

## Career Resources

# Chair of surgery

Carol Scott-Conner, M.D., Ph.D., M.B.A.<sup>a,\*</sup>, Mary Hooks, M.D., M.B.A.<sup>b</sup>

<sup>a</sup>Department of Surgery, University of Iowa, Roy J and Lucille A Carver College of Medicine, Iowa City, IA 52240, USA; <sup>b</sup>East Tennessee State University, James Quillen College of Medicine, Johnson City, TN 37614, USA

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**Abstract.** There are several essential qualities required for success as a chair of surgery. These include determination and resilience, thoughtful planning, superb organization skills, a balance of hard (accounting, management and finance) and soft skills (interpersonal including faculty development), and careful execution is absolutely essential as is a commitment to maintaining momentum.

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Chair (sometimes also called head) of surgery at a college of medicine is one of many leadership roles to which a surgeon may aspire. The chair of surgery is generally responsible for all academic, clinical, and research activities of the department. It is this commitment to the tripartite mission of the college of medicine that distinguishes this position from the position of chief of surgery at a hospital. The chair manages the faculty and support staff and is responsible for departmental finances. In many institutions, the chair of surgery is also the chief of surgery at the major teaching hospital, but this is not always the case. **Table 1** summarizes the traditional model. Few colleges of medicine adhere in all respects to all aspects of this model, but the basic concepts are transferable.

It is important to understand the differences and how your own interests and abilities might best fit. If your main interest is clinical care, chief of surgery might be the right job for you, rather than chair. If you are intensely focused on your own subspecialty, then division chief may be the perfect spot. If, by contrast, you have broad interests that cross specialty and departmental boundaries and include all 3 aspects of the mission, coupled with a desire to shape the future of surgery, you may be a potential department chair (**Table 1**).

Although the educational mission is central to all colleges of medicine, the relative emphasis on the clinical and research missions may vary. At most colleges, all 3 are emphasized; in a few community-based colleges, the major missions are clinical and educational. These differences are very important in determining whether goals are aligned with the institution. Thus, a clinician-researcher who would be an excellent match for a research university position might be a poor match for a community-based college of medicine. Carefully analyzing these differences and your personal preference is essential to future success and job satisfaction.

If the department is “surgery”, then potential chairs may be drawn from all specialties encompassed within that department. General (including surgical oncology, gastrointestinal, and trauma), cardiothoracic, vascular, and transplant surgeons tend to predominate with other specialties (orthopedic and ophthalmology may vary). A minimum requirement is an impeccable reputation for clinical excellence. Board certification and fellowship in the American College of Surgeons (or an equivalent for international medical graduates) are also considered basic requirements. Obviously, to lead a subspecialty department you must be a member of that subspecialty.

A surgeon becomes a desirable candidate for chair at about the midcareer level. Typically, a promotion to associate professor will have occurred, and tenure will have

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\* Corresponding author: Tel.: +319-356-0330; fax: +319-353-8940.  
E-mail address: [Carol-scott-conner@uiowa.edu](mailto:Carol-scott-conner@uiowa.edu)

