

# Dealing With Deans and Academic Medical Center Leadership: Advice From Leaders

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## Abstract

The 2017 Association of Pathology Chairs Annual Meeting included a session for department chairs and other department leaders on “how to deal with deans and academic medical center leadership.” The session was focused on discussing ways to foster positive relationships with university, medical school, and health system leaders, and productively address issues and opportunities with them. Presentations and a panel discussion were provided by 4 former pathology chairs who subsequently have served as medical deans and in other leadership positions including university provost, medical center CEO, and health system board chair. There was a strong consensus among the participants on how best to deal with superiors about problems, conflicts, and requests for additional resources and authority. The importance of teamwork and accountability in developing a constructive and collaborative relationship with leaders and peers was discussed in detail. Effectiveness in communication, negotiation, and departmental advocacy were highlighted as important skills. As limited resources and increased regulations have become growing problems for universities and health systems, internal stress and competition have increased. In this rapidly changing environment, advice on how chairs can interact most productively with institutional leaders is becoming increasingly important.

## Keywords

advice, AHC leaders, conflicts, department chair, senior fellows

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## Introduction

A key to the personal success of a clinical department chair, as well as the success of their department, is initiating and maintaining a positive and productive relationship with the university and health system leaders of their academic health center (AHC).<sup>1</sup> This follows the well-known precept that managing the relationship with one’s boss (“managing up”)<sup>2</sup> provides the best performance for both, as well as for the organization. Although AHC leaders are vested in the success of the chairs that they recruit and the departments they lead, in some cases relationships with AHC leaders can turn from supportive and collegial to contentious and even combative. The causes are manifold, with the major changes in academic and health-care operational environments of recent years significantly complicating the roles and responsibilities of chairs.<sup>3,4</sup>

As the environment changes, so too is the advice to clinical chairs for dealing with their organizational issues and relationships with AHC leadership. In this context, teamwork and

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collaborative interaction have emerged as ever more pivotal keys to leadership success.<sup>5</sup> This is reflected in the well-recognized leadership courses for department chairs given by Harvard<sup>6</sup> and the Association of American Medical Colleges,<sup>7</sup> where dealing effectively with institutional leaders is becoming an increasingly significant part of the curriculum.

The Association of Pathology Chairs (APC) was formed in 1967 as a professional society to assist chairs and other leaders of academic pathology departments in the United States and Canada.<sup>8</sup> The annual meeting of the APC includes participation by pathology department chairs, undergraduate and graduate education program directors, administrators, and other department leaders to discuss issues and develop programs. For the 50th Anniversary Annual Meeting of the APC in July 2017, a half-day “chairs bootcamp” was organized to focus on important issues of particular interest to new chairs.

The closing session of the bootcamp was intended to discuss ways for new chairs, as well as senior chairs and other departmental leaders, to foster positive relationships with AHC leadership, avoid potential problems, and address issues and opportunities that may occur. A panel of 4 former pathology department chairs who have also served as deans and in other health center leadership roles addressed these topics. This report provides a broad range of recommendations based on these discussions that are of potential value to all departmental chairs as well as other program, center and institute directors for dealing productively with their AHC leaders.

## Methodology

The APC senior fellows represent a group of past pathology chairs first organized in 2012 to help the APC, especially in providing advice to current chairs. The APC senior fellows evolved into an ad-hoc committee of the APC in 2014 and a permanent senior fellows group in 2017. In addition to providing advice, coaching, and mentoring to chairs, the senior fellows contributed to the APC Annual Meetings in 2015 and 2016 with formal “discussion group” sessions on transitioning from the chair,<sup>9,10</sup> as well as group sessions to provide advice to all chairs (2015) and new chairs (2016).

Based on the positive feedback to the advisory session for new chairs in 2016, a half-day “chairs bootcamp” was developed for the 2017 annual meeting. The intent was to allow for a longer session that would encompass more topics that could help new chairs and also be of interest to senior chairs and other department leaders. The bootcamp was scheduled for the morning immediately before the start of the formal annual meeting program, and immediately after the 1-day Pathology Leadership Academy (PLA), in order to provide future departmental leaders who attended the PLA an opportunity to also attend the bootcamp.

