

Defining the Roles and Expectations of Division Chiefs and Vice Chairs

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Disclosures

- None

“Nothing in the world can take the place of Persistence. Talent will not; nothing is more common than unsuccessful men with talent. Genius will not; unrewarded genius is almost a proverb. Education will not; the world is full of educated derelicts. Persistence and determination alone are omnipotent. The slogan 'Press On' has solved and always will solve the problems of the human race.” *Calvin Coolidge*

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Objectives

- Justify investment in department leadership
- Distinguish between (i) Strong Vice Chair, (ii) Strong Division Chief and (iii) matrix models
- Describe one department’s approach to leadership structure
 - Evaluate associated performance
- Appreciate the value and limitations of job descriptions
- Develop criteria for successful leader performance in their own departments

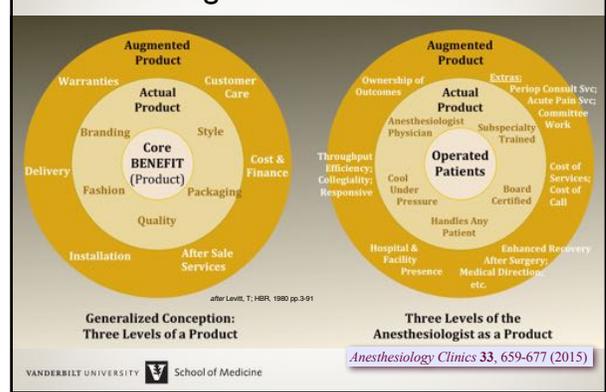
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Department Leaders

- Hard to find; tend to stick; carry your brand
- Seen as having outsize power, especially by the professionally aggrieved
- Effectively multiply the impact of the chair *iff* they are engaged, effectively delegated to
- Effective leaders make it possible
 - for the department to get things done
 - to do new things
 - to attract more leaders (positive feedback loop)

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Anesthesiologist as ‘Product’



after Levitt, T.; HBR, 1980 pp.3-91

Generalized Conception: Three Levels of a Product

Three Levels of the Anesthesiologist as a Product

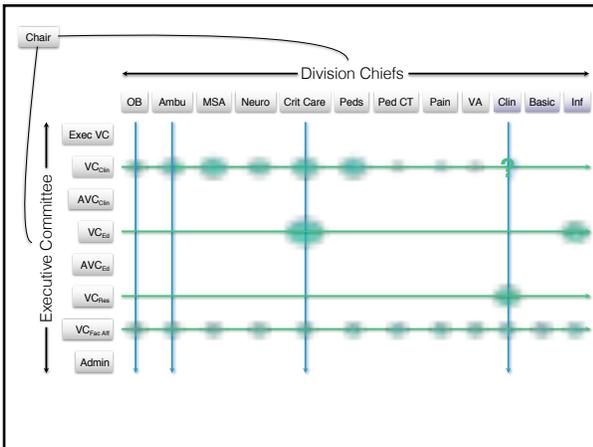
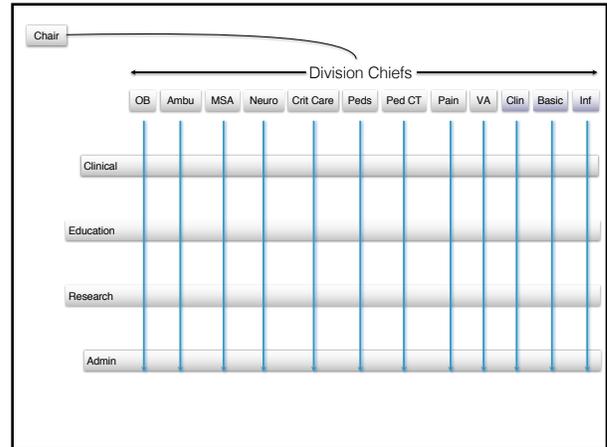
Anesthesiology Clinics 33, 659-677 (2015)

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For the New Chair Taking Over

- Diagnose your organization's current state
 - the obvious: unless there is an emergency, take time to learn the current team
 - Develop an understanding of the documented and actual structure
- Set a desired state goal
 - a well functioning current state team deserves a shot at incumbency
 - relationships are key - does your team have good ones?
- Move towards your goal state deliberately

