



How should the Degrees, the Training Courses, the Professional and the Clinical Experience be Assessed; and how should the Honors, Awards, and Grants of the Candidates be Assessed?

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Abstract

The responsibilities of department chairs are increasingly complex. They require not only communication skills, leadership, and high standards, but also effective recruitment and business acumen. Potential candidates for chair positions are identified on the basis of established expertise and broad recognition in one or more relevant domains, and demonstrated scientific excellence. However, excellence can be narrowly focused, and objective guidelines for evaluating candidates are limited. None have been shown to have reliable predictive value. Review of the degrees, training courses and experience has an important, but limited, role in initial evaluation of candidates. It is effective in determining whether prospective candidates possess the level of achievement and excellence to warrant further evaluation by the search committee. However, direct personal interviews and other tools are essential for evaluating whether candidates also possess the communication skills, the social competence and other attributes necessary for long-term success. Precision in defining both the specific responsibilities of the chair position and the future measures of success is essential for assessing the relevance of the background and experience of candidates and is likely to improve the outcome of the selection process.

Department chairs play pivotal roles in academic medical centers with responsibility for setting directional vision, managing the talents of faculty members, and coordinating and developing new programs. However, objective guidelines for evaluating candidates for chair positions are limited and none have been shown to have reliable predictive value. Mistakes can be costly. In most centers, there are multiple department chair searches taking place at any given time, and these efforts are usually conducted by faculty search committees and not professional search firms. The time required for successful identification of a new chair averages a year or more. Importantly, there are substantial differences in the balance between clinical and academic endeavor between disciplines (e.g., medicine vs. surgery); and the expectations and measures of success vary widely from institution to institution. Even within a single institution, search committees for different chair positions must vary in composition to assure competence in the selection process (see panel 1). These considerations argue against stereotyped approaches and for a flexible process carefully tailored to the position to be filled.

Typically, candidates for chair positions are identified because they have established expertise and broad recognition in one or more relevant domains of research or clinical care. Demonstrated excellence is a requirement for credibility as a mentor and role model. However, the complex demands of leading large clinical departments go far beyond academic success, and emphasize communication, business acumen, and recruitment (see panel 1). Consequently, selection criteria must differ fundamentally from those for most professors in a medical department.

By way of example, the skills required of a senior professor (but not a chair) in a clinical academic department, might include in order:

- i) research and scientific achievement;
- ii) teaching and mentoring;
- iii) patient care, leadership and communication skills; and
- iv) administrative skills.

While individuals meeting these criteria are of great value to their patients and their institution, these skills say little about competence to lead large clinical programs that involve millions of dollars and hundreds of faculty and staff working together to assure departmental quality and effectiveness and to achieve departmental distinction in clinical care, teaching and research.

From this perspective, and as covered in panel 1, the order of importance of the skills required for success clinical chair are more likely to emphasize

- i) communication and leadership skills;
- ii) the ability to motivate existing faculty and recruit new ones, and
- iii) administrative competence.

Continued individual success (in scientific accomplishment, patient care and/or teaching) is still important for chair credibility and for the opportunity to lead by example. However, the time devoted to these endeavors often is necessarily constrained to 20% or less of available effort in larger programs. Paradoxically, few clinical department chairs are able to maintain the same level of commitment to their individual efforts in patient care and/or research that brought them to the attention of the search committee in the first place. Thus, acceptance of a chair position represents a significant career change and responsibility for new domains not previously tested. This change can be a gamble for both the chair and the department.

The assessment of degrees, training courses, the professional and the clinical experience

In most cases, the evaluation of candidates by search committees begins with careful assessment of the curriculum vitae in order to establish whether certain minimal thresholds are met and to identify specific areas of accomplishment. Knowledge that candidates are trained appropriately, have met standards of licensure and experience, and have performed well is fundamental. Further, knowledge of where and with whom the candidate has worked is often revealing. Academic accomplishment is generally more easily assessed as compared to clinical accomplishment since scientific papers and grants, the common currency of research, can be evaluated by reasonably objective criteria. However, impact factors and Hirsh factors have repeatedly been shown to be unreliable indicators of research quality and must be viewed with

discernment (see panel IV). The quality and the general impact of a candidate's research must be assessed by careful scrutiny of those publications, which the candidate has cited as his/her most important ones. Great caution must be taken to avoid confusion between activity and quality. As well described by Panel IV, given two candidates with comparable publication records, preference should be given to the candidate whose professional trajectory has aimed at a deeper understanding of one or two subjects, rather than more superficial publications across a wide range of topics and participation in many multi-author publications, where the specific contributions cannot be assessed conclusively (e.g., "a mile wide but an inch deep").