As a final session of the bootcamp, the senior fellows developed a 1-hour program entitled “How to Deal with Deans and Academic Medical Center Leadership.” Four APC senior fellows who have served as past or present medical school deans and in other AHC leadership roles were invited to provide

**Table 1.** Advice in Dealing With AHC Leaders: Senior Fellow Panel Participants.

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### Fred Sanfilippo, MD, PhD (moderator)

- Former chair, Department of Pathology, Johns Hopkins University and Pathologist-in-Chief, Johns Hopkins Health System
- Former dean, College of Medicine and Public Health, senior vice president and executive dean of Health Sciences, and CEO of Ohio State University Medical Center, Ohio State University
- Former executive vice president of Health Affairs, CEO of Woodruff Health Sciences Center, and chair of the board of directors, Emory Healthcare, Emory University

### Robert Folberg, MD

- Former chair, Department of Pathology, University of Illinois at Chicago
- Current founding dean, Oakland University William Beaumont School of Medicine, Oakland University

### Deborah Powell, MD

- Former chair, Department of Pathology and Laboratory Medicine, University of Kentucky
- Former executive dean, School of Medicine University of Kansas
- Former dean, School of Medicine and assistant vice president for clinical affairs, University of Minnesota

### Mark Tykocinski, MD

- Former chair, Department of Pathology and Laboratory Medicine, University of Pennsylvania
  - Former president, Jefferson University Physicians
  - Current dean, Sidney Kimmel Medical College, and provost, Thomas Jefferson University
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advice in short presentations followed by a panel discussion of questions from attendees. Prior to the session, all the panelists shared summaries of their planned presentations with each other. The backgrounds of the 4 senior fellow panel participants (Drs Deborah Powell, Robert Folberg, Mark Tykocinski, and Fred Sanfilippo) are listed in Table 1. Dr Sanfilippo organized the session and served as moderator. This article represents a compilation of the advice provided in the presentations, discussions, and subsequent follow-up with the panelists.

## Results

### *Advice on the Importance of the Relationship Between Chairs and Academic Health Center Leaders*

There was strong consensus by the panel that a key to success of chairs, and to a large extent their departments, is the relationship they have with AHC leadership, especially their dean and hospital CEO. Academic health center leaders are committed to the success of the chairs they recruit and the departments they lead. The initial positive relationship between a new chair and AHC leaders can be enhanced by activities and behaviors that are mutually beneficial. However, due to the broad range of complex issues with which AHC leaders must deal daily, their relationship with individual chairs can deteriorate rapidly, especially over unresolved problems and conflicts.

**Table 2.** Advice in Dealing With AHC Leaders: Problems.**Provide a range of solutions**

- Always provide several solutions or options, identifying your preference in the context of other possibilities and providing positive and negative aspects of each option, along with potential unintended consequences
- Avoid presenting problems as zero-sum options or having only limited solutions
- Recognize that presenting problems without solutions will be viewed as complaints
- Appreciate that providing constructive solutions to institutional problems, especially for issues not involving your department, can enhance relationships with AHC leaders

**Discuss problems and solutions with peers and AHC staff**

- As appropriate, seek advice from other chairs, center directors and especially stakeholders before bringing problems to AHC leaders
- Discuss problems and solutions with appropriate leadership staff (especially those who likely will be involved in crafting solutions) before bringing them to AHC leaders

**Be judicious and limit the number of problems brought forward**

- Make sure that only problems of sufficient magnitude are brought forward to AHC leaders, realizing that many problems will resolve over time
- Avoid conditioning AHC leaders to associate your visits with problems
- Feel empowered to attempt to resolve certain problems without bothering leadership for permission, as it is acceptable to later ask for forgiveness if the solution doesn't work, assuming it was well intentioned, well informed, and reflected judicious prior advice from stakeholders

**Understand local culture and processes for problem resolution**

- Learn the characteristics of the local culture from peers and AHC leaders
- Appreciate cultural differences from where you have worked previously
- Identify preferred organizational processes for handling problems via peers and AHC leadership

Abbreviation: AHC, academic health center.

### *Advice in Dealing With Academic Health Center Leaders: Problems and Conflicts*

Problems and conflicts often arise over faculty affairs, resource allocation (especially space and money), operational and administrative issues, and personal matters. There are many ways to avoid, manage, and resolve problems and conflicts, as well as to exacerbate them (Tables 2 and 3).