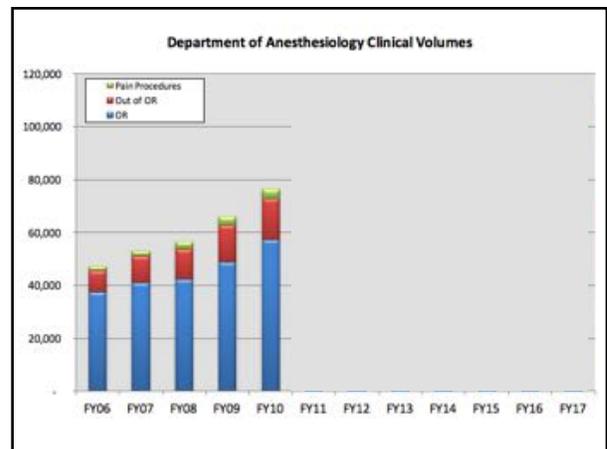
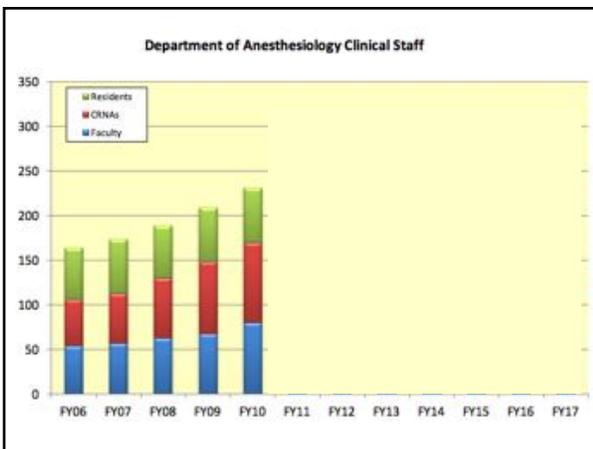
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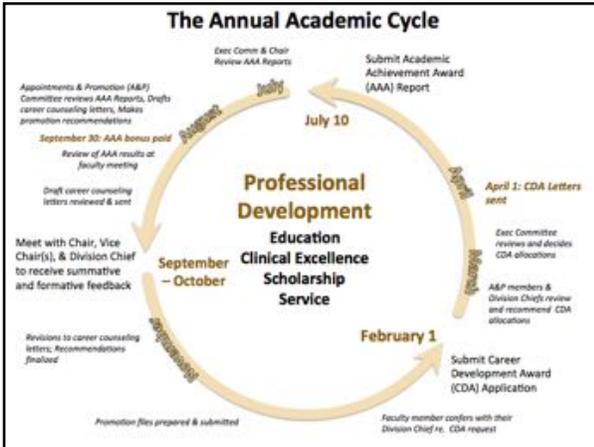
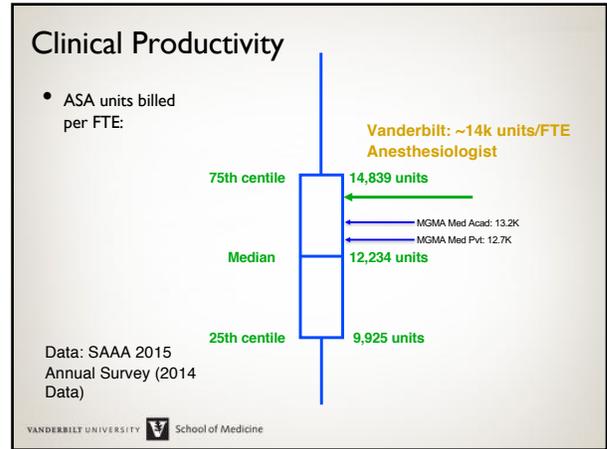
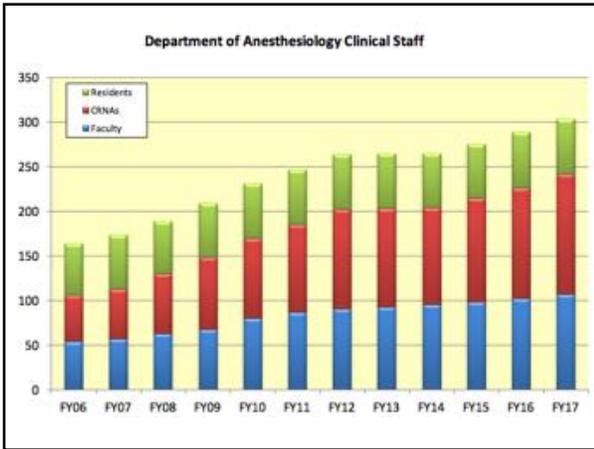


