Primer for the Interim Chair

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Objective: Being successful in the role of an Interim Chair requires an approach to transitional leadership that is different from that of individuals filling the Chair role permanently. This article reviews pertinent literature on the topic.

Method: The author reviewed the literature, cited pertinent articles, and supplemented with personal experiences as an Interim Chair.

Results: The author highlights several key questions that one should ask before taking an Interim Chair position to ensure that he or she has proper support and the skills to do the job, and he presents strategies for developing a transition leadership agenda and mechanisms to gain faculty support. Finally, the author offers practical suggestions for how individuals can develop the skills that may enable them to successfully perform the role of Interim Chair.

Conclusion: By careful attention to organizational dynamics and to ensuring proper support, an Interim Chair can be an effective force for moving a department forward. The experience of Interim Chairs needs to be researched quantitatively to fill a large gap in the literature.

Developing the Skills to Be Considered an Administrator

The announcement of the departure of a Chair typically sends shockwaves through an academic department. Faculty members ask how long will it take to recruit the next Chair and who will fill the void in the interim. Few schools of medicine have any type of succession planning that allows for more than a few months to a year of notice. As a result, an Interim Chair is often required—and this person has a daunting task. An Interim Chair may be in the position for a period of weeks-to-years. During this time, he or she must keep the department stable and functioning smoothly. During longer interim periods, the Interim Chair must be prepared to move the department forward, even with a transient time of authority.

A review of the medical literature shows that articles on the challenges faced by Interim Chairs are few, with no articles that survey those holding the position of Interim Chair to gain information on their experience. The purpose of this article is to highlight what literature is available and share insights from my own experience as an Interim Chair and the strategies I used to deal with various challenges.
leadership skills to be trusted with taking on this challenge long before they are offered the position. Faculty who want to develop administrative skills let their supervisors know of their interest and discuss how to balance an interest in administration with clinical, teaching, and research assignments. For example, they focus their research activities on the work done for administrative purposes. If assigned to lead a risk management committee, they publish papers on topics of risk-management. They energetically do what ethically needs to be done to successfully complete assigned tasks. As assignments are mastered, they seek new tasks. They develop leadership skills on a small stage, where errors are often easily rectified. Gradually, they are entrusted with other, larger administrative tasks, eventually being seen as “go-to” persons for administrative issues, and are they thus targeted for promotion. They remember to negotiate adequate time and resources for administrative duties.

Future administrators find mentors with leadership and management skills who can provide guidance (1). For such a relationship to be beneficial, faculty members must be capable of acknowledging doubts and frustrations with their mentors while being willing to hear suggestions without defensiveness.

Hopeful new or would-be administrators read the literature on medical administration and leadership in general. The Tool Kit For New Chairs (2) or the Association of American Medical Colleges’ Chair Guide (3) are helpful reading for those thinking of going into academic administration, and these materials can be supplemented with articles reflecting on the role of an academic Chair (4, 5). Because an essential element of being a good Interim Chair is being a good leader, reading articles that discuss leadership in healthcare and general-management settings is essential (6, 7).

Finally, Boylston and Peters (8) note that cultivating “traits like patience, empathy, kindness, diligence, honesty, attention to detail, and an old-fashioned work ethic” are critical for any true leader. Individuals who are untrustworthy or difficult or advance themselves at the cost of others seldom prosper.

Should I Take the Job?

I came to Southern Illinois University School of Medicine to be the residency-training director after a 15-year career in public-sector psychiatry that culminated in a 3-year term as director of a state department of mental health. Although I had always maintained an active teaching presence as an adjunct faculty member, this was my first formal academic position. Within 2 months, our department suffered a serious budget cut as part of a university-wide reduction in funding. At the end of those 2 months, the current Chair announced that he was taking an early-retirement package. Shortly afterward, I was called to the Dean’s office and asked if I would serve as Interim Chair.

A faculty person needs to answer a critical set of questions when offered such a position:

- **Do I Want to be an Interim Chair?** This position is not “light extra-duty,” but requires substantial effort.
- **Do I have the leadership and administrative skills the job requires?** If a faculty candidate has never supervised employees, organized and developed programs, or dealt with personnel disciplinary issues, he or she needs to be prepared to develop those skills quickly. If the candidate has avoided such tasks in the past, he or she needs to resist the appeal to personal narcissism and temporary financial benefits that such an offer represents and realize that failure to run the department successfully may harm the perception that other faculty members have of him or her.
- **Am I willing to have my other academic or research projects slowed down, or even be placed on hold, in order to create the time to provide effective leadership?** The candidate will have to decrease clinical, teaching, and research activities to attend to administrative tasks and must be prepared to discuss to what extent clinical and academic activities will be decreased and what assistance will be provided to ramp them up again once a permanent Chair has been assigned.

Alley (9) notes that a faculty person who is unhappy with academics may be tempted to accept an Interim Chair position out of frustration. Yet if the faculty person becomes an Interim Chair, he or she must consider that the dissatisfaction with academics may intensify upon returning to an academic faculty role after a period in authority.

I realized that I had an Accreditation Council for Graduate Medical Education (ACGME) site-visit scheduled for later in the year and that, as Interim Chair, I would have solid authority to implement any changes that needed to occur. If I then returned to the residency-director position, I would have had the opportunity to mold the residency program in the manner I wanted. I knew I had the administrative skills, so my inclination was to agree.