Before bringing problems to an AHC leader, it is essential to first discuss them with key stakeholders and, especially, the appropriate AHC leader's staff. Problems should be of enough importance to warrant engaging an AHC leader and should always be presented with a range of solutions that include potential consequences. Such selectivity, with a solution orientation, is advisable since bringing departmental problems to AHC leaders for resolution is

**Table 3.** Advice in Dealing With AHC Leaders: Conflicts.**Be a constructive critic**

- Support a position rather than argue a point
- Develop good negotiating skills through professional training
- Resolve conflicts with AHC leaders the way you would want a leader within your own department to resolve it with you

**Be objective and dispassionate in a conflict**

- Avoid threatening language
- "If-then" arguments are often viewed as threats
- Describe potential positive and negative consequences of resolution and nonresolution

**Avoid bringing departmental conflicts to AHC leadership for resolution**

- Try to resolve conflicts directly with stakeholders, especially if faculty or peer leaders are involved or affected
- Recognize that bringing departmental conflicts to AHC leaders is usually viewed as a failure and may result in a resolution worse than what could have been negotiated directly

**Make sure disagreements with AHC leaders are important enough to warrant a conflict**

- Avoid arguments when having a disagreement with AHC leaders
- Appreciate that most conflicts are avoidable, but some are not
- Embrace an "agreeing to disagree" stance as sometimes being the best solution

**Do not overestimate your leverage, influence, or importance**

- Never try to end-around your dean or hospital CEO by going to their superiors
- Never engage trustees, influential donors, or community leaders to pressure your superiors

Abbreviation: AHC, academic health center.

often counterproductive and can suggest that the chair is unable to manage their own department.

Conflicts are usually the greatest source of strained relationships between chairs and AHC leaders. Disagreements with leadership should be of sufficient significance to warrant a conflict, and in many instances, simply agreeing to disagree is the best approach. Every attempt should be made to resolve conflicts that are intradepartmental or involve stakeholder peers without involving institutional leaders.

When conflicts with AHC leaders are unavoidable, chairs should handle them in the way they would want one of their departmental leaders to resolve a similar conflict with them. An inevitable way to anger a dean or hospital CEO is to go around or behind them by engaging their superiors, trustees, influential donors, or community leaders. Conversely, being constructive and having good negotiating skills to resolve conflicts are viewed as positive attributes by AHC leaders. When conflicts cannot be resolved, the chair should remember that the desire of the AHC leader should be followed. The negative consequences of a chair ignoring or subverting an AHC leader's decision will usually outweigh any potential benefit to them or their department.

Understanding the organizational culture is very important in considering how best to deal with both problems and conflicts, especially for chairs that are relatively new to an institution. Culture clearly impacts consideration of what issues to

**Table 4.** Advice in Dealing With AHC Leaders: Requests.**Provide details on overall benefits to the institution**

- Be explicit as to how the institution and other units within it will benefit from the use of resources you request
- Never assume that what is best for your department is best for the institution
- Recognize that requests that add value or improve productivity of the AHC are well appreciated by AHC leaders

**Vet requests with other stakeholders and unit leaders**

- Engage other unit leaders (eg, chairs, center directors) who are impacted or would benefit from the request in the formulation of the request
- Ensure that key stakeholders agree on the priority and benefit of requests before bringing them forward to AHC leaders

**Bring along other stakeholders when requesting resources**

- Ask other unit leaders to join in the request and explain the benefits for their unit
- Ask other unit leaders to provide their assessment of institutional benefit

**Do not make requests to one AHC leader that will benefit their organization (eg, dean/medical school) at the expense of another (eg, CEO/hospital)**

- Realize that such requests will exacerbate the natural tensions between AHC entities and leaders in setting resource priorities
- Appreciate that granting such requests may provide short-term benefit but inevitably will create long-term problems for you and your department

**Be sure requests are not zero-sum or cost-shifting**

- Recognize that proposals that are zero-sum and cost/revenue-shifting are usually easily and quickly identified and rejected
- Understand that such requests will undermine trust in you and your department

Abbreviation: AHC, academic health center.

bring forward, how to deal with them productively, and how to resolve them. The wrong approach in dealing with problems and conflicts can exacerbate the issues and strain relationships with AHC leaders and peers. In contrast, being effective at solving problems and resolving conflicts, especially in helping to resolve institutional issues that don't primarily involve their department, can significantly enhance the relationship of a chair with their AHC leaders.

### *Advice in Dealing With Academic Health Center Leaders: Requests*

A common issue that often leads to problems and conflicts between chairs and AHC leaders is requests for resources or approval. As with problems and conflicts, how requests are handled with AHC leaders can be as important as the nature of the request (Table 4). A frequent mistake made by chairs is the assumption that what is good for their department is equally as good for the institution. In fact, resources or approvals provided to one department can reduce assets or flexibility that might have greater institutional value if allocated elsewhere.

