has viewed applying competencies to our governance practices as an evolving process,” says Joanna Michelich, chair of the Sierra Vista board’s governance committee. “As we matured in our governance practices, we felt ready to go to the next level. We knew that trustee core competencies were related to better board performance and that a better board can positively affect the organization’s performance as well.”

At the end of 2011, the governance committee began to prepare to use competencies in the trustee selection process, scheduled to occur in March and April 2012. The committee conducted an informal review of each ex-

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focused aspect of the interview process helped you identify strengths that would complement existing competencies or strengthen competencies that currently exist on the board:

- As a result of seeking feedback on specific competency areas, did you get a deeper insight into the candidates and, perhaps, get to know them better than if you had not pursued this feedback?
- Based on the candidate’s background and interview, what strengths do you believe he or she would bring to the board of trustees? Weaknesses? Do you have any concerns about the individual’s candidacy as a trustee?
- Any other comments?

Here’s what interviewers had to say:

“The competency-focused questions gave us an opportunity to hear concrete examples of situations the candidates had been part of where they had to exhibit the competencies. … I believe the candidates were able to give more thoughtful answers than past interviews where the questions were less specific. They also gave the candidates an opportunity to explore how they might relate their personal experiences to the hospital board and hospital issues.”

“The depth of information gleaned about this candidate far exceeded information we previously received without such questions. We learned how she processes information; utilizes team members in consultation, collaboration and decision-making; her approach to problem-solving; her understanding of both formal and informal power within an organization; her emphasis on ‘doing her homework’ on issues; her focus on strategic planning for an organization; how she networks with others within and outside an organization; how she utilizes failure as ‘lessons learned’ for future problem-solving; and how she engages others (‘friends and foes’) in strategizing and decision-making. These four questions provided insight into how the candidate would approach her position on the board.”

“(The candidate) will provide a professional persona when representing the board or the hospital. The level of experience she has had working with complex issues and various levels of management will provide an added capability to the board. She appeared to be able to deal with controversial issues in a nonconfrontational manner aimed at solving problems and bringing all participants along.”

“(The candidate’s) responses demonstrated the following: critical thinking and analytical skills; dedication and diligence; attention to detail and her surroundings; understanding of both formal and informal power structures; the value of clarity in written and oral communication; the sociology of complex formal organizations; an ability to chunk information to obtain a purpose or goal; the benefits of diversity of perspective within a group; and a dedication to the superordinate goals of an organization.”

“I learned of the really broad back-
ground of this candidate. She provided examples for each of the questions asked. This ensured that she would be a good fit for the board.”

“...the last questions were thoughtful and necessary... I sensed easily the interest and energy and gifts you each bring to this position.”

“All of the questions were good ones... in my previous career I was trying to get my staff away from asking ‘tactical’ questions about skills during interviews to more competency-based questions. It is really important to focus on these types of capabilities for long-term success of an organization.”

**CONCLUSION**

Assessing specific trustee competencies has added value to the process of selecting new trustees for the Sierra Vista board, which plans to evaluate how competencies might be used in additional board practices. It also has changed the way some board members view their trustee colleagues.

“Being aware of other board members and their competencies has become part of how we view each other and our work,” says Ron Wagner, a Sierra Vista board member. “For example, in the future we will be losing one of our current board members who is planning to move back East. She is our ‘information seeker’ who could always bring to this position.”

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**Trustee Core Competencies**

**Knowledge and Skills**

Health care delivery and performance

Business and finance

Human resources

**Personal Capabilities**

Accountability

Achievement orientation

Change leadership

Collaboration

Community orientation

Impact and influence

Information-seeking

Innovative thinking

Complexity management

Organizational awareness

Professionalism

Relationship-building

Strategic orientation

Talent development

Team leadership

*Source: Competency-Based Governance: A Foundation for Board and Organizational Effectiveness, Center for Healthcare Governance, 2009*

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Mary K. Totten (megacom1@aol.com) is a governance consultant and content development director for the AHA Center for Healthcare Governance, Chicago.