Vanderbilt Matrix

- In 2010, we were definitely a strong VC department
- Exec Committee of 5 Vice Chairs made all important decisions
 - time to work together
 - energetic & committed
 - but incomplete (open positions)
- By 2014: dynamic - moving resolutely towards a matrix model of active Division Chiefs and Vice Chairs

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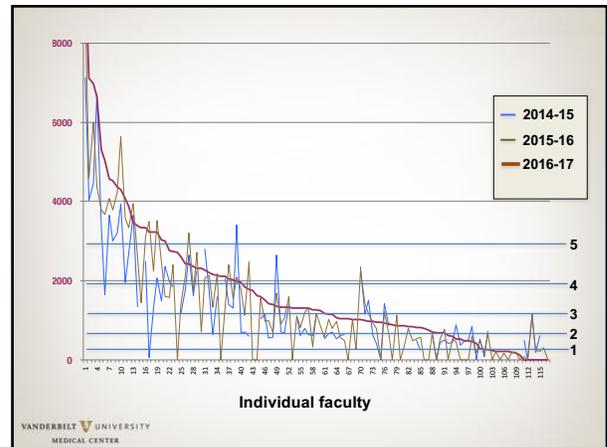
The AAA Program provides clinical faculty with a tangible annual reward for scholarship, education, and academic service that complements the financial rewards associated with clinical work

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AAA 16-17 Highlights

- 10% increase in AAA points for those faculty who received points last year
- 28% increase in total AAA points (202,800)
- 29% increase in AAA points per faculty (new mean of 1,733)
- 12 faculty increased their shares earned while 6 had a decrease

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AAA 16-17 by Division

	Crit Care	Cardiac	MSA	Ambu	Pain	OB	Peds Card	Peds	Neuro
Number	25	11	25	9	9	9	4	19	6
% w/Award	96%	100%	76%	78%	89%	78%	100%	68%	100%
Median	1618	1315	1960	808	955	693	1864	1017	1046
Mean	2182	1917	2210	1105	1201	1099	1993	956	2521
SD	1548	1670	1933	1293	945	1003	1272	728	3569

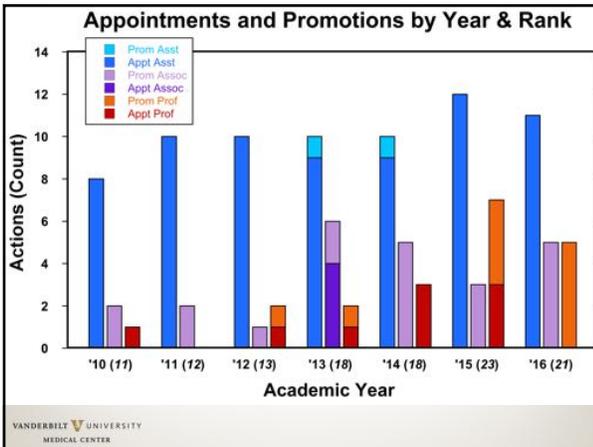
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AUA Members

Warren Sandberg	Matthew Weinger	*Liza Weavind
Edward Sherwood	Mark Rice	*Josh Billings
*Pratik Pandharipande	Matthew McEvoy	*Avi Kumar
*Kelly McQueen	*Steve Bruehl	Matt Riess
*Brian Donahue	*Michael Higgins	*Arna Banerjee
Andrew Shaw	*Chris Hughes	*Brian Donahue
*Susan Eagle	*Jesse Ehrenfeld	David Chestnut
*Curtis Baysinger	Yandong Jiang	*Jeff Balsler
*Heidi Smith	*Paul St. Jacques	*Tracy Jackson
*Lisa Weavind		

*Elected from Vanderbilt.
28 members; ~1/4 of Dept.

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Department's 10-yr Academic Trajectory

	2004	2009	2014
Number of faculty	67	99	130
Assistant Professors	64%	52%	61%
Average clinical salary (percentile AAMC)	-75 th	-75 th	-70 th
Avg. non-clinical days per clinical faculty	66	53	57
Publications (all faculty)	-45	-95	149
NIH grant funding (Dept PI only)	\$3.3M	\$2.4M	\$4.3M
Extramural funding to clinician-scientists	\$0.4M	\$0.6M	\$2.7M
National Academic Leadership roles	A few	Some	Many
External Presentations	Some	-80	222
AAA points (all clinical faculty)	n/a	52,611	135,681

* Kevin Strange, PhD had ~\$1.5M (2004) & ~\$1M (2009) in NIH grants; He left in late 2009

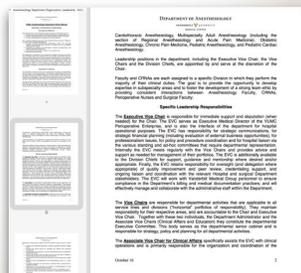
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- ### Your Leadership Plan
- Depends on a few things:
 - Available talent
 - internal vs external
 - Resources
 - Your commitment level to the development work
 - Your appetite for conflict vs avoidance
 - The state of the department
 - destination? challenge? something between?
 - Have a process to recruit; embrace turnover
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- ### Leader Phenotypes
- Just passing through
 - This is my dream job and I want to do it for a decade while grooming a successor
 - The young gun
 - Retired in place
 - 'For love of the game' candidates
 - Combinations
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Leader Job Descriptions

- Important documents - the spirit is at least as important as the details
- Set out the basic scopes
- Define relationships, responsibility & authority
- Leave room for discretion!



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Commit to Delegation

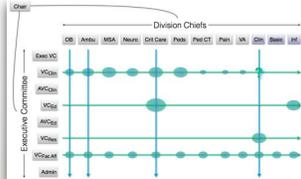


- Quantity
- Time
- Resources

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Leader Performance Assessment

- Division Chiefs: Are you making substantive advances on all the missions?
- Vice Chairs: Are all the Divisions advancing in your portfolio area?
- Mutually reinforcing collaboration at nodes?
- Are we working well together?
- Advancing into leadership?



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Potential Granular Metrics

- O/E ASA units (& wRVU) per FTE per Day
 - [clinical days] vs [all days]
 - Expected = prior year

vs.

- O/E Academic Achievement Award points per FTE per year
 - Expected = prior year

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Potential Granular Metrics

- Promotions per FTE per year

vs.

- RMS error on clinical days worked
 - RMS: square root of the mean of [(planned) - (actual)]² clinical days; smaller is better

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Potential Granular Metrics

- O/E % of academic time funded by (any) extramural source
 - Expected = prior year

vs.

- O/E potential grateful patient referrals per FTE per year
 - Expected = prior year

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Potential Granular Metrics

- O/E FCOTS
 - Expected = prior year

vs.

- Quality metrics: e.g % observed hand hygiene opportunities taken

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Alternative:

- Continually assess the big picture:
 - is the team working well together?
 - are they moving toward the goals?
- Are the big goals being achieved?
 - takes constant coaching effort and attention
 - sometimes takes professional coaching
 - takes a long view (years)
- Requires independent leaders

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Summary

- Diagnose your model: (i) Strong Vice Chair, (ii) Strong Division Chief or (iii) matrix
- Plan to change?
- Leadership is important - curate your bus (Collins)
- Cultivate cult-like culture to help with bus curation (Collins)
- Are metrics right for your style?
- Always be re-evaluating whether your structure and team are right for the times

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Compassionate | Creative | Committed | Collaborative

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Risk of Getting it Wrong:

- Leaders carry your brand
 - Can come to be seen as:
 - over-resourced 'Suits'
 - checked out
 - self serving
 - don't appreciate the faculty experience

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