**ADVICE FROM ADFM ADMINISTRATORS TO NEW CHAIRS**

**February 2012**

**What things do NEW chairs need to know up front?**

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| I think it’s important that new chairs understand who will be evaluating their performance and on what criteria.  I think this is especially problematic for chairs who are appointed from a departmental faculty position. |
| You (the new Chair) do not have to be the expert at everything – that is why you have an operations/financial expert (Admin) to help you and make it happen for the Department  Share the trust, share the vision, share the information  Listen (my Chair just walked in and added this one)  Allow your Admin to tell you the things no one else will that you need to hear (and do NOT shoot the messenger) |
| Communication style/preference  State of the department  Management style |
| Do not forsake getting involved in all areas of the education/clinical practice. Everyone has too many things to do, but your department will be better off if you take time to be involved.  Stay in touch with your faculty. Internal and external meetings can keep you so busy it can be easy to reduce your clinical, teaching or research time, so you have time to be a chair. My chair no longer does IP or OB but he does do 4 half days of clinic. The faculty respect him and listen to him as they know he is still one of them and understands what they are going through.  Realize that what you say or don't say is noted by those around you. Your support staff and faculty notice when you walk by and when you talk to them.  Having a true open door makes for a peaceful department.  Your administrator needs to have your support. S/he is going to help put plans into actions and they will only be effective doing so if the other stakeholders know that they are working on your behalf/direction. |
| Not to take on too much, too soon.  Get to know the needs of the department.  Delegate responsibly – sometimes there are others who can carry some of the load (even if temporary) to assist in easing the transition. |
| Budget are usually MUCH more complicated than you think.  The Institution expects the Administrator to know, and control, everything.  If they don’t they’re in trouble, and you will be eventually.  Watch out for legacies (broken promises, mended dreams, etc.)  That old project that wasn’t greenlighted by your predecessor?  Probably a reason….. |
| New chairs need to understand the financial structure of the department and its financial history, including grant funding and the personnel who are supported by grants.  New chairs need guidance regarding policies and procedures at the University.  New chairs need some history of the department from a personnel standpoint. |
| Any hot or recurring faculty issues, often times those are the first to present themselves to the chair  They need a briefing on the various leader partners at the hospital, University Physicians, Med School  A picture of our financial situation and how things work |
| Budget and the various sources of income and expense that make up the budget.  Capabilities and strengths of faculty.  Identity of department stakeholders, donors, other supporters.  Should expect 6 months to acquire/retain this knowledge. |

**What kinds of things do chair and admin work on together?**

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| Budget creation  Physician comp plan  Departmental evaluation  Resource utilization and allocation  Research proposal review (possibly)  Patient satisfaction  Strategic planning  Quality reporting |
| Plotting. . .no Planning together for all Dept type activities (this often depends on the experience level of the Admin and how long/how much they know about Family Medicine/primary care)  Money  Faculty Recruiting  Communication/requests to the Dean  Free flowing problem solving  The politics of the situation  People management (all classifications)  Therapy sessions, as needed |
| Strategic planning  Achieving financial goals  Process improvement |
| It really must be a partnership to be effective. Outside of my chairs immediate clinical practice (his relationship with patients) we work on most everything else together or at least talk about it.  You must have an administrator that you can trust and that will support you and give you the information you need to help you lead the department. The administrator doesn't just get things done, they often can help be eyes and ears for you. |
| Administration/supervision of divisions within the Department  Budget/Finance |
| Budgets  Compensation  Strategy and Tactics  Contracts  Institutional Relationships |
| Chairs and admin personnel work together on new business initiatives, budgets, personnel matters (hiring, firing, merit raises,etc), evaluation of clinical performance and clinical initiatives, contracts, grant proposals, etc |
| Lots of strategic planning  Often problem solve faculty issues together  Negotiating needs with hospital, campus |
| General department operations/budgets.  Joint decision making (having each other’s back) especially with difficult human resource issues and with college administration.  Recruiting, marketing, fundraising. |

**What roles are shared?**

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| Everything except:  the Faculty clearly report to and decisions for them are made by the Chair  the Staff clearly report to and decisions for them are made by the Administrator (operationally they work with their faculty / administratively all actions to the Admin) |
| Staff management  Holding people accountable  Being a role model for the department |
| The administrator is a support role. The chair leads the department and the administrator gives the chair the tools and feedback needed to make a clear path. In meetings with internal and external stakeholders, my chair always leads. I do give my opinion, but depending on the temperature of the meeting, I may wait until later to discuss it with my chair.  That's not at all to say that administrators aren't leaders, I'm just speaking in relation to when the chair and administrator jointly work on projects/presentations, etc. The Chair needs to be the steering the ship, even if the administrator is actually helping to plot the course. |
| Leadership  Policy Development  “Telling the Story”  Blame |
| Budget preparation and decisions are a shared responsibility, as is reporting of other financial information to the Dean. |
| Financial management  Oversight of operations such as clinic  Recruiting |
| Strategic Planning |

**Tips for maintaining a good relationship**

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| I always remind myself that my role is to advise and recommend.  I am not the decision maker. |
| Build the trust  Share the expertise  Do not pull the rug out from under your Admin – after there is an agreed on course of action  Disagree  with the action, do not disparage the person  Listen……………..and talk to each other  Share a sense of humor  Disagree in private. . .stand together in public |
| Good communication  Respect each other  Share a common goal |
| Communication. Not just sharing information but interacting with it. Valuing each others opinions and strengths and giving one another the respect each deserve. Saying thank you. |
| Get to know your faculty and staff.  Give and receive feedback.  Provide guidance, direction and support. |
| Give each other Options  Give each other Room  No Surprises  Have A little Fun  Always tell the truth, even if it’s not wanted (just do it more quietly in those cases) |
| Notify chair of news at the University even if you don't think it's that important; keep chair in the loop when changes occur that affect personnel or financial matters.  Arrange regular time for touching base if this does not ordinarily occur. |
| A good chair will use his administrator as an advisor and someone who can be honest with him/her  Open and frequent conversation  Have a sense of humor |
| Honesty and respect for each role.  Listening to each other and hearing each point of view.  Make your points and move on without grudges.  Understand who has the last word and who will take responsibility for decisions. |