



Open Search or Rotating Leadership: Thoughts Concerning Selecting Chairs for an Academic Ophthalmology Department

Daniel M. Albert, MD, MS - *Portland, Oregon*

George B. Bartley, MD - *Rochester, Minnesota*

Frederick “Fritz” Redlich, an outstanding psychiatrist and Dean of Yale Medical School in the 1960s and 1970s, enjoyed recounting the evolution of department chairs in American medical schools. Originally it was the great clinician who was appointed chair, then the great clinician-teacher; after that, the great scientist was added to the mix, followed by the great financial manager. “And now,” Dean Redlich would conclude, “only a psychopath can believe himself to have all the qualifications for the job.”¹ By the 1980s and 1990s, when Donna Shalala, Chancellor of the University of Wisconsin, interviewed candidates for clinical chairs, she had reduced the major requirements to 3: “Recruit the brightest and best faculty and get them the money and space for their success.”²

The Role of a Chair Today

In the quarter century since then, the role and mission of academic departments in medical school have changed even more dramatically,^{3,4} as healthcare has come to account for approximately one fifth of the nation’s gross national product.⁵ The tail truly has come to wag the dog, as academic clinical departments have become mainstream medical care providers. The revenue from patient care is now not only a major source of funding to the department and the medical school, but also contributes to the support of the university and the community as a whole.⁶ Most academic clinical departments have become subunits of large healthcare delivery systems, many of which contain a research arm. Medical student teaching and postgraduate training is no longer their *raison d’être*, particularly in subspecialties such as ophthalmology.

Universities make available online, boilerplate-type job descriptions of the responsibilities of their clinical chairs and often a checklist of the qualifications they seek.^{7,8} These are consistent with the traits reported in studies of successful chairs. Except for the updated jargon, the attributes are a little different from the duties and qualifications published in Dean Redlich’s day. However in reality, we believe the responsibilities, priorities, and authority of the chair are very much altered from earlier years.

The autonomy of most departments in matrix organizations has been reduced considerably. No longer functioning as a specialty group practice, its clinicians are employees of a large healthcare system. The department may have representation in its governance, but has limited independent authority. Salary limits, bonus systems, placement of clinics, expansion or contraction of faculty, control of overhead,

so-called dean’s taxes: all are subject to higher authorities. The chair works closely with the healthcare system’s business managers, and the latter have the final say. The chair’s ability to expand research, attract funding, manage investments, make policy, interact with the media, and train personnel often are fettered by a complicated bureaucracy. Being chair remains a complex and challenging job with important responsibilities, but in many organizations, the chief has been reduced to middle management.

It must be remembered, however, that United States medical schools are heterogeneous and some ophthalmology departments are organized as institutes with considerable autonomy and independence. Additionally, some departments have research units with similar autonomy, often with substantial endowments that allow the chair greater freedom.

The 2 Types of Searches

When an institution needs to select a new department chair, 1 of 2 methods generally is used. The first is an open search that looks for the best available candidate from outside or inside the department. This is the usual method in most clinical departments of academic medical centers. The second is an internal rotation. This is used commonly in basic science departments in many universities, in which senior members of the department serve as chair for 2 to 5 years. A variation on this theme has been used for decades by clinical departments at the Mayo Clinic. Seniority is not a primary criterion for candidates, although nearly all have achieved the rank of full professor. The term of service rarely exceeds 8 years. If the department does not have at least 2 or 3 suitable internal candidates, Mayo Clinic will conduct an external search. However, doing so implies that the outgoing chair may not have paid adequate attention to succession planning.

Advantages and Disadvantages of an Open Search

The advantages of an open search are as follows:

1. A broader choice of candidates.
2. Potential for new direction, new ideas, and new policies, and the opportunity to change an unproductive or dysfunctional departmental culture.

3. Often times, talented junior (or senior) faculty will accompany the new chair, enriching the department's "gene pool."
4. The search process often includes a formal assessment of the department's strengths, weaknesses, opportunities, and threats and offers a charge for the new chair to act on these findings.
5. A truly outstanding candidate may shake loose funds, space, or resources from the dean or other institutional leaders that the department otherwise would not receive.
6. A charismatic fundraiser may be necessary for the success of certain departments, and a new leader may be more effective than extant faculty.
7. It can change the culture.
8. A weak or struggling department can bring in new leadership and improve.

All this occurs at a considerable price:

1. An open search is expensive, time-consuming, and a major distraction for the department.
2. If the new chair has less authority and resources than anticipated (or promised), the extent of ensuing change may be minimal and disappointing.
3. Favorable culture and traditions may be damaged or lost.
4. If the new chair comes from another institution, he or she faces a steep learning curve.
5. There may be ill will and possible resignations among unsuccessful internal candidates.
6. Leadership and administrative demands over time may render the new chair's clinical and research skills obsolete from disuse.
7. A relatively long term of service will be anticipated and burnout is a concern.
8. It causes a vacancy in the department from which the new chair came, resulting in a potentially adverse ripple effect.

Picking an Internal Candidate through the Open Search

One might argue that an open search also provides the opportunity of picking an internal faculty member if that person is the best candidate. However, from the standpoint of the department members, this is not necessarily the case. A search committee is selected by the dean and usually is composed of other chairs, and their job is to see that the position is advertised and applicants are screened. The candidates then are ranked, and the most suitable candidates are interviewed. Open searches often are drawn out and complicated. Some applicants are testing the waters or using their candidacy to facilitate a promotion or to obtain more support in their current department. Many highly qualified internal faculty are not interested in campaigning to be a chair in an open search, in abandoning much of their clinical practice or research for the required prolonged term, or both if they are selected. The internal candidates who do apply

often are not the ones their fellow faculty would prefer. Furthermore, the members of the search committee and the dean, who make the final decision, have their own agendas and biases, and these perspectives may differ from those of the department members.

