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Abstract

The 2018 Association of Pathology Chairs annual meeting included a panel discussion of Association of Pathology Chairs senior fellows (former chairs of academic departments of pathology who have remained active in Association of Pathology Chairs) about the type of advice that current (sitting) pathology chairs ask them. To inform the panel discussion, information was obtained from the senior fellows by e-mail and subsequent conference call. Of the 33 respondents, 24 (73%) had provided consultation advice (9, <5; 11, 5-10; 2, 10-20; and 2, >20). Most (>75%) of the consultations were provided face-to-face and outside the framework of Association of Pathology Chairs, with 70% of those seeking advice being well known by the consultant(s). Of the senior fellows providing advice, 71% had themselves sought consultation from former pathology chairs and 75% from nonpathology chairs. Modest correlation was found between the number of consultations senior fellows sought when they were chairs and the number of consultations they subsequently provided. The most frequent topics of consultation were strategic planning, balancing the missions, setting department priorities, recruitment of faculty and staff, conflict management, issues specific to new chairs, and resource (money/space) issues. Those who had provided such advice the longest and to the most people indicated that there was no significant change in the type of questions asked over time. Former department chairs can be a valuable source of counseling for current chairs, and organizations of department chairs should consider formalizing the use of these individuals as consultants to sitting chairs.

Keywords

consultation, advice, pathology chairs, senior fellows, former chairs

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Introduction

There is a very limited literature on how former department chairs can be a useful source of advice for current chairs in the discipline. Moreover, these reports are often institutional or professional organization documents that only reference this fact in passing.¹⁻⁴ Other reports provide useful information that department chairs should know, based upon personal experience.^{5,6} The Association of Pathology Chairs (APC) senior fellows (former department chairs who remain active in APC) have been previously described⁷ and have contributed to the literature on lessons to be learned by department chairs.⁷⁻⁹

Because the APC senior fellows comprise a formal membership group of the APC, this provided a unique opportunity to

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Table 1. Frequency of Consultations Provided.

Senior Fellows (33)	Number of Consultations
9	0
9	1-5
11	5-10
2	10-20
2	>20

investigate in some detail the frequency and the types of advice asked of them by current (sitting) pathology chairs. The 2018 APC annual meeting included a panel discussion that focused on this topic. This is a report of the findings gathered for and presented by the panel as well as pertinent observations made during the audience discussion.

Methodology

The APC senior fellows were asked to provide input based upon questions provided to them by e-mail. The fellows were then divided into 3 work groups, each of which discussed the findings in more detail and generated further input. A panel discussion was subsequently held at the 2018 APC annual meeting to comprehensively assess and evaluate these findings. A summary of these discussions has been incorporated into this report. Because the findings in this article were the output of an informed panel discussion, the University of California, San Diego Human Research Protections Program does not require institutional review board review.

Demographic Information

Thirty-three senior fellows (92% participation) engaged in this project. These fellows had provided an average of 15.4 years of service (standard deviation [SD]: 8.8), and an average of 10.0 years (SD: 7.7) had elapsed since they had stepped down as chair.

Results

Of the 33 participants in this project, 24 (73%) reported that they had performed consultations. As shown in Table 1, of those who provided consultations, 9 senior fellows gave fewer than 5 consultations each; 11 provided between 5 and 10; 2 provided between 10 and 20; and 2 provided more than 20. Interestingly, there was no significant correlation between the number of consultations provided by senior fellows and their respective years of service as chair ($r = 0.10$) or the number of years that had elapsed since they had stepped down as chair ($r = 0.14$). This may be due, at least in part, to the fact that many individuals had stepped down as chair long before the APC Senior Fellow Group was founded.

In assessing how the consultations were arranged, it was found that more than 75% of consultations were made independently of the APC. More than 75% were performed face-to-face, with some also using telephone and electronic media.

Table 2. Most Frequent (>50%) Areas of Consultation.

Strategic planning, balancing the missions, and setting department priorities
Faculty and staff recruitment
Conflict management, including dealing with difficult people at all levels
Issues specific to new chairs (eg, where to get leadership training, "traps" to avoid)
Resource issues (eg, money, space)

Table 3. Additional Topics Specifically Mentioned.

Medicare part A negotiations
Merger of departments
Transitioning to higher administrative positions
Service as an interim chair
Dealing with the health system chief executive officer and/or dean
For the successor chair: sharing the historical perspective about current department issues

Most (70%) of the individuals seeking advice were well known to the consultant, and, in fact, this familiarity was a main driver of which senior fellows were consulted. (No senior fellow consultations were assigned.) When the senior fellows were sitting chairs themselves, 71% of them had sought consultation from former pathology chairs and 75% had sought consultation from other (nonpathology) chairs. There was modest correlation between the number of consultations provided by senior fellows and the number they had sought from pathology chairs ($r = 0.48$) and from nonpathology chairs ($r = 0.47$) when they were sitting chairs.