**Table 1** Comparison of jobs of Chair of Surgery, Chief of Surgery, and Division (service) chief

Chair of surgery	Chief of surgery	Division (service) chief
Reports to dean of college of medicine	Reports to hospital director	Reports to chair or chief of surgery
Responsible for clinical activities of faculty within the department <ul style="list-style-type: none"> <li>▪ Quality of care</li> <li>▪ Spectrum of services offered</li> <li>▪ 24/7 coverage of services</li> <li>▪ May be responsible for practice plan</li> </ul>	Responsible for operating rooms, ambulatory surgery facility, in-patient facilities, SICU, clinics	Responsible for clinical activities of faculty within that division
Broad focus that crosses subspecialty lines	Broad focus that includes surgical specialties to varying degrees	Narrow focus
Institutional (college, hospital) perspective as well as departmental	Institutional (hospital, college) perspective as well as surgery	Departmental focus as well as division but must be aligned with institutional focus
Responsible for research activities within department	Research-related activities usually more limited than Chair; may be involved in institutional quality initiatives	May be responsible for research activities within division
May oversee activities at several hospitals of varying degrees of affiliation	Oversees activities at one hospital	May oversee activities at several hospitals of varying degrees of affiliation
Responsible for compliance with accrediting agencies (ACGME)	Responsible for compliance with accrediting agencies (JACHO, OSHA)	Responsible for promoting standards of specialty organizations that may include specialty accreditation
Responsible for educational programs (medical students, residents, fellows, allied health professionals, research fellows) to varying degrees depending on educational mission of the institution	Concerned with education primarily in terms of avoiding conflicts with patient care	Responsible for educational activities within division which also must be aligned with the educational mission of the department and institution

ACGME=Accreditation Council for Graduate Medical Education; JACHO=The Joint Commission for Healthcare Organizations; OSHA=Occupational Safety and Health Administration.

been granted (most candidates for the chair position with be on the tenure track). Membership in key surgical organizations and invitation to participate in national committees serve as objective indicators of visibility as a rising star. Other desirable attributes include strong interpersonal skills, organization skills and administrative experience and/or training (see later).

## Surgical organizations

Participation in national organizations allows the aspiring chair not only to attain visibility but also tremendously widens opportunities to identify mentors. Fellowship in the American College of Surgeons is an essential step for any surgeon. The premier organization in the United States is the American Surgical Association. Most academic Chairs are members of the American Surgical Association, either at the time of their appointment or shortly thereafter.

However, there is much beyond that. There are several categories of surgical organizations, and most academic surgeons belong to several in each category. Table 2 lists some representative organizations as examples of each type.

Your primary mentor should help you determine a realistic timeline to attain membership in various organizations and assist in identifying people who can sponsor you. Membership in more selective societies requires sponsorship by current member(s) as well as a solid body of work in your field of expertise. It is very helpful to have support from people outside your institution that are familiar with your work. These same people are also valuable during the promotion process and may help when you start looking at chair positions. These networks are essential to all aspiring chairs.

Once you are a member, it is important to expand your visibility within the organization. There are several ways to do this. First of all, attend and participate in annual meetings. Stand up and ask questions or discuss papers. When you do this, state your name and institution clearly. It is considered poor form if the session moderator has to ask you to identify yourself. Phrase your question succinctly. Prepare by looking at the abstract booklet or preliminary program before you go. Do not prolong a session by asking deliberately obscure questions, giving a minipaper of your own, or reiterating points made by others. Simply, contribute in a brief and positive manner.

Volunteer for committee assignments, or ask a friend to nominate you for committees. If competition is keen, look

**Table 2** Types of professional organizations: A guide for young academic surgeons

Type of Organization	Comments
Regional (general) organizations Southern Surgical Association Central Surgical Association New England Surgical Association	Only a few are listed here. There are more opportunities distributed throughout the country. Join the one that represents your geographical region. Most require fellowship in the American College of Surgeons and letters from several members. Attend the meetings and participate. There are several of these organizations throughout the country. Participation in these organizations is strongly encouraged for department chairs. It is a venue for promoting your department and exchanging information and ideas with other department chairs within the region.
Research Organizations Association for Academic Surgery Society of University Surgeons	Join as early as possible. This is the "entry-level" research organization. A more exclusive group that requires evidence of scholarship (publication) but sets an upper age limit. Membership is crucial, not only for visibility but also for recruiting young faculty once you are a Chair.
Specialty Societies Society for Surgery of the Alimentary Tract Society for Vascular Surgery	As for the regional organizations, there are only a few listed here but there are many organizations of this type available for membership; the benefit of membership varies with the organization; information regarding the value of these opportunities should be sought from mentors There is often an "entry-level" society and one or more that are increasingly difficult to join. Join the entry-level society as soon as possible, and work your way up. See the discussion under Vascular Surgery for an explanation of the hierarchy of societies in that specialty.
Societies for Surgical Educators Association for Surgical Education Association of Program Directors in Surgery	Education is an important part of the mission of department chairs; if the chair is not an active member of these organizations then participation by faculty member(s) should be strongly encouraged These provide an excellent opportunity to network and exchange information with young aspiring faculty members in educational leadership roles.

for jobs no one else wants to take on. Give 150% to any assignment you are given. Tell people how much you enjoyed working with the committee, and very likely you will be asked again.

Attend and mingle at receptions and dinners. If your feet are up to it, stand in the back of the meeting room during some of the presentations; that way, you will see a large number of people as they go in and out. Speak to the ones you know, reintroducing yourself if you are unsure if they will remember you. Speak to anyone you recognize who has a reputation for being friendly. Surgeons who go to meetings are generally gregarious by nature; the misanthropes tend to stay home, so do not be afraid to approach people.

## Mentors

Mentors are absolutely crucial. You should have at least 1 primary mentor, an individual, preferably in your own institution (or perhaps the institution where you trained), who is knowledgeable in your subspecialty and who can guide your progression through the various associations. In time, this person may help you identify opportunities for leadership roles including chair positions as they come available.

For many surgeons, this will be their department chair or division director. If you are in a dysfunctional department,

you will need to find a mentor at another institution. Start with the institution where you trained or where you went to medical school. Do not overlook potential mentors in closely related disciplines, but be aware that the career path (and hence expectations) may differ between surgical and medical specialties.

The primary mentor is not the only mentor you need. As you define your goals, clearly articulate it to people who have been successful in the way in which you hope to succeed. Some will step forward and offer time, advice, or other insights. Be prepared to cross specialty, sex, race, ethnic, or other boundaries. Successful engineers, business people, scientists, and others outside of medicine also have a lot to offer.

## Interpersonal skills

Be prepared to augment your interpersonal skills with either intensive effort or training in areas in which you find yourself deficient. You will need to be an excellent listener, a skilled negotiator, a moderator, and a role model. There will be times when you need to make rapid decisions based upon incomplete data, and others when you need to refrain from premature action. A chair is expected to host departmental parties, receptions, and faculty recognition ceremonies. Your significant other will be expected to be a visible presence at your side.

Take advantage of any short courses or staff development opportunities that your own institution offers. Because these skills are needed in most leadership venues, abundant training opportunities in the form of short (1–2 days) seminars exist. Although these may not be tailored specifically to the academic medicine arena, the basic principles apply.

From time to time national organizations offer courses in management and interpersonal skills, usually in conjunction with the annual meeting. The Association of Women Surgeons, the Association for Academic Surgery, the American College of Surgeons, the Association of American Medical Colleges, and the Society of University of Surgeons have all been active in this area.

## Administrative training

There are many options in formal administrative training. These include degree granting programs (MBA or MHA), academic leadership courses through the American College of Physician Executives or Harvard School of Public Health (usually 2 weeks), shorter programs through the Association of American Medical Colleges (AAMC), the Executive Leadership in Academic Medicine (ELAM) Program, and there may be shorter programs offered by your own medical school institution.

Degree granting programs come in many varieties. There are weekend and “modular” programs that concentrate the didactic components to weekends or a few weeks every few months. This makes the program much more amenable to balancing a full-time work schedule. These programs tend to be very time intensive and expensive (minimum \$50,000 but most are much more). There are MBA and MMM programs available through the American College of Physician Executives that combine distance learning and concentrated 4-day didactic sessions. Completion of this type of program does show a commitment to a career in leadership.

The Harvard School of Public Health offers programs for leaders in academic health centers and a specific program for department chairs and division chiefs. These courses span 2 weeks and include strategy, management, financial issues, organizational behavior/planning, health economics, and law. They are very intense courses and include leaders from all medical specialties. The faculty and course offerings are excellent. The current course fees are \$5,400, which does not include boarding.

The AAMC offers an Executive Development Seminar for associate deans and department chairs annually. The also offer courses specifically for women at early and midcareer levels. The AAMC web site provides a large volume of useful information regarding educational opportunities across the country. There is also very useful information within the web site itself pertinent to leadership.

The ELAM is a comprehensive leadership program specifically for women. The program lasts a full year with a combination of on-site sessions and distance learning/

projects. It is a core program of the Institute for Women’s Health and Leadership at Drexel University College of Medicine, Philadelphia, PA. In addition to informative coursework the program offers coaching, networking and mentoring essential to success in an academic leadership position. It is important to research leadership education/development opportunities within your own institution, which may offer a valuable alternative to an otherwise costly undertaking.

## Administrative experience

There is absolutely no substitute for experience. Leadership roles abound in all institutions; there are committees and task forces to lead, sections and divisions to direct, and residency programs or medical student clerkships to direct. Any and all of these positions provide an opportunity to learn more about various aspects of the Academic Medical Center and also to see if you like administrative responsibilities. Particularly valuable experiences for the aspiring chair include the following: (1) residency program director or codirector, (2) clerkship director or codirector, (3) surgical services committee membership or membership on committees or task forces that involve the operating room, (4) faculty practice plan committee activities, (5) executive committee or faculty senate membership, (6) hospital vice chief or chief of staff positions, (7) SICU directorship, (8) director or leader of your section or division, (9) chief of surgery (if separate from chair), (10) acting chair in the absence of your chair from the institution, and (11) vice chair of department.

It is important to be very cautious in considering committees to serve on and some of these leadership opportunities. Ensure that your time spent is valuable in terms of productivity, personal learning, and recognition. Be sure that you are granted authority (the ability to act) consistent with the responsibility you have taken on. Trivial as it may sound, ensure you are given a formal title. This is particularly important for extra chores within the department. A title allows you to list this job on your Curriculum vitae (CV).

## How do you apply for the job?

The best way is to have your name submitted, in a letter of nomination, by someone highly placed in the field. Typically, this will be your primary mentor to whom you will have confided your aspirations. At any given time, there are around 30 chairs open, and (unfortunately) turnover has been brisk, so once you are ready to start looking it is fairly simple to “apply.” Do not be shy about expressing your aspiration to friendly senior surgeons, and you will soon find yourself contacted by search committees. It is far better

to have your name sent in by someone than to simply respond to an ad in a journal.

Once considered, you will receive a letter from the search committee indicating that your name has been suggested to the committee. They will want your CV, so have it up to date, and several people whom they can contact for letters of reference. Considerable time may then pass because the selection process in most academic institutions is a slow one. Out of 20 to 30 viable applicants, the search committee will select the most promising to invite for an interview. If you continue to appear promising, you will be invited back for a second interview (ie, the “short list”). The search committee will usually narrow the field to 4 to 6 finalists and recommend these to the dean, who makes the final selection. The entire process may take a year or more. Commercial search firms are rarely involved.

The process is quite open; it is both futile and counterproductive to try to keep the fact that you are “looking” from your boss and coworkers. Most people look at several chair positions over a period of several years before finally making a selection. Being asked to look at a chair is generally considered a mark of distinction that reflects well on both you and your home institution and may even help you get additional resources in your own department. Be careful, however, not to abuse the process. Do not go interviewing just for leverage; the world of academic surgery is a small one, and you will rapidly acquire a negative label among people who matter a great deal.

## How to evaluate jobs

Rare and fortunate indeed is the surgical chair who secures a great job in the location of her or his first choice. If you will have to relocate (as most will), then ensure that geography will not be a last-minute problem for either you or your partner. Be prepared to travel and to let location take a distinct second to quality of institution and job. Most parts of this country are excellent places to live, but be aware of your own (and your partner’s) particular preferences. If you are a true bicoastal, then the rural Midwest is probably not your best choice.

Look very closely at the quality of the institution and the reputation of the department. Consider recent leadership. Find out what the institution will expect you to do and ensure that resources are available to do it. Ask other successful chairs at other institutions to help you figure this out. Find out what happened to the last chair. Talk to the previous chair, if possible. Recognize that viewpoints differ, but listen to your gut and, if something does not sound right, do not take the job.

Some jobs are simply not doable. These are jobs located in failing institutions, with problems in the top leadership, or in parts of the country where HMOs, regional economy, or other systemic problems will preclude success. Do not set yourself up for failure.

Finally, there has to be a good match at the comfort level. You must be able to respect and feel comfortable with the people to whom you will report. Similarly, it helps a great deal if you like and respect most of the people whom you will be leading. Think of it as a match. Be prepared to be brutally honest as you evaluate yourself and the job; this is not a time to try to be something that you are not capable of being or to fool yourself into taking a bad job because the location is great.

## Formulating a plan

Prepare a proposal. Ensure that you have a solid understanding of the institutional culture including goals and mission of the leadership (particularly the dean). This includes making sure that you meet with the department faculty, particularly division chiefs. Try to understand the strengths and weaknesses, what needs immediate attention, and what would be some reasonable longer-term goals for the department and especially the finances/accounting. You must know what resources are available and what resources are required to fulfill the institutional expectation and your personal aspirations.

Review your plan with your mentors and, most importantly, with the leadership of the institution that is recruiting you. Go into these negotiations with a positive attitude, but be firm in your expectations. Everything is negotiable before your transition and thereafter becomes increasingly difficult (with rare exception).

## Special issues and last words

A supportive partner and a happy and stable home environment are key assets. You, in turn, will need to be able to leave the stress of the job at the hospital and keep your time with your partner, friends, and family as time to recharge. I have used the term “match” in describing the fit of the individual to the job. The match is crucial for this kind of leadership role. If you have prepared yourself well and the match is right, the joys and rewards of the job should outweigh the stresses. If they do not and you find the job hurting your own life and that of your family, then the match is bad, and you should seriously reassess your situation.

I believe that the job of chair, although extremely stressful, is one of the most rewarding opportunities within the field of surgery. As chair, you are uniquely positioned to shape the future of surgery. I look forward with keen anticipation to the next generation of surgical leaders.

## Resources

The following associations are good resources to use: Association for Academic Surgery, Society of University Sur-

geons, Association of Women Surgeons, Association of American Medical Colleges, and American Council on Education.

The following are training opportunities: American College of Physician Executives (<http://www.acpe.org/acpehome/index.aspx>); Harvard CCPE Programs; SkillPath Seminars (these are nonmedical, very inexpensive, and excellent; they also sell audiotapes, books, and other management aids); Association of American Medical Colleges; AAMC Women in Medicine; and ELAM, Drexel University College of Medicine, Philadelphia, PA.

The following books are also helpful: Creswell JW, Wheeler DW, et al. *The Academic Chairperson's Handbook*. Omaha, NE: University of Nebraska Press, 1990

(mostly nonmedical disciplines, but lots of fascinating case studies); Gmelch W, Muskin V. *Chairing an Academic Department*. Madison, WI: Atwood Publishing, 1995; Greene R. *The 48 Laws of Power*. New York, NY: Viking; 1998 (Like it or not, it is good to know the rules and some of the historical ways in which people have manipulated other people; this is a sometimes terrifying book that draws on a wide variety of sources); Ridky J, Sheldon G. *Managing in Academics: A Health Center Model*. St Louis, MO: Quality Medical Publishers, 1993 (an excellent paperback that is coauthored by a surgical titan); and Tucker A. *Chairing the Academic Department: Leadership Among Peers*. 3rd ed. Phoenix, AZ: Oryx Press; 1993.