



## Course Summary

### **Managing Up and Down: Getting What You Need from Your Faculty and Your Dean**

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As Chair of a clinical department, you have two main constituencies, your faculty (managing down) and your Dean (managing up).

Managing down requires you to consider your style of leadership and the ability to develop Mindfulness and Empathy in your dealings with faculty. These skills may be differently applied for early, midcareer and senior faculty. You must develop the skills of initiating and managing change. This is difficult because your level of responsibility is never quite equal to your actual level of authority.

Managing up involves appreciation of the perspectives of individual leaders. It is important to create an alignment of your own personal goals and vision of your department with the institutions vision and goals. Again, the levels of responsibility and authority are never equal.

You also need to continue your own goals of advancing the field in research, clinical care, teaching, and even managing social media.

As part of managing up, you need to appreciate the perspectives of those at higher levels of authority: the Dean, the Provost, and the President of the University. Their responsibilities and constituencies differ significantly from yours as Chair, and it is necessary to understand them in order to create alignment with the institution. As Rufus E. Miles (1948) put it: "Where you stand depends on where you sit."

For the chair, the Department of Neurology occupies most of his time and effort (see Venn diagrams in the slide set, adapted from Dr. Robert Barchi), with smaller involvement in the School of Medicine, the Hospital and minimal with the rest of the University and the outside world. For the Dean, his major purview is the School of Medicine, of which the department of Neurology is a very minor part, and the rest of the University and Hospital are outside and play a smaller role, as does the rest of the world. For the Provost, the University as a whole is the major domain, of which the School of Medicine is only a small piece, and Neurology hardly figures at all. The hospital is a sideline, and the rest of the world is again an outside and smaller part. The same is true for the President of the University, but the major responsibility is to the university's donors and the Board of Regents to whom the President answers, and their importance dwarfs that of the other domains.

In dealing with higher management, it is important to ensure that your vision is aligned with that of the dean, the hospital, and the university's interdisciplinary goals. When a Dean is asked "What is the one thing you need from your chairs...?" the usual answer is "The importance of staying within your budget." Not meeting your budget is disruptive to the dean in a variety of ways, and sours the relationship

quickly. Try not to let your first meeting with the dean be an “ask.” Get to know what your Dean expects and try to meet those expectations. You must realize that you are a “middle manager.”

In managing your faculty it is important to cultivate your own empathy and understand your style of leadership. You were likely an expert clinician, educator, or researcher in your prior faculty career, but what got you the job of chair may not be the skill set that is best for the new job as chair. You should consider whether you need a moderate “restyling” to accomplish your goals as chair.

The way you deal with faculty will differ depending on their academic rank and career stage. For early career faculty, their concerns focus on questions such as “Will I succeed? Get tenure? Make friends? Have a happy family?” For mid-career faculty, there may be important decisions to be made: “Do I look for new position? Stay at the same institution?” For senior faculty, especially toward the end of their careers, the questions may involve their need for respect and building a legacy. They may derive satisfaction from mentoring. Questions may involve when to cut back on effort or retire. There may also be issues of clinical competence if they do not keep up with clinical developments, or start to suffer from cognitive impairment or dementia. As John Dewey remarked, “We do not learn from experience... we learn from reflecting on experience.”

As noted above, your level of responsibility is often not equal to your authority. Ideally, your authority should be equal to or exceeding your responsibilities. But the reality is that the responsibilities of every chair exceeds their authority, and if they try to increase their authority to equal their responsibility, they will likely diminish both. Most academic leaders at any level generally feel (at least sometimes) that they can make better decisions than either their superiors or their subordinates. Chairs therefore seek maximum delegation(s) from their superiors and may provide minimum delegations to their subordinates. Since many chairs are usually better talkers than listeners, subordinates need courage and tenacity to make their bosses hear what they do not want to hear.

The answer is to delegate. You cannot do it alone. Find people you can trust, and choose wisely. Allow your staff the freedom to lead, and help when requested. It is useful to have quarterly meetings to assess how they are doing and whether their vision and direction is consistent with yours. Your staff appreciates these opportunities, and this enhances loyalty. These actions ease your efforts to change things. Appoint vice chairs for clinical affairs, research, teaching, and diversity. Find your one or two “sounding boards” who will always be straight with you.

Do not assume that the former chair is your foe or will undercut your leadership. The prior chair will almost always have useful connections and insights. When your department undergoes an external review, do not have friends review your programs. Neutral people will be more helpful.

You will need to be prepared for changes, such as those that threaten an academic department’s major sources of revenue. These may include anticipated contraction of reimbursements from Medicare and Medicaid, increased competition from private and community hospitals, aggregation of hospitals into networks, which may alter referral patterns, and commoditization of instrumentation as a marketing tool. Complex procedures are revenue sources for hospitals, and these sources of competition may mean fewer secondary or tertiary referrals. As “patient experience” becomes more important and “expertise” in a tertiary care medical center is denigrated, you must attend to satisfaction scores to maintain your clinical productivity.

Research funding is also threatened. NIH research grants cannot sustain the current mass of investigators. There are threats to the pipeline of clinician-investigators, as well as issues for promotion of researchers in “collaborative science” who may not have an individual record of achievements. Current Promotion & Tenure systems do not easily accommodate collaborative science.

Development and philanthropy are also important for developing and maintaining your programs. You may face competition from both inside and outside the health system for philanthropic dollars. State funding (which is now 6-12% of revenue for most state institutions) may drop further with decreased tax revenues as a result of the SARS2 pandemic and increased Medicare and Medicaid costs.

These changes may become permanent as part of the “New Normal.” State cuts from university and state budgets will likely not be restored. The NIH budget won’t double again. Federal cutbacks will affect reimbursements for clinical care. Competition will increase, with new methods and systems of care, such as large hospital systems without a traditional medical school and academic medical center. These integrated care systems often have large capital resources, lower costs and more agility.

Quality of care is another major concern that drives patient volume. Quality data are available on the Web; if patients don’t find it, your competition will, and they will use it against you. This forces academic health centers to address the question of whether our value proposition is really that strong. Can we prove it with data? AMCs are a strong addition to care systems but almost always more expensive. To manage these costs and compete effectively, it may be necessary to consider downsizing or stability of programs. There is no more automatic growth. These concerns have implications for expectations in negotiations and program growth, and makes it all the more important to align your goals with those of the institution.

As a department chair, a big part of your job is leading change. You should always be able to point toward a successful future and remain unrelentingly optimistic. You need to articulate your vision repeatedly and should consider publishing a vision letter so that your department and institution understand the direction in which you want to take the department. It helps to be able to state this vision in 2 minutes or less - Can you give a great elevator speech? Can you articulate the vision: essence, benefits, distinction? Practice it! Try it out on trusted advisors.

To help hone the vision, organize discussions: large and small groups of faculty and staff. Prep the groups with ideas that point to the future. Put the idea out, let the group punch at the ideas for about 20 minutes (“rope a dope”). If people go to extremes, e.g., create false dichotomies, let them play it out. It is important to LISTEN! Don't jump in too early if it is your idea; this will make you look defensive. Your stance needs to embody unfailing optimism, passion and confidence! Your faculty will look to see if you really believe. It helps to imagine the change. What is the vision of what the status could be post change? While making big changes, maintain an open-door policy to keep track of how people are reacting.

As Nelson Mandela stated, “None of us, acting alone, can achieve success.” Know and understand your culture before making a change. Develop a strong group of advisers, and emphasize communication at all levels. As the leader, you don't want to be the prime mover for everything. Find a thinking partner. You can manage two such close partners at most. Remember the people in your own office. Say thanks to them frequently. Communicate with the faculty and staff regularly. One way to do this is with Friday

afternoon email messages with praise, updates, and progress. We underestimate how much such communication engenders familiarity, loyalty, and a sense of pride and ownership.

You may need to consider what happens if the institution's goals are not aligned with your vision. For recruiting and retention, you always need institutional help. Recruitments cannot be haphazard based on opportunity or random "best athlete" stars. They need to align with the institutional vision and be strategic. In planning the size of a division, the "New Normal" does not allow simple, easy growth in all directions. Division chiefs must consider how to allocate resources. There will be impaired growth if the department or division is in deficit. At that point you may face salary reductions, retraining or personnel, or buyouts. Division chiefs facing such problems may ask department leadership to help address the problems.

Great chairs make mistakes; they do it because they take chances to be great. But they do not make the same mistake twice. Don't make a choice out of fear- make it with intention and institutional alignment. A key principle is Mindfulness. Keep a Journal, and in the margins, note the points to keep in mind. Talk to the students and residents, several times per year, at the end of their rotations. Make this regular, so it is expected by everyone. They will value this time with the chair. You will find out things that are not in the written evaluations. Try not to terrify them. Bring food. Make sure there are vegetarian dishes.

Sullivan's rules: Never surprise an administrator ...but don't kill the messenger. Never let your boss be surprised by bad news. If there is only one thing worse than delivering bad news, it's not delivering bad news as soon as you know that some trouble is brewing. No boss wants to hear about any looming issue from some third party—especially if it could be worrying—and put her on the spot with her peers and superiors. When you fail to report any bad news, you are leaving your boss exposed to being blindsided with a potential problem, and the perception that your boss doesn't have control of her organization.

Gather all your resources so that you can use them wisely. Make sure you FIND all your resources—they are not all space and money. Most are people. Find them, or recruit them.

Show intentionality in everything you do. Have a succession plan, with diversity in leadership. Think about your legacy – what will you be known for after 5 years? What can be reasonably accomplished in 5-year blocks? Think about specific program development. You may need to undergo short term stress for long term gains/stability. Finally, get a hobby. Life is short. And your spouse won't let you retire until you get one.

### **Questions:**

What are your strategies for asking a Dean for support for junior investigators without grant support, or a mid-career faculty member who has lost grant support? How do you make the case for early or bridging funding?

Any advice on supporting educational programs? Teaching typically generates no revenue and costs of educational activities are frequently borne by the department. Simulation programs, workshops, wellness events, welcome and graduation events all have associated costs.

When putting together your "kitchen cabinet", do you have specific strategy or process?

Can you comment on the best strategy for the Chair when the instruction/request from the Dean is at odds with what your Faculty need?

In our current COVID crisis, "face time" has nearly disappeared. The future may very well be virtual (at least partially). How to you maintain open channels of communication and maintain team morale?

RE quarterly meetings with staff, do you recommend as individuals or as a group? "Manage by walking around"

How do you incorporate diversity into your recruiting strategy?