

“Lessons Learned: If Only I Had Known These When I Started!”

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Disclosures

- I have no conflicts of interest to disclose

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Being A Department Chair Is The Best Job In Academic Medicine

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A Tale of 1 Chair

- If you've heard one Chair describe their experience, you've heard one Chair...
- I sleep like a baby; I wake up every few hours crying.
- “It was the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness, it was the epoch of belief, it was the epoch of incredulity, it was the season of Light, it was the season of Darkness, it was the spring of hope, it was the winter of despair....”
 — Charles Dickens *A Tale of Two Cities*

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“I told my psychiatrist that everyone hates me. He said I was being ridiculous - everyone hasn't met me yet.”

— Rodney Dangerfield

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Overview

- I. Sizing Up the Chair's Role
- II. Hidden Jobs
- III. Getting Ahead of the Curve: Early Steps
- IV. You Can't Do It Alone
- V. Making Changes
- VI. How to grade yourself and the dept—its not just NIH top 10
- VII. Managing Yourself

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PRIMARY CHAIR JOBS

- Recruit best and brightest } (more than 50% of your time)
- Retain best faculty }
- Obtain resources } Balance advocacy for dept and
- Defend resources } being an institutional team player
- Mentor
- Remove obstacles
- Imagining the future (vision)
 - You can accomplish a great deal if you can imagine where you want the department to go
- Potential traps:
 - Trying to be the star clinician or researcher
 - Using this job for the next job
 - Chair as representative to all external committees

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Hidden Job I: Setting Behavioral Norms

- Chair sets tone, sets bar/expectations and culture
- You are the role model-model the behavior you want:
 - You want people to be responsive, be responsive
 - Wear the isolation gown, wash your hands, etc.
 - Be the first to do mandatory training
- *Under the microscope all the time*
- Optimistic, try not to be (too) cynical
 - When asked "How am you doing?" my answer is "I could not possibly be any better."
- Encourage participation and engagement of the faculty
- Set high expectations
- Challenge the prevailing thinking
- Be transparent
- *Create a culture when positive changes occur without the figurative hand of the Chair pushing folks forward*

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Importance Of Mission, Vision And Values Statements

- May seem trite but these are the navigational beacons for the department

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Vision: Managing Attention

- Articulate a clear, confident and optimistic vision of the future: how else will the department know where you (they) are going?
 - My mantra the first 3 years as chair: "We have other missions"
- Need to execute on the vision and implement it-it should meaningfully change the direction of the department
 - "Vision without execution is hallucination." Thomas Edison
 - "There is a fine line between wrong and visionary. Unfortunately, you have to be a visionary to see it." Sheldon Cooper

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Hidden Job II: Improve Departmental "Hygiene"

- Anesthesiologists may feel un(der)valued
- Chair is the chief morale office
- Chair insures:
 - Department is valued by the organization
 - Department feels valued by the institution
 - Faculty and staff feel valued by department
- Department is at the table for significant decisions
- Ensure faculty are acknowledged for being part of important teams
- I spent a lot of time educating my Dean about "anesthesia" vs. "anesthesiology"

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Chair Is The Chief Morale Officer

- In his interview with Charlie Rose for CBS News last Sunday, President Obama acknowledged that one of the biggest mistakes of his first term "was thinking that this job was just about getting the policy right. ... That's important. *But the nature of this office is also to tell a story to the American people that gives them a sense of unity and purpose and optimism, especially during tough times.*"
- Balance between being too "glass-half full" and being realistic (maintain your credibility—better days are ahead)

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Morale Deflator: Disruptive Faculty

- Will you set and maintain the bar of expectations for a senior faculty member, or a clinician or researcher rainmaker ?
- Faculty will be watching to see whether you are consistent or whether certain faculty can get away with unacceptable behavior
- If you are not good at, or don't like tough conversations, or don't like dealing with difficult people, figure it out! It is important.

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Morale Deflator: The "Rarely" Occurring Obnoxious Or Difficult Surgeon

- Faculty will be watching to see whether you are consistent or whether certain surgeons can get away with unacceptable behavior

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Celebrating Successes

- Find opportunities to publicize successes
 - We have an annual promotion ceremony where we honor those who have been promoted, received tenure etc.
 - These not only make the people who've been promoted feel good, but it also sends a message to other faculty that the department is supporting professional development and advancement
 - Retirement ceremonies not only honor long-serving and loyal faculty, but it sends a message to other faculty that the department doesn't take such individuals for granted

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"Politics"

- Wikipedia: "The practice and theory of influencing other people... it refers to achieving and exercising positions of governance... *politics is the study or practice of the distribution of power and resources within a given community.*"
- Lasswell: "Who gets what, when, and how"
- Rock: "Who gets what, how, and how much"

