Succession Planning and Exiting as a Chair

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Serving as Anesthesiology Chair can be very exciting and rewarding. It certainly was for me. The opportunity to build innovative new programs, provide high quality education and training to trainees and students, assure excellent clinical care, mentor junior faculty while supporting senior ones, and creatively problem-solve were all highlights for me. All earthly things, however, be they good or less-good, must come to an end. There are a few ways in which Chair appointments can end. The possibilities include unceremonious sudden firing by the Dean or Health System CEO, multiple screaming matches followed by "I quit!", and organized departure with a succession plan that is agreeable to all parties. Reasons for voluntary exit (stepping "down" or "away") may include taking a similar or higher administrative position at the same or another institution, retirement, semi-retirement, or change in career direction (research, teaching, writing, consulting, clinical work). [1]

Succession planning, which can be defined as "a deliberate process designed to promote organizational stability during changes in leadership" is now discussed and embraced both in the hospital leadership structure and in schools of medicine. [2,3] The importance of achieving stability during leadership changes serves to preserve and develop the legacies of the current Chair, retain the knowledge assets of the current Chair, maintain organizational efficiency, and control cost. "Planned transitions" or "planned exits" occur when leadership changes are determined proactively with a defined timeline, whereas "Unexpected departures" invoke an emergency transition plan.[3] Each Department should have an emergency transition plan. A long-term mechanism to manage planned transitions is now recommended as well. Such a mechanism involves faculty mentorship, development of leaders, and sometimes an eye toward recruiting from outside to fill leadership gaps.

This presentation focuses on the planned exit, since the presenter has personal experience with it. Herein is described one Chair's experience with exiting the position in a controlled way with considerable planning.

One and one half years prior to stepping away from the Chair position in April of 2018, my approach to my work appeared to be shifting. I had served as Chair for more than 11 years, and I began to feel apathy toward some of the day-to-day but important aspects of the role. My role had not changed substantially, but the more mundane aspects of the position, including routine sign-offs on expenses, proposals, and human resource actions seemed to be taking over my entire professional life. Joint Commission visits, pharmacy audits, OR efficiency complaints, interpersonal conflicts, requests by proceduralists for surgical block time without enough cases to fill the time (with the requisite "politics" mixed in), all appeared to be much more important to the Health System than developing a strong, innovative

perioperative team and Department of Anesthesiology. This may not have been the case, but this is what I was feeling.

The term "burnout" came to mind, and Chairs have been identified as being particularly prone to it.[4] I made sure I "checked the boxes" to address "burnout": I was physically and psychiatrically healthy, getting enough sleep, getting exercise, spending some personal time on non-professional things such as family, baseball and music, and was still engaged in teaching and clinical work in the Operating Room. Nonetheless, the office component of the job was no longer causing me to jump up out of bed in the morning with excitement. I was disinclined, at this later stage of my career, to try to force myself to "like" something that I did not enjoy anymore. Three things came to mind:

1. Maybe "burnout" is a normal process for some people who have been in a position for an extended period. "Burnout" may not mean there is anything wrong with me or the position; it may simply be a signal that it's time to "move on" to some new endeavors.

2. Change can be good. Perhaps stepping away from the Chair position would be good for me, and good for the Department.

3. Finding myself searching Amazon for an "I DON'T CARE" rubber stamp for the paperwork coming across my desk might mean that it would be better for the Department, Health System, and me to hand the baton off to someone else.

Two main things needed to be done:

1. Prepare the Department for a leadership change

2. Work with the Dean, CEO and Health System to assure a smooth transition.

PREPARING THE DEPARTMENT

Much of the preparation for transition overlaps the general function of the Chair. The stronger and more stable the Department, the better it will tolerate a leadership change, and the better your reputation will be after the change. Importantly, any programs and legacies you have created will be more likely to survive and develop further after your departure if you have prepared the Department and its leaders for the transition. If, throughout her tenure, the Chair strives for healthy clinical, teaching, and research enterprises, transition will be much easier. It is recommended that succession planning begin early in the Chair tenure. The following steps and principles are recommended:

1. **BE QUIET** until you are ready to make an announcement about the coming change. This announcement must be coordinated with the Dean and the CEO of the Health System. This can be challenging, but is extremely important. Gossip, rumors,

and true juicy stuff travel very quickly, and the game of "telephone" (exaggeration with each iteration of a story) is played very well in academic centers. Any anticipated significant change, with the rumors that accompany it, can be very disruptive and destabilizing. **Make the plans first, then talk**.