Of particular concern by AHC leaders are departmental requests that benefit one AHC unit (eg, medical school, practice plan) at the expense of another (eg, hospital). Such requests

exacerbate interorganizational tensions in funds flows and setting resource priorities. If granted, such requests may provide short-term benefit but inevitably precipitate problems between the AHC organizations and leaders that will be attributed to the requesting chair and his/her department.

When asking for departmental resources or approval, explicit details should be provided about the overall benefit to the institution as well as other units. To ensure overall institutional value, it is useful to engage other unit leaders and stakeholders in the formulation of requests for resources as well as in making the request. Just as requests that are zero-sum or reduce overall institutional assets are viewed negatively by AHC leaders, those that add value or improve productivity of a department and the institution are well appreciated by AHC leaders.

### *Advice in Dealing With Academic Health Center Leaders: Teamwork and Accountability*

Two of the most important attributes of a high-performing organization are teamwork and institutional accountability. To optimize departmental and institutional success, chairs should consider themselves as members of the AHC leadership team (Table 5) and function as accountable team players (Table 6). Great team leaders of departments must also be great team players in AHCs. Likewise, great chairs should treat other chairs, center directors, and unit leaders as teammates rather than competitors, especially when dealing with resource issues (eg, space, money, and personnel).

It is important for chairs to remember that deans and hospital CEOs expect that the overall interests and welfare of the AHC should supersede that of any single department in the same way chairs expect departmental faculty and staff to put the overall interests and welfare of the department above that of their division or program. Unfortunately, as resources and regulations have become tighter, internal competition for resources and control have increased and created a counterproductive impact on institutional teamwork and accountability. Chairs who can overcome these pressures and prioritize institutional success are highly valued and trusted by AHC leaders.

Successful chairs also must understand and develop a realistic view of how their department fits into their AHC and work productively for the overall good of the institution. This entails understanding the different missions, values, culture, funds flow, and measures of success for each major unit of their AHC (ie, university, medical school, hospital, and practice plan), and being accountable for the intended use of resources provided by each. This is especially true for chairs of departments of pathology-lab medicine, which have a strong presence in both basic and clinical sciences as well as in health-care delivery.

### *Advice in Dealing With Academic Health Center Leaders: Communication and Advocacy*

Effective communication and advocacy are invaluable in promoting a positive relationship with AHC leaders (Tables 7 and 8). It is important for chairs to keep AHC leaders and their

**Table 5.** Advice in Dealing with AHC Leaders: Teamwork.**Consider yourself a member of the AHC leadership team**

- Understand that medical school and hospital leaders consider you as a member of their teams and expect you to be a good team player
- Internalize the fact that great team leaders (eg, department chairs) are great team players

**Treat other unit leaders as team-mates rather than competitors**

- Appreciate that medical school and hospital leaders consider you a team-mate of your peer unit leaders and expect you to work with them as such
- Collaborate rather than compete with other chairs and center directors for resources (eg, space, money, staff, faculty) and control

**Put the interests and welfare of the AHC above your department**

- Act as the steward of your department rather than as its representative
- Make the AHC a priority in the same way you expect your departmental faculty and staff leaders to place departmental priorities ahead of their division or program

**Understand the assets and liabilities of your department from the perspective of AHC leaders**

- Understand how AHC leaders (eg, dean, hospital CEO) view your department relative to their component organization, as well as the AHC overall
- Determine how your peers (eg, chairs, center directors) assess and value your department

**Promote alignment between medical school and hospital**

- Appreciate the potential for opportunities and conflicts that you and your department have across the missions of the medical school and hospital
- Utilize relationships with clinical and basic science departments to enhance their interactions and understanding of each other's missions and priorities
- Work to build bridges, and never try to play one AHC leader against another

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peers well informed on important issues and particularly to avoid surprises. A chair should not be invisible, a pushover, or unnecessarily time-consuming, as such behaviors are not respected by strong AHC leaders. Academic health center leaders also have to deal with a lot of egos, so it is wise for chairs to keep their own ego in check and not be viewed as self-promoting. Good news and departmental successes that AHC leaders can brag about should be communicated more often than problems or requests.