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Early Steps I: Identify Those With Power

- Organizational structure
- Who has the power by virtue of:
 - Their position/title
 - Who they know inside and outside the organization
 - What they do
 - Institutional history and longevity

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Prepare To Keep Negotiating

- Unless you are extraordinarily fortunate, you will not have identified every resource need when negotiating for the job, nor will you have correctly identified the magnitude of the resources that are needed
- And, even if you negotiated well, the landscape will/may have changed between when you signed your offer letter and when you started
- Aspirational: yearly negotiations for support
- Ad-hoc negotiations for new circumstances

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Early Steps II: Upward Influence

- Get to know associate deans who are/might be (much) more helpful and available than the Dean
- What keeps the Dean up at night?
- Who are the Dean's people - know them, feed them, maybe become one of them
- Bring solutions, not problems
- Managing up
- Know where to show up and when you need to just comply
 - Deans expect attendance at their meetings

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“Never does a man stand so tall as when he stoops to kiss an ass.”

— James Carville

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Early Steps III: Identify What Needs Fixing

- Assume that what you were told and what you learned during interviews is only partially correct (situation assessment will differ from what you were told during interviews)
- Meet with every faculty and key institutional players and ask:
 - What's broken and needs to be fixed?
 - What's working and shouldn't be touched?
 - The magnitude of any issues and the urgency and prioritization of these

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Culture Eats Strategy For Lunch, Every Day

- Does the culture need changing? From what to what?
- Don't be seen as rejecting everything or making the department like your old one
- Find where new culture is nascent but un-noticed
- Persistence and repetition
- Inculcate/protect new people and those ready for different culture
- *Culture takes years to change-the biggest gift you give your successor is changing the culture, but it may not be anything you get to enjoy!*

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Departmental Cohesiveness

- No one is going to tell you are coming into a fractured department
- One consequence of our desire to have subspecialties is creating silos, and groups that may identify more with their group than with the department (want special treatment or have special considerations, etc.)
- Cohesiveness is important-how do you assess and build it?
- *There are real consequences of lack of cohesiveness, too much internal politics-not thinking of the whole, extra work for the chair, a kind of friction*
- Take every opportunity to think of the whole department, not just groups, and articulate your vision for a unified, cohesive, department

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Research: The Holy Grail

- Is a clinician scientist the practical achievable goal?
- Are PhD researchers?
- *How much research can the department afford?*
- *Does the institution want your department to do research? What is the evidence?*
- *Can the department perform at your standards/expectations regarding research?*

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Early Steps IV: Finances and Staffing

- *Must get a handle on this early-don't delegate or assume you can learn these in time*
- Create a staffing plan or review existing
 - Call
 - "Special arrangements"
- What is your organization paying for as far as coverage? How much coverage?
- Budget:
 - Zero-based; no assumptions about the "baseline"
 - Next year's budget = this year's budget $\pm \Delta$; assumes "baseline" is correct
- Know how you get support
 - Make whole vs. service contract
- Can the department make a profit? If so, can the department use it or put it into reserves?

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You Can't Do It Alone I: Getting The Right People On The Bus

- "A new broom sweeps clean"
- "Encouraging" controlled faculty turnover, pace of change
- Be aggressive, yet patient
- The best chance for controlled turnover is when you start but it is also a risky time if it creates a sense of instability
- Difference between termination and non-renewal
- What kind of contract do faculty have?
- Get to know your HR and legal people
- Non-renew more than 1 person at a time
- Document, even if written in crayon on a napkin

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Some Turnover Is A Good Thing

- When I started, I was worried that (many) faculty would leave, and we wouldn't be able to run the OR
- As it turns out, not enough people left!
- Want your team, your people, and/or the right people on the bus (Jim Collins, *Good to Great*)

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You Can't Do It Alone IA: Getting The Right People On The Bus

- Don't forget about your admin staff-getting the right folks on the bus too
- Keep in mind:
 - The potential for turnover in your admin team
 - *Faculty view the admin team as a reflection of you. Ensure your vision of the department is consistent with how admin staff behave.*
 - Need for admin staff to be aligned with your vision
 - *An unresponsive admin group or admin members that are not faculty-centric can undermine your credibility*

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You Can't Do It Alone II: Departmental Leadership

- Who are "*your*" people? People you can't count on?
- Division Chief Expectations
 - Get work out of Chiefs, not a sinecure
 - Formal, written divisional and chief expectations
 - Each division chief develops a report card and sets goals for next year
 - Division Chiefs aren't free agents
- Considering making changes in the leadership team you inherit-much easier to do when you start than later

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Its Easy(er) To Make Leadership Changes When You Start

- "There's a new sheriff in town"
- Size up which of your leaders has/will buy into your vision and changes you want to make, and which ones are/will dig in their heels to protect the status quo?