2. **Develop leaders** in the Department. Choose people you can trust, and if you have weak leaders in some areas, make changes. We had two divisions with weak, aging leadership. Although the process was painful, new "next generation" leaders were appointed. This had a very positive effect on those divisions and the Department. As with any time in the Chair tenure, do not let weak leaders drag down the Department. The following are examples of leaders who should be in place and functional:

a. VC for Clinical Affairs and/or Clinical Director
b. Academic Leaders: VC for Education/Program Director, VC for Research, faculty development leaders
c. Division Heads: Cardiac, Pain, Acute Pain, Critical Care, Obstetrics, General, Vascular, Pediatrics, Perioperative Medicine

3. If possible, **"groom" someone** or a small group of talented, energetic individuals for the interim Chair and/or Chair position. Introducing a talented, motivated faculty with leadership potential to the senior leadership of the Health System by expanding their role and profile, allowing them latitude to grow, and bringing them into the sphere of your responsibilities can make the transition quite easy. Introducing them to your responsibilities also allows them to determine if the Chair role is to their liking. Providing some time, resources, and educational opportunities (e.g. "Leadership Academy") improves their readiness and can introduce them to other members of the leadership group of the organization. At UC San Diego we were blessed to have a very talented, motivated, and energetic Clinical Director. Bringing her into the hospital leadership circle was, perhaps, the most important maneuver to facilitate the transition. She is now functioning exceedingly well as our Interim Chair, and it took her a very short time to acclimate to the position.

4. Make the Departmental Business Office as functional as possible. Financial management, information technology support, and administrative support for departmental programs are all critical.

5. Before making a general announcement, have private communications with department members closest to you (e.g. Vice Chairs, Program Directors, division chiefs, key administrative personnel). Be firm in your decision-there are those who will want to dissuade you.

6. Radiate and communicate confidence that the Department is doing well, it will continue to do well, and that its future is very bright. There are always reasons to be optimistic, and these should be emphasized.

PLANNING WITH THE DEAN, CEO, HEALTH SYSTEM, AND SCHOOL OF MEDICINE

1. **Be quiet and discrete** until you are ready to "pull the trigger". On the day you first communicate about this to senior management, you should be prepared to move your belongings out of your office (their response may not be predictable).

2. Have your Departmental plans in place, and a strategy in place for communicating with senior Health System leadership. Prepare to **be firm** in your decision. As within the Department, there are those who will want to dissuade you.

3. Have a **firm timeline** for the transition in mind. If you don't, a timeline will be created for you. Perhaps the shortest timeline is the best. The Dean may want to keep you in your position as he addresses other issues. The question of having an Interim Chair *vs.* an immediate formal recruitment for a permanent Chair may come up. Not wanting to spend an extended period as an ineffectual or "lame duck" Chair, my preference was for an Interim Chair, appointed as soon as possible. A short timeline was one of the few things I was "pushy" on. I spoke with the Dean in January 2018, and our transition date was April 1, 2018. That interval was sufficient time for the Health System and Department to navigate the change, but not excessive.

4. Prior to an official announcement from the Dean, communicate with leaders in the Health System and School of Medicine who are closest to you. Examples might include the Chair of Surgery and other chairs, Chief Operating Officers, and Nursing Directors.

5. You may not be able to choose your successor, but you will likely be asked for suggestions. Be ready with a short list of people you think will do well as Interim Chair or as your successor in the permanent position. If you plan to stay on with your Department as faculty, it is best to avoid appearing overly biased in this process.

6. You may have serious, deep differences with the Dean or members of the Health System management. It may be helpful to the Department for you to express some concerns, but **creating or encouraging ill will helps no one**. Keep it cordial and professional. Your criticisms, if you have them, should be constructive, aimed it improving the status and function of the Department, the Health System, or the School of Medicine.

7. Once the transition begins in earnest, step far into the background and be as supportive as possible to the next Chair and to the Department.

CONCLUSION

Transitioning away from the Chair position can be difficult and emotionally draining. Try to be alert to the signs that the job is really not working for you. When the time comes, be decisive, and recognize that the change, if done for the right reasons, will be good for you, the Department, and the Health System. The preparatory steps are very similar to the steps one ordinarily takes to strengthen a Department. Most of them, particularly in faculty development, are things that one should do throughout the Chair tenure. It can be argued that the entire Chair period is preparatory for the future of the Department and its next Chair. When the Department does well in the transition, your own reputation is enhanced and your legacies can be preserved. Once the transition begins, step back and be supportive of the new Chair and those attempting to navigate the transition and move your Department into the next era.

REFERENCES

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