Communications and advocacy require skill and experience. Messages should be tailored to the phenotype of the leader with whom a chair is communicating, that is, "*know thy audience.*" Deans and hospital CEOs have a wide range of backgrounds, career paths, and priorities, each of which impact their understanding of issues. Pathology-lab medicine departments are typically not well understood by AHC leaders, so chairs should provide sufficient background and limit assumptions when communicating about specialty-related issues.

**Table 6.** Advice in Dealing With AHC Leaders: Accountability.**Understand the different mission, vision, values, culture, and funds flow of the medical school, university, hospital, basic science units, and practice plans**

- Align institutional measures of success with your own and those of your department
- Be accountable for the intended use of resources provided to your department by each institution (eg, medical school, university, and hospital)

**Put the priorities of AHC leadership ahead of your own**

- Place the interests and success of your parent institutions ahead of your department
- Have your accountability to AHC leaders mimic the way you expect your faculty and staff to be accountable to you

**Be accountable and responsible for issues arising in your department**

- Recognize that AHC leaders assume that problems in your departmental are yours to resolve
- Avoid a victim mentality and blaming others for problems in your department

**Make sure your accountability and responsibilities are commensurate with your authority**

- Appreciate that delegated authority received from AHC leadership demands your responsibility and accountability to them
- Understand that accountability and responsibility without authority often causes conflict and problems

**Convey a sense of accountability for the financial stability and quality of clinical services of your department, as the highest priority for most AHC leaders**

- Accept the reality that clinical services are viewed by most AHC leaders as profit centers and research activities as cost centers, with the cost recovery of research less than its expenses
- Understand that clinical service revenue must be prioritized to ensure the quality of patient care over supporting academic activities
- Appreciate that departments with strong research but financial problems or poor clinical services are at high risk for leadership turnover

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Whenever possible in communicating important thoughts or opinions, the word "and" should be substituted for "but." The word "but" negates the first part of a sentence and is perceived as negative and conflicting, whereas "and" is considered supportive and contributory. Also e-mail should be used sparingly and carefully. Whenever appropriate, communication should be by phone or in person. E-mail messages sent to "document the facts" are often interpreted as threatening, and copying other individuals should be avoided when a message is intended for only one person. E-mails should be short and never sent when angry. It is best to draft critical messages, put them aside, and return to them a few hours later. Review of such drafts for content and style by an impartial and trustworthy colleague can be extremely valuable.

Departmental advocacy should be based on objective values that span missions and are in line with AHC and appropriate regional and national benchmarks. Chairs should help AHC leaders understand how high-quality pathology and lab

**Table 7.** Advice in Dealing With AHC Leaders: Communication.**Make communication with AHC leaders a positive experience for them**

- Do not be invisible, a pushover, or unnecessarily time-consuming
- Be recognized as a thought leader and constructive contributor, not a self-promoter

**Keep AHC leaders and peers well informed about important issues**

- Communicate potential serious issues before they occur and avoid negative surprises
- Provide good news and successes that AHC leaders can brag about

**Tailor messages to AHC leaders considering their phenotype**

- Try to understand the styles of your AHC leaders, as they vary widely in their backgrounds, career paths, and priorities, which impact their understanding of issues
- Recognize that pathology-lab medicine departments are not well understood by most AHC leaders

**Substitute the word “and” for “but” whenever possible**

- Avoid “but” as it negates the first part of a sentence and is perceived as negative
- Prefer “and” as it adds to a sentence and is perceived as supportive and contributing

**Use e-mail sparingly and carefully**

- Whenever appropriate, communicate by phone or in person
- Avoid using e-mail to document “facts,” which is often interpreted as threatening
- Copy only those who are directly engaged in the issue being communicated
- Keep e-mail messages short, since anything more than one screen will likely not be read entirely, if at all, by a busy AHC leader
- Do not send e-mails when you are angry, and instead, draft critical messages and hold them for at least an hour before reviewing and editing
- Ask a trusted advisor to review critical e-mails before sending

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medicine departments can provide clinical, academic, and financial value to the university, medical school, and hospital as well as other basic and clinical departments. Chairs also should position their department as a major AHC asset for the future of health care and academic medicine. This requires educating AHC leaders about high-value emerging areas that could be best developed in pathology and lab medicine, supported by tangible and credible evidence.

## Discussion

The observations and advice given in this report reflect the combined experiences of 4 individuals who have served on both sides of the department chair: AHC leader interface at different institutions. Despite the significant range among these panelists in AHC leadership roles (dean, hospital CEO, AHC CEO), types of AHCs served (public and private, large, and small, research intense and clinically focused), and individual backgrounds, there was remarkable consensus among them on virtually all advice provided across a spectrum of issues.