Internal Rotation of the Chair

Rotation of the chair avoids the disadvantages listed for an open search, but misses out on some of the opportunities. Its success, of course, is contingent on recruiting excellent faculty to begin with, nurturing their professional growth, and retaining them for the long term. In the present medical and economic environment, the more modest expenditure needed to attract and establish young, talented faculty than to recruit so-called big name candidates for chair may be prudent, particularly if there are budgetary constraints.

The most critical consideration in choosing the method of chair selection, in our opinion, is what will best serve the mission and goals of the department and its members. We acknowledge certain departments and certain situations necessitate an open search. In general, however, we believe many if not most departments would benefit from a rotating system. This allows for a planned, orderly transition of leadership among known and collegial members. It avoids the risks and expenses of an open search. It takes the incoming chair away from her or his clinical and research duties for a predetermined, circumscribed period of time and allows that individual to resume such activities after the period of service. A rotating chair system minimizes the chances of selfish or ambitious behavior contrary to the department's best interests. The incoming chair knows and understands the dynamics of the department. Rotation allows each new chair to be immersed in medical administration, economics, and leadership and to gain experience and insight into areas where he or she may not have had much previous formal training. If sufficiently interested and challenged, successful chairs can pursue administrative facets of medicine beyond their term of service as chair. Alternatively, using their "return ticket" to resume clinical or research activities, or both, allows one to pursue the work that sparked the initial attraction to the medical profession.

In conclusion, the ability of a chair is obviously important in determining the success of a department. But how much does the method of choosing the chair contribute? Various criteria have been suggested to gauge a clinical department's success (Table 1). Success is multifactorial and difficult to define. Metrics regarding its various components are not rigorous

Table 1. Possible Criteria to Measure Departmental Success

US News and World Report rankings
Ophthalmology Times ranking
Earnings of department (clinical volume)
Federal research funding
Intellectual property generated
Recruitment of faculty
Retention of faculty
Quality of residents and fellows

and often are subjective. Also, what constitutes success for one department may be different from another. In an article entitled “Eggheads and Cheeseheads,”⁹ for example, one of us argued that the faculty’s goals and definition of success differed between the departments at Harvard and the University of Wisconsin. The authors of the current editorial believe that the criteria for success of those 2 fine institutions would not necessarily be ideal for the Mayo Clinic.

Yet, there are some basic factors that are necessary for success in any department at any institution. Foremost among these are the faculty’s quality of life, collegiality, and effectiveness, which collectively might be termed *happiness*. These are subjective but readily identified by residents and fellows applying to the program, ophthalmologists undergoing job interviews, visiting professors, and those interacting with the department in other ways. Our experiences and observations lead us to believe that, in light of the changes afoot in today’s healthcare delivery environment, adopting a system of rotation of chairs merits serious consideration.

References

1. Yale News. Frederick Redlich, former dean of Yale Medical School, dies. <https://news.yale.edu/2004/01/12/frederick-redlich-former-dean-yale-medical-school-dies>; 2004. Accessed August 21, 2017.
2. Wikipedia. Donna Shalala. https://en.wikipedia.org/wiki/Donna_Shalala; 2017. Accessed August 21, 2017.
3. Sklara DP. The importance of department chairs to academic medical centers. <http://academicmedicineblog.org/the-importance-of-department-chairs-to-academic-medicine-centers/>; 2013. Accessed August 21, 2017.
4. Lieff SM, Banack JG-P, Baker LM, et al. Understanding the needs of department chairs in academic medicine. *Acad Med*. 2013;88(7):960-966. <https://doi.org/10.1097/ACM.0b013e318294ff36>.
5. Advisory Board. CMS: US health care spending to reach nearly 20% of GDP by 2025. <https://www.advisory.com/daily-briefing/2017/02/16/spending-growth>; 2017. Accessed August 21, 2017.
6. Grover A, Slavin PL, Willson P. The economics of academic medical centers. *N Engl J Med*. 2014;370(25):2360-2362.
7. Brown University. Roles and responsibilities of clinical department chairs. <https://www.brown.edu/about/administration/biomed/faculty-affairs/sites/brown.edu/about/administration/biomed/faculty-affairs/files/uploads/ROLES%20AND%20RESPONSIBILITIES%20OF%20CLINICAL%20DEPARTMENT%20CHAIRS.pdf>; 2017. Accessed August 29, 2017.
8. A4 Chairs Committee, University of South Florida. Generic position description: Clinical Department Chair USF College of Medicine. <http://health.usf.edu/facultyaffairs/~media/files/faculty%20affairs/links-resources/clinical-chair-pd>; 2009. Accessed August 29, 2017.
9. Albert DM. Eggheads and cheeseheads. *Science*; 2009. <http://www.sciencemag.org/careers/2009/01/person-eggheads-and-cheeseheads>. Accessed October 19, 2017.

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Correspondence:

Daniel M. Albert, MD, MS, Casey Eye Institute, Oregon Health and Science, University Professor Emeritus, Department of Ophthalmology, 3181 S.W. Sam Jackson Park Road, Portland, OR 97239. E-mail: albedan@ohsu.edu.