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You Can't Do It Alone III: Allies And Alliances

- Anesthesiology departments are islands. Administration will isolate us and deny resources.
- Build alliances with one or more other departments
- Surgery is a natural partner
- My experience: more difficult for administration to deny resources when confronted by a united front of surgery and anesthesiology who have "locked arms"
- Corollaries:
 - Not my job to enforce surgical behaviors related to efficiency
 - My job is to support surgical programs
 - We don't allow disruptive professional behavior

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Making Changes And Innovation

"Never be afraid to try something new.
Remember that amateurs built the ark.
Professionals built the Titanic."

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Tools For Leverage And Alignment: Setting The Stage For Influencing Others

- Have a retreat to develop a strategic plan
- Create a staffing plan
- Develop a transparent, meaningful compensation and incentive plan
- How much at-risk money do you want, do you have to work with, and how much is needed to change behavior?
- Conduct departmental assessments and/or faculty survey
- Be clear in your vision and expectations-where you want the department to go, its values and priorities

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Annual Faculty Meetings

- Maybe the single biggest tool you have to change behavior and set expectations
- Provide data
- Questionnaire
- Feedback
- Scorecard on compliance, billing, salary history, teaching and CRNA evals, research productivity-whatever you value and want faculty to value
- The more you can rely on data (e.g. teaching scores) and less on what seems or is subjective, the more powerful the feedback
 - "your teaching scores are lower than other faculty" vs "you need to be a better teacher"
- Time consuming but worthwhile

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Annual Faculty Meetings

- For the past many years, I took the approach of using these meetings to encourage and thank faculty rather than telling them they needed to do more or weren't contributing enough
- If I couldn't pay faculty adequately or give them academic time, the least I could do was to thank and encourage them, especially during and after the pandemic when so many sacrifices were made
- We provide faculty:
 - Teaching scores and relative rank
 - Annual activity inventory (drives PBIC comp)
 - Compliance data
 - Review from their division chief
 - We use a questionnaire to facilitate the discussion, ask for feedback from faculty to the chair, discuss promotion etc.
- These annual meetings send the message that the department cares about faculty
- Make sure that after the annual review meeting you or someone sends a summary of the meeting to the faculty member

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What Makes A Top 10 Department—Scorecard

1. Research And Academics-pubs, innovative research, NIH Blue Ridge
2. Quality Of Residency-selectivity, post-residency positions, board pass rate, ITE performance, fellowships
3. Diversity
4. Quality and Practice Excellence
5. Faculty Stability, Turnover (measure it), and Retention
6. Staff Stability, Turnover (measure it), and Retention
7. Finances-profit, reserves
8. Growing Leaders And Reputation-presence at national meetings
9. Professionalism: development of departmental personnel-faculty development, promotion, service to specialty/institution, collegiality, self-sustaining culture
10. Clinical attributes-innovation, breadth and depth, productivity program development
11. Breadth and Depth

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MANAGING YOU

- Keep control of your calendar
- Managing your time schedule, block time, the mindset of EAs and scheduling
 - The challenge of scheduling back-to-back to back meetings (one late meeting cascades throughout the day) vs. separating meetings with a buffer resulting in many little chunks of time that aren't good for much
- Keeping track of tasks
- Responding to emails
- Learning To Say "no"
- It's not about you, but find intellectual things that you enjoy to balance out the relentless background noise of on-time starts, turnover etc.
- Pro tip: don't check your email after, say, 8 pm. Its very rare to get good news in the middle of the night. If its important enough they will call or text you.

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Make Your Choices Carefully: Daily Life As A Chair

- Issues come out of left field--unexpected and unanticipated
- Few decisions with right/wrong answers but the need to move quickly
- Public face of the department
 - Triaging issues, questions to the right place
- Hard to get long blocks of unscheduled time but you will need unscheduled time to deal with unexpected issues or just have time to think
- People with new claims on your time – your time is not all your own

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Important Decisions About Your Time And Attention

- Clinical Activity
 - Clinically activity
 - How much? $\geq 20 \leq 40\%$
 - Where? ORs, ICU, Pain
 - Call?
- Research
 - Will you be doing research?
 - Keep your lab open?
- Contact with residents
 - Have a weekly conference of some sort

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Getting The Job Vs. Succeeding In The Job

What constitutes a chairman who is acknowledged as a success? As Jim Collins noted in his assessment of successful business leadership, "*Good to Great*", leaders who demonstrated the greatest management success over time had humility as a core personal trait underpinning their achievements. These leaders put the company first, rather than their own glory.