**Table 8.** Advice in Dealing With AHC Leaders: Advocacy.**Evaluate your department’s assets and value propositions**

- Determine your department’s value in the context of your AHC and its constituent institutions (eg, medical school, university, and hospitals)
- Determine your department’s standing in the national context of the field of pathology, academics, and health-care delivery

**Utilize multiple methods to promote the assets and value of your department**

- Create departmental mechanisms (eg, newsletters, mailings, and social media) to inform stakeholders (eg, faculty, staff, alumni, and trainees) of assets/value
- Develop close relationships with institutional public relations/media staff to keep them informed of assets and newsworthy activities

**Educate AHC leaders on the value of pathology-lab medicine**

- Advise the dean/medical school/university leaders about the value of pathology to education and research missions, as well as to other basic and clinical departments
- Advise the hospital CEO and leaders about the value of pathology to the quality and cost-effectiveness of health-care delivery, as well as to the other clinical services

**Determine and communicate the financial value of your department to AHC leaders**

- Calculate net revenue and contribution margin across all departmental activities
- Make lab service contribution margin discussions transparent
- Build cases for requests recognizing that hospital leaders usually consider lab services as a commodity, pathologists as an expense, and margins as operating revenue

**Position your department as an asset for the future of health-care and academic medicine**

- Emphasize emerging areas such as telehealth, precision medicine, next gen lab-based technologies, artificial intelligence, multiplexed diagnostic ‘omics, cellular therapeutics, multiscale diagnostic imaging, etc.
- Explain the positive impact of such programs on institutional operations, finances, and prestige, and make the case for pathology-lab medicine’s pivotal roles in driving them for the AHC

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The major goal of the session was to provide advice on dealing with AHC leaders, especially for new chairs who must manage new relationships with AHC leaders as they confront many responsibilities and issues for the first time. Such challenges are inherently exacerbated when the new chair is in a new institutional environment where culture and processes may differ from their previous experience.<sup>11,12</sup> Since senior chairs experience many of the same issues as new chairs, and often live through changes in AHC leadership during their tenure as chair, much of the panel’s advice and discussion is also clearly applicable to them. Interestingly, feedback following the session indicated that new chairs, experienced chairs, as well as senior and junior departmental leaders found this session to be one of the most useful in the entire annual meeting. Likewise, the group of 16 Society of ‘67 Scholars (5 medical students and 11 residents) in attendance identified this session to be of

great interest because it covered new and different topics to which they had not been previously exposed.

The panel reinforced that developing a productive relationship with AHC leaders,<sup>13</sup> being regarded as a trusted team player, and demonstrating accountability for organizational resources and authority are essential qualities that deans and hospital CEOs expect of chairs.<sup>14</sup> Too often chairs do not appreciate the time and practice needed to develop these attributes. Fortunately, they can enhance their skills and draw do's-and-don't lessons from industry, sports, and the military.<sup>15,16</sup> Self-awareness, hubris management, and effective communication skills constitute important ingredients for strong and trusting relationships with leaders. Judicious choice of which issues to bring forward to leaders, as well as when and how to bring them forward, is as important for such relationships as is dealing with the issue itself.

The advice of others is an essential resource for chairs, as they seek to deal effectively with their superiors. For those who have not had the experience and responsibility of leading a medical school or AHC, it is often difficult to see departmental issues from the perspective of the AHC leader with whom they are interacting. Admittedly, getting candid advice from someone with the experience of a medical school dean or hospital CEO, to help understand leaders' viewpoints, is not easy, which is perhaps one reason why this panel discussion was so well received.

The previous chair, senior department faculty and staff, and other department chairs and center directors are useful local sources of advice in dealing with AHC leaders. Advice can also be sought elsewhere from peer chairs and colleagues at other institutions, although extrapolating their experience to a different environment and set of leaders can be risky. Specialty societies and professional organizations offer a valuable and simple means for obtaining advice from other chairs across a wide range of issues. Indeed, one of the major benefits of the senior fellows for the APC has been the personal advice they provide to individual members, which often encompasses issues in dealing with an AHC leader.

In summary, AHC leaders desire constructive interactions from chairs in dealing with both issues and opportunities. It is an enormous asset to a department when their chair is perceived by institutional leaders as a team player, constructive critic, positive change agent, value creator, and an engaged thought leader.

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