

Preface

Two years ago, we embarked on a project to identify good practices in the selection, appointment, development, and evaluation of medical school department chairs. It was our belief that by more clearly defining roles and responsibilities among deans, teaching hospital CEOs, chairs, and faculty, medical schools could empower their leaders to help rectify the growing imbalance among the patient care, research, and education missions. Department chairs and deans are the crucial link to lead and help academic physicians—who feel pressed to spend more and more hours on patient care—refocus on teaching and research. But little attention had been paid to the needs of medical school leaders in refocusing their policies and practices to aid in this effort.

In fact, little attention has been paid to the roles of department chairs in higher education at all. Chairs outnumber all other university administrators combined. At U.S. medical schools, approximately 3,000 department chairs help to run our 125 institutions. 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 responsibilities (Hecht et al., 1999).

Moreover, today's successful department chairs require different skill sets than their predecessors of years gone by. The “new” successful chair must have a view of the institution in addition to the department. Chairs must have emotional and managerial competence in addition to intellectual and research expertise. They must look outward to society as well as inward to their discipline.

Modules 1 and 2 of this series have focused on good practices to identify and develop these new types of leaders. This module is the culmination of the series.

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. The intent of this series is to identify “good practice” in the areas of chair search, selection, appointment, responsibilities, expectations, accountability, and rewards. We have identified many examples within the medical school community. But we have also examined the experiences in other leadership spheres, in other aspects of higher education, and in business and industry.

We are well aware of the differences in structure and operations within our various medical schools and teaching hospitals. We have not, therefore, attempted to suggest a single approach, 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 practices and policies.

Our primary purpose is to synthesize the series of generalizations from leadership research and to apply them specifically to leadership processes in medical schools. Each module of this series 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 This 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 may be found in module 2 of this series.)

Our Research

With the above background in mind, our research focused on identifying “good practices” both in the literature related to higher education and other arenas and in the experiences of medical schools. For module 3, research methods included:

- Survey of the CEOs of hospital members of the Council of Teaching Hospitals and Health Systems, inquiring about compensation policies for clinical chairs
- Survey of the membership of the Council of Deans, inquiring about departmental review processes and chair compensation policies
- Extensive document analysis of over 30 institutional policies on department reviews, chair evaluations, and chair compensation policies
- Interviews with former chairs who were asked to resign from their positions

- Interviews with leaders of national groups such as the American Council on Education and with professional groups within academic medicine
- Conversations 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 is the third and final module of a series. Each module is devoted to a different period in the total career life of the medical school department chair. The first module covers the period beginning with 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, stress and burnout, and issues related to turnover and career renewal.

Goals of This Series

We have several goals for this series of publications:

- To identify good practices in the identification, selection, recruitment, development, and evaluation of department chairs
- To highlight the key role chairs play 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 deans and senior vice presidents, but also hospital CEOs, search committee members, search consultants, potential chair candidates, and chairs-designate
- 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 failure, 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

Many 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 and evaluation 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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