So You Want to Be a Chair

What you need to know about dealing with your faculty and surgical chairs

To be successful

- It's ok to expect excellence and dedication but..
- Treat others as you would wish to be treated
- Remember that you work FOR THEM, they don't work for you
- If every day you go to work thinking how you can make them successful, you will be successful
- If every day you go to work thinking how YOU can be successful, you won't be

What you want to accomplish impacts how you interact with your faculty

- And what you want isn't always what the majority of your faculty has as their top priority

What You Want – To Keep your Job Three Cardinal Rules

- Don't run a deficit
  - Don't spend non-recurring funds for recurring expenses
- Don't piss off more than 50% of your faculty at any one time
- Don't close OR's
- #'s one and three sandwich #2 for a reason – it ain't easy

What You Want – To Do a Great Job

- Making sure the faculty train residents that you would let give you anesthesia
- Inspiring intellectualism and originality among the faculty
- Running a tight ship that executes well and provides great anesthesia care to all patients

- Notice that they don't overlap with what keeps you in your job – and now you have 5-6 non-aligned goals you must constantly juggle

Dealing with Faculty

- You really actually have to go to work thinking YOU (and all your administrators) WORK FOR THEM
- What do they want to be
- What do they want to do
- What can you do to make that happen
- BUT what happens if they
  - want to be is as non-productive as humanly possible or
  - hide insufficient skills behind the labor of dependent providers or
  - live to throw wrenches in the cogs of the machine you are trying to build?

The Fun Stuff

- Helping them be what they want to be
  - Hooking up young scientists with mentors
    - You cannot mentor everyone, but you should know who is capable of doing so and nurture those relationships within your University
      - List of currently funded clinician scientists
      - Ex-chairs and underutilized tenured professors

The Fun Stuff

- Finding the right administrative role for them outside and inside the dept – their success is truly your influence
  - Directorships, Asst Deanships, Medical Directorships, etc
  - Under the radar – asst Medical Director of this or that turns into power in 3-5 years as they graduate
  - Resource controlling or decision making bodies
    - Useful– med student admissions, malpractice allocations, internal granting; OR EXEC, anything to do with space
    - Not as useful – blood bank, patient satisfaction, architectural planning

The Fun Stuff

- Teaching them to teach
  - Setting up presentations and providing help developing and giving a lecture for young faculty
    - Exchange programs for junior faculty with your friends
  - Providing the tools (retreat, written materials, lectures) on how to do good hands-on clinical teaching for both the young and the burnt out

The Not so Fun Stuff

- Faculty who resent the "new order"
- Faculty who think intellectualism = obstructionism
- Faculty who are passive-aggressive
- Faculty who act out
- Faculty who are not safe clinicians
- Faculty who break your rules
- Faculty who break University rules
- Faculty who break federal laws

Change Management Tenets – Making the New Order Palatable

- Clarity of New Expectations
- Enabling Transitions
- Incentives
  - Carrot or stick
- **Power**
  - Remember that anytime you have to use your power (especially displaying the use of that power) it is diminished
  - The role of the hatchet man
  - Never start a war with a subordinate where the end is not pre-determined

Your Power

- LESS, Less, less than you think
- What power do you have?
  - READ the ENTIRE faculty manual carefully
  - Know the contracts each faculty signs
  - Know the culture of what happens if a faculty member complains (e.g. faculty senate and how powerful is it?)
  - Know that retribution is incredibly counterproductive in the long run
  - If you target someone with "consequences for not following rules" but then don't enforce exactly the same rules for other faculty means YOU are in trouble, not them

Know what you CAN do

- Differential work like call load (doubtful), equal ok
- Clinical assignment (usually, but patients and surgeons often get in the way)
- Academic time (absolutely, as long as it is objective, measured, and uniform – not easy)
- Pay – if they aren't a white male, watch out for the discrimination lawsuit. Document, document, document.

Problem Faculty

- <5%
- 80% of your time
  - Sexual and other harrassment – know the law, know your University reporting rules and regulations, NEVER protect anyone you know is guilty (refer to how to keep your job) but never roll over and hand someone up who isn't
  - Bad Citizen – won't take the extra room, won't volunteer for call, won't cooperate, won't do this or that – learn what you can live with and what you can't or it will be 99% of your time (banishment is very effective)
  - Read the Faculty Manual – on pay, pay cuts, process for changing clinical assignment, process, for faculty appeals, denial of reappointment, grounds for dismissal and make friends with the Dean of Faculty Affairs
  - Talk to the more senior Chairs about their strategies in your institution
  - Document, document, document

If you cannot control them

- Co-opt them
- Include them in the solutions
- Appoint them to committees (especially where you have engineered fool proof majorities)
- Most faculty who are most difficult are that way because they feel impotent to control their lives and workplace
  - Giving them gradual power and control can sometimes fix rather than exacerbate the problems, believe it or not!
  - Their mediocre solutions they embrace are often more successful than your perfect ones they are resisting

Paying Your faculty

- Keep it simple
- Have a pay scale (SAAC is good but an auto increasing data set)
- Adhere to the pay scale
- Know there are NO SECRETS (everyone knows what everyone makes – including your salary often)
- If you are paying someone more or someone less, have good documentation
- Assume all salaries will rise to the highest level you have been coerced to give or all below WILL be unhappy

Dealing With Surgical Chairs

- If they are in the OR, schedule yourself if possible to work with them in the OR and spend a lot of time IN the OR
  - Take a single room
  - Use a Chief Resident
  - IMAGE MANAGEMENT
- Talk to them like people as often as humanly possible
- Find out what is important to them – in the OR, in the University, in their lives
- Seek their opinions (even if you know what they are going to say)
- Pretend you are married to them (you are) and let the little things go
- Make them your allies on the important issues by emphasizing common goals, primarily patient care and OR efficiency

What to emphasize – US, WE, OURS

- How many extra hours our guys are putting in to keep the OR's running all the time so OUR surgeons can get all the cases done
- That on average, our clinical faculty are in the OR more than 80% of the time (versus medicine, for example) so OUR OR's never close
- That you are working tirelessly on OUR concerns
- That everything you do to re-engineer the OR is for US
- Collaboration with OUR surgical research teams
- Opportunities to train THEIR residents in a collaborative way
- It really is all about THEM and US, but never me. We is the most powerful word.

What NOT to say

- How hard it is to pay your faculty – your faculty often make more than theirs, especially general surgeons
- How hard your faculty are working just before someone gets a coffee break or is relieved at 3 PM
- "At my previous institution, we did it THIS way"
  - button that one for at least 6-12 months unless they specifically ask
- "NO"
  - Learn to say no by saying yes – this is absolutely critical
  - Learn to negotiate – read Getting to Yes by Fisher, Ury and Patton. RIGHT NOW!~

Old Sayings for New Chairs

- First they have to know how much you care before they care how much you know
- First seek to understand, then seek to be understood
- Listen First, Talk Second
- I'll try