In most cases, the degrees, training courses and experiences are useful in deciding whether candidates do or do not meet the measures of excellence sufficient to warrant further discussions. For example, review of a curriculum vitae can provide good evidence that a candidate is likely to possess sufficient technical skills, scientific judgment and discipline. However, it offers little information regarding leadership qualities, interpersonal skills, communication abilities, honesty and integrity. No candidate is ever selected, as chair, on the basis of a curriculum vitae alone. Long-term success as a chair usually requires the ability to create a vision, to share this vision with others, and to recruit faculty members of high quality. The curriculum vitae can raise the interest of the search committee, but direct conversations with those, who know the candidate and personal interviews are essential for assessing the other domains of leadership fundamental to long-term success.

The relevance of honors, prizes and awards

The importance of prizes, honorary doctorates and other academic awards, bestowed mainly for scientific discoveries or life-time achievement, varies according to the position in question. For purely clinical positions, they are not very useful. Unfortunately, few honors and prizes specifically reward success in clinical achievement. Selection of mid-career physician-scientists for membership in organizations such as the American Society of Clinical Investigation or the Association of American Professors, and awards conferred by societies (such as the Frerich or the Bertram Prize) assure, that there is broad respect by peers for the scientific accomplishments of a candidate. These recognitions justify the assumption that he/she will be a good judge of talent, able to identify other high-quality investigators. Similarly, institutional awards for teaching and mentorship are positive predictors of future behavior, as a chairperson. The recipients of the very top award for scientific accomplishment, such as the Nobel Prize, Lasker Award, Shaw Prize and others, may not be clinical leaders – their skills and responsibilities lie elsewhere! In general, awards by international professional societies should carry more weight than those by national societies.

Other options for evaluation of candidates

Taken together, there is little reliable quantitative information regarding the predictive value of degrees, training, grants and awards. However, by assuring that threshold criteria are met, they allow for a preliminary comparison between candidates, and offer reliable information about contacts and experiences. None of these achievements can replace direct interviews with the

candidate and confidential phone calls and discussions with peers and former associates, which must be accorded top priority in finalizing decisions in the selection process. These questions must focus on the basic leadership requirements of all chairs - honesty, motivational skills and leadership - as well as a clear perspective on the expectations for the position at hand. Thus, one or more visits by prospective chairs to meet with institutional and departmental members are essential for assessing candidates properly.

It is important that the candidates be interviewed by faculty representatives from other departments as well. Typically, this visit allows a candidate to develop a written prospectus regarding strengths, opportunities, and potential plans. This written proposal is a good evaluation tool, as well, since it is a measure of listening skills, analytical appraisal and strategic thinking. Further, for successful candidates, it often forms the basis for subsequent negotiations.

“Reverse site visits” where selection committee members visit candidates at his/her home institution are becoming more popular. Such visits allow for a broader assessment of environment and working interactions between the candidate and other colleagues, and might prove to be valuable in that light. While potentially useful, there are no clear data to support this practice.

In summary:

Effective evaluation and identification of department chair candidates is one of the most important requirements for success in academic medical centers. However, current hiring practices are subjective, time-consuming and largely experiential. In evaluating the background and experience of a candidate, the key points are:

- Major differences in the requirements for chair success across different departments and different institutions have limited the ability to define a standard approach to assessing candidates (see panel 1).
- Within an institution, search committee composition must vary to allow competence in candidate evaluation. However, it is usually possible to coordinate the efforts of the different committees by outlining common goals and strategies (see panel 1).
- Any candidate for chair should have achieved a reputation for excellence in one or more domains relevant to the trajectory of the department, including research, teaching and clinical care. The summary of degrees, training courses and professional and clinical experience available through the curriculum vitae are most helpful in assuring a basic level of achievement in these domains. Similarly, honors, prizes and awards are laudable and attest to a certain level of recognition. However, they are not typically awarded for the skills of most importance to success as a department chair.
- Accomplishment in these areas will, however, make it more likely that a future chair will be in a position to critically assess existing and future faculty members.

- Interviews and other approaches must be utilized to assess leadership and communication skills, the ability to motivate existing faculty and recruit new ones, and administrative competence. Where weaknesses are identified, they can often be compensated for by others on the leadership team, if necessary.
- The importance of aligning academic, clinical and institutional expectations cannot be overstated since it leads to clarity on how the different backgrounds and accomplishments of candidates should best be weighed. This requires precision in defining both the responsibilities of the future chair and the measures of success.