Alley (9) lists questions a potential Interim Chair should consider before accepting the position: Why did the position become vacant? Are the position’s expectations clear? Do I have the capability to fulfill them? What are the financial benefits? What are my motives for taking the...
position? How do I handle stress? Can I work effectively with other school administrators? Will other faculty and staff support me in my role? How long am I committing for, and what additional time on a weekly basis will the position entail? And: Can I give up that position without feeling like a failure?

A candidate must ask for the support needed to be successful in running the department before accepting the position. An Interim Chair will often need much administrative assistance in assuming the new role. Many schools make the mistake of assuming that no additional resources will be needed. For example, I wanted immediate administrative help to complete a full review of the strengths and liabilities of the department in academics, research, clinical operations, and administration. I received significant amounts of time from the schedules of two associate deans for the first 6 weeks of my interim service.

After accepting the position, the next question is: Will I apply for the permanent position? If an Interim Chair wants to apply for the job, he or she needs to do so as soon as possible. Delaying may result in being placed on the search committee, where the Interim Chair will become privy to confidential information about other candidates. If he or she later becomes a candidate, there may be legal consequences to having this information that can complicate (or end) the candidacy. Also, placing an Interim Chair on the search committee may signal that the administration does not see him or her as a viable candidate for the permanent position. If the Interim Chair applies for the permanent position, it may be hard for other faculty involved in the search process to change their perception of him or her candidacy. The Interim Chair must also weigh the possibility that he or she will not be chosen for the position and consider whether he or she can deal with the loss-of-face that people sometimes feel when they are publicly passed over. I was willing to risk being considered and quickly informed the dean.

Serving as Interim Chair

Mundt (10) holds that there are three stages to an Interim Chair’s tenure. The Initial Stage lasts 1–2 months. In that stage, the Interim Chair’s goals are to establish relationships in the new role not only with faculty who were peers but also with members of the School of Medicine administration who have not worked directly with him or her in the past. During that time, the Interim Chair identifies challenges that will need to be addressed during the time of leadership, sets goals to be achieved during the interim period, and gathers the support needed to take action.

In my initial stage, I wanted a full review of the department so that school administration would be aware of its existing strengths and weaknesses. By making school administration aware of any problems in the department at the time of my appointment, I ensured that those problems would not be attributed to my administration. The findings of the review then served as a platform for the school to determine what new resources I or another new chair would need in order to be successful and give me a significant role in defining what the school’s agenda for the department would be, regardless of who became Chair.

The review established me among school administration staff as one who was not content to maintain the status quo but who could be a force for change, and it served as a mandate I could show faculty members so that they knew that the changes I was putting into effect were not temporary whims, but reflected long-term goals of the university for the department, whether or not I was Chair. As an Interim Chair who was also new to the organization, I needed someone to mentor me before I took action. After the review, I was able to rely on one of the associate deans in such a capacity. Because he had helped perform the review, he was familiar with the issues I was facing.

During Mundt’s (10) Second Stage, the interim administrator begins to take action. Support must be built for the changes needed, with the goal of getting faculty ownership of changes that need to occur, while minimizing negativity. The Interim Chair guides the change process. Boylston and Peters (8) note that it is essential for the Interim Chair to create a common vision, so that individual faculty members want to work together in a culture of excellence.

I had an easier time gaining faculty consensus than many Interim Chairs. The structured review of the department pointed out areas in training that needed to be refined, and the ACGME had just implemented its six general competency areas, as well as the five new psychotherapy competencies in psychiatry. The combination of the internal review findings and a pending ACGME visit convinced most faculty members that they needed to embrace changes in programming. Faculty members were allowed to make required program changes with considerable latitude as long as I could have input before implementation; this resulted in considerable faculty participation.

Similarly, I showed faculty members data that convinced them of a correlation between being one of the clinical departments in the school that ran a large deficit
and the size of recent budget cuts. Faculty members bought into the concept that, by restructuring clinical service-delivery, we could be more clinically productive while preserving quality teaching. Still stinging from the recent cuts, faculty embraced the opportunity to take an active role in “protecting” the department, rather than being passive victims who were powerless to influence their fate. Again, faculty members were given great latitude in restructuring their clinical activities consistent with good teaching and proper adherence to ethical billing practices. The department’s finances improved, and there was a common sense of purpose among faculty.

Immediately upon accepting the position, I met with the Human Resources director to review university personnel policies and prepare for the inevitable challenges to the authority of anyone in an interim position. We wanted to craft responses that showed I was not afraid to act, but would not be seen as hostile or punitive. To be too timid would signal that I could be ignored. To be too harsh would signal that I might be dangerous, prompting faculty to band against me for mutual protection. In my case, I became aware of some faculty members who were arriving late and leaving early, to the detriment of the program. With the help of the legal office and Human Resources, I set clear policies regarding working hours and enforced those policies when they were violated. When this action was challenged and upheld, it sent a clear message that I was in charge, and not afraid to deal with conflict.

Mundt’s (10) Final Stage is leaving the Interim role. An Interim Chair should always be prepared to return to the