When asked specifically, no senior fellows indicated that they had felt uncomfortable providing consultation, and of those 13 who had provided such service for more than 5 years and to more than 5 people, 11 said that there was no substantial change in the type of questions asked over the years. One individual did indicate that there were more questions about transitioning to dean and also about transitioning back to faculty. Another indicated that the questions being asked now reflect more recognition of resource responsibilities being tied to performance and outcome measures.

The most frequent areas of consultation (occurring more than half the time) are shown in Table 2. Additional topics mentioned are shown in Table 3.

During the discussion of these results at the APC annual meeting, it was emphasized that it is not a sign of weakness to ask for advice. After all, it is the person seeking the advice who must make the final decision. The importance of knowing the background and expertise of the individual being consulted and of seeking consultation from more than one person was stressed as well. Individuals seeking consultation should not ask for it "on the fly," so to speak, but should schedule the consultation in order to allow sufficient time for a complete discussion.

It was noted that some chairs may feel awkward about asking a predecessor chair for advice since it might suggest that

they are not ready to assume the chair. Quite to the contrary, prior chairs (if still available in the department) usually constitute a rich source of history about why circumstances are the way they are and can often provide invaluable advice about the department's strengths and its vulnerabilities that may not be obvious to a new chair. In fact, the loyalty of prior chairs to the department frequently motivates their desire to see the new chair succeed. Such advice can be especially useful for chairs who were recruited from outside the institution. Accordingly, in their final year(s) of service as chair, individuals should be thinking about the type of advice and the materials they wish to impart to their successor chair.

Discussion

There is only a limited literature on the subject of using former academic department chairs as consultants to current (sitting) chairs. Although it is a small population size, the APC senior fellow group provided a homogenous and useful group of individuals available to study consultation activity since the group as a whole and its individual members have identified availability to provide advice to sitting chairs as their primary mission.

This study has several limitations. In addition to the small population size (33 respondents), the number of consultations was probably underestimated in some cases because they occurred before the advent of the senior fellow group and were forgotten or not viewed as consultations. Alternatively, the selection bias in studying consultations provided by APC senior fellows, who have chosen to remain active in helping sitting chairs, likely results in overestimation of the frequency of consultations provided by former chairs overall.

Another limitation of this study is that the types of consultations were not differentiated. From the preliminary work group discussion sessions, the types of consultation were found to have ranged from informal "hallway" conversations to objective written documents. They also included "consultations" that more technically could be considered advising, mentoring, and coaching. Nonetheless, this study does document that, at least for a defined group of former pathology chairs, consultation to current chairs occurs and is probably correlated with the number of consultations they sought when they themselves were sitting chairs. Perhaps not surprisingly, most topics could be subsumed under the categories of strategic planning, resource management, and conflict resolution.

Most consultations were outside the framework of APC, again perhaps due to the senior fellow group having been created only relatively recently and long after some chairs had stepped down. Indeed, the discussions indicated that some consultations occurred at meetings of other professional pathology organizations. The fact that most consultants knew their advisees well is probably not surprising since people tend to discuss sensitive issues with those they know best.

As noted in Table 2, conflict management, including dealing with difficult people at all levels, was a common area of consultation. Not surprisingly, it was noted during the discussion that conflict is a common cause of chair "burnout."

The advantages of using former academic department chairs as consultants are several. Usually former chairs are seasoned administrators who have been "around the block." If former chairs are used as a group by a professional organization of department chairs, their services can be "marketed" by the organization, and consulting teams can be formed, representing multiple points of view and expertise in different areas. Despite the potential value of advice from predecessor chairs, current chairs may be reluctant to ask such individuals since they want to be viewed as independent. Thus, having a group of former chairs from other institutions provides a rich base of consultants who can be objective and have perspectives different than those of the immediate former chair or other leaders at that institution.

Although the focus of the discussion was on use of former chairs as consultants, it was noted that "inter-chair" consults can also be helpful since they may provide a different perspective on common issues. In fact, to use the *cliché*, "misery loves company"!

It was also noted that senior fellow consultations need not be limited to advising sitting chairs. In fact, senior fellows can be a rich source of information for individuals aspiring to be chairs. After all, by definition, most senior fellows were once in that position themselves.

Many senior fellows who consulted most extensively often tended to do so for their successor chairs, and they did not report a significant change in types of questions asked. However, the work group discussions indicated that the advice and the answers to the questions have been changing due to the rapid and substantially changing health-care environments, especially in the delivery of education and clinical services, as well as in the financing of pathology activities. It would be of interest to conduct further studies to evaluate over time the changes that have occurred in advice provided by former chairs as well as the effectiveness of the consultations that have been provided.

In summary, professional organizations of academic department chairs should consider utilization of former chairs as consultants, either on an ad hoc basis or, as was done by APC, by creating a formal section of former chairs who, in addition to consultation, could support the other missions of the organization including education and fundraising. By virtue of their experience, collectively they are able to address essentially all of the issues listed in Tables 2 and 3, again indicating the importance of choosing the individual providing consultation based upon the stated background and expertise of the consultant. Indeed, the APC provides such a listing for each senior fellow.

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