

## Preface to the Series

The lack of attention to the roles and needs of department chairs is astounding, given the sheer numbers of these leaders in higher education. Chairs outnumber all other university administrators combined. At U.S. medical schools, for example, the 3,000 department chairs dwarf the 125 deans. Compared with the considerable efforts expended on the preparation of university presidents and college deans, relatively little has been done for department chairs to prepare them for their new responsibilities (Hecht et al., 1999).

Moreover, the successful department chair of today requires different skill sets than her predecessor of years gone by. The “new” successful department chair must connect the department to the institution and to society in addition to being an advocate for the faculty and the department (Hecht et al., 1999).

### The Purpose of This Series

This publication series arises out of a clear need for leaders in academic medicine to pay more attention to the recruitment, knowledge base, skill development, evaluation, and career transitions of department chairs. While this series seeks to identify “good practice” in the areas of chair search, selection, appointment, responsibilities, expectations, accountability, and rewards, we have not restricted the review of current practice to medical schools alone. We have also examined the experience in other leadership spheres, in other aspects of higher education, and in business and industry.

We are well aware of the differences in governance structure within our various medical schools and teaching hospitals. We do not, therefore, attempt to suggest single approaches, but rather indicate alternatives within current good practices. We applaud Garrison’s exhortation (1989, p.36) to “look for *creative* backgrounds” that truly widen the scope of the search for a new leader. Leaders should be

willing to take risks, within reasonable and rational parameters, because settling on the least common denominator acceptable to all constituencies as being risk free, means the new leadership typically falls into a maintenance role and does not allow the [department] to rise to greater heights. (Garrison, 1989, p.37)

Our primary purpose is to synthesize the series of generalizations from leadership research and to apply them specifically to leadership processes in medical schools. This series of publications may be regarded—to use Rogers and Shoemaker’s language (1971)—as a “conceptual inventory” as well as a “propositional index.” In other words, it indicates examples of practices worthy of emulation in higher education and in the corporate world, as well as synthesizing current medical school practices.

### Genesis of the Manual

A number of recent conferences, proceedings, and reports convince us that the timing of this publication is right, that the need is great, and that the interest is keen.

First, the AAMC held three major conferences in the late 1990s, on tenure and compensation, the new role of the clinical department chair, and the management of the academic enterprise. A common theme emerged from all three. As academic medicine increasingly focused on patient care, often at the expense of other missions, the challenge arose to achieve a common understanding among deans, CEOs, chairs, and faculty of their respective responsibilities and expectations.

Second, a panel discussion at the 2000 AAMC Annual Meeting focused on “Why Chairs Lose Their Jobs.” This session revealed two important factors in chair stress: (1) differing expectations of the dean, the hospital CEO, and the faculty, and (2) ambiguous signals from the dean.

Third, in a 2000 report to the chancellor of the University of California, Irvine (Kipnis, 2000), the chair of a review group on administrative performance at the College of Medicine called for several important actions. The recommendations included developing a detailed list of expectations of chairs; clearly articulating responsibilities, authority, and accountability; emphasizing that management ability will be a key factor in evaluation of performance and reappointment; and providing better training and staffing of department chairs’ administrative infrastructure

Finally, in fall 2001, the Council of Academic Societies (CAS) organized a Chairs Objectives Project Panel to delineate the attributes of successful chairs. The panel was charged with producing a list of the core characteristics of modern chairs, regardless of discipline, size, or type of department or school. The goal of the task force was to outline the essential knowledge, skills, values, and attitudes of a medical school department chair, so as to be useful to current chairs and organizations of chairs, aspiring chair candidates, search committees, deans, and heads of hospitals. The Chairs Objectives Project Panel report is contained in module 2 of this series.

### **Our Research**

With the above background in mind, our research focused on identifying published “good practices” in the literature related to higher education and to the corporate world. We have met with national groups such as the American Council on Education and with professional groups within academic medicine. We have surveyed the members of the several councils of the AAMC, and the presidents of the various medical chair societies. We have spoken with many national leaders of higher education, consultants, and members of the dean’s administration in numerous medical schools.

### **Structure of *The Successful Medical School Department Chair***

This publication series has been divided into three modules, each devoted to a different period in the total career life of the medical school department chair. The first module covers the period from the announcement of the departure of the previous chair to the arrival and transition of the new chair. The second module addresses good practice for developing required skill sets and executing the chair’s responsibilities and expectations

in an effective and successful manner. The third module reviews good practice in the evaluation and review of the chair, performance-related reward systems, career development and mentorship of the chair, and issues related to termination.

### Goals of This Series

- To document the characteristics of the selection and development of successful department chairs by identifying good practices and highlighting chairs' key role in advancing medical schools' missions;
- To build and expand on the AAMC "role of the department chair" initiative of 1998, and to explore the major issues in the context of the challenges in 2002-2010;
- To address a wide audience of involved groups, primarily including deans and senior vice presidents, but also hospital CEOs, search committee members, search consultants, potential chair candidates, and chairs-designate;
- To identify the good practices in the identification, selection, recruitment, and development of department chairs;
- To characterize the role of the department chair in fulfilling the differing, but appropriate, expectations of the dean and the hospital CEO;
- To identify the responsibilities of the department chair in ensuring a balance of all missions and in ensuring the development of the talents of each faculty member;
- To identify the good practices in chair accountability and performance-related rewards (including compensation);
- To analyze the causes of chair failures, and to explore the possible avoidance of failure by selection practices, early career development of skill sets, and mid-career mentoring and career development.

### Authors' Note on Terms Used in This Series

Most articles and books cited in this publication, in addition to the good practices drawn from specific academic medical centers, usually use "dean" when referring to the individual who has appointing authority for department chairs. We are aware, however, that in many medical schools and teaching hospitals, this appointing authority may reside with the senior vice president and dean or might be a shared responsibility between the dean and teaching hospital CEO. To avoid unnecessary and repetitive definitions and explanations we have used the term "dean" throughout the text. Readers should substitute the governance terms appropriate to their own specific institutions.

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