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Personal Qualities

Hollywood Leaders

- Hard-charging
- Charismatic
- Righteous
- Long-suffering
- Ego-driven
- Heroic
- Ends justify the means
- Confrontational, abrasive
- Mercurial
- Manipulative

More Frequent But Less Publicized

- Honesty
- Humility
- Modesty
- Integrity
- Fair
- Optimistic
- Compassionate
- Respectful
- Constant
- Competent

It matters less how you view yourself regarding these qualities and much more how others see them in you.

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Personality Type Inventory

- If you haven't done so, considering assessing yourself
- Relate to preferences in how people perceive the world and make decisions
- *Knowing your preferences doesn't mean you get your way. Introverts need to do ceremonial tasks; extroverts need to shut up and listen.*
- *Because you are right-handed doesn't mean your left hand is without value-learn to use all your skills and tools.*
- Myers-Briggs
- Extraverts: "action" oriented; introverts: "thought" oriented
- Extraverts: "breadth" of knowledge and influence; introverts: "depth" of knowledge and influence
- Extraverts: more "frequent" interactions; introverts: more "substantial" interactions
- Extraverts: get their energy from spending time with people; introverts get their energy from spending time alone; they consume their energy through the opposite process.

Extraversion (E)	(I) Introversion
Sensing (S)	(N) Intuition
Thinking (T)	(F) Feeling
Judging (J)	(P) Perception

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Imposter Syndrome

- Common amongst physicians
- It occurs among extraordinarily accomplished people
- Imposter syndrome first studied among women, now recognized to be widespread. It is common among physicians, who are at risk for several reasons:
 - Physicians may overvalue a profession they worked so hard to enter; in the words of Groucho Marx, “I refuse to join a club that would have me as a member.”
 - It is impossible to remain entirely abreast of the unlimited, constantly evolving knowledge of Medicine
 - Physicians surrounded by intelligent and successful colleagues; endless comparisons and competition
- It is evident why doctors would worry about measuring up to the occupation’s standards and one day being discovered as the mortal beings we are

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A Caution About Leadership Books

- People management will require a different style for everything and everyone. No one-size fits all solution
- Difference between micromanagement and being detail-oriented
 - Once the Dean suggested I was a micromanager. I asked him if, when he needed surgery, he wanted an anesthesiologist that was at the 100,000 ft level, or whether he wanted someone that was detail-oriented. We never had that conversation again.
 - There is nothing wrong with paying close attention to issues or problems
- What you can delegate, what should you delegate, what shouldn't be delegated
- Can't do everything at once - build credibility, pace carefully, timing/crises

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“Success is one percent inspiration, ninety eight perspiration and two percent attention to detail.”

— Phil Dunphy

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Taking Decisive Action

“Don't be afraid to take a single big step when one is indicated. You can't cross a chasm in 2 small steps.”

— David Lloyd George

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All Problems Will Solve Themselves If You Wait (Ignore Them) Long Enough

- John Perry, Stanford, “Structured procrastination”
“Never do today any task that may disappear by tomorrow.”
- “The secret of my incredible energy and efficiency in getting work done is a simple one. The psychological principle is this: anyone can do any amount of work, provided it isn't the work he is supposed to be doing at that moment.”
- Robert Benchley, Algonquin Round Table member
- The solution may not be one you desire

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Decision Fatigue And Willpower

- Mental work of decisions wears you down—distorts judgment
- “The more choices you make throughout the day, the harder each one becomes for your brain, and eventually it looks for energy savings shortcuts ... One shortcut: act impulsively... (Sure, tweet that photo! What could go wrong?) The other shortcut: do nothing...You start to resist any change, any ...risky move; fear of giving up options.
- Good decision making is a state that fluctuates. People with best self-control structure their lives to conserve willpower.
- “Even wise people won't make good choices when they're tired and hungry.. truly wise don't restructure the company at 4 p.m...don't make major commitments during cocktail hour... don't make decisions late in the day on an empty stomach.

Willpower: Rediscovering the Greatest Human Strength. Roy Baumeister

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More About Decisions

- You will be asked to make an amazing number and type of decisions which can lead to “decision overload”
- One strategy: try not to put off decisions, worry a lot about implementation, reassess and change course
- Was the decision bad or the implementation poor?

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Conservation Of Trouble

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- “Human existence is full of loneliness, and misery, and suffering and unhappiness, and it's all over much too quickly.”

—Woody Allen

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Looking Back

- I. Sizing Up the Chair's Role
I wish I'd known...how much time I'd spend as recruiter
- II. Hidden Jobs
I wish I'd known...how much I'd be under the microscope
- III. Getting Ahead of the Curve: Early Steps
I wish I'd known...mastering the map reveals many paths for success
- IV. You Can't Do It Alone
I wish I'd known...I don't need to be right...just effective
- V. Making Change
I wish I'd known...value of pacing and opportunity
- VI. Managing Yourself
I wish I'd known...I don't (can't) need to do it all

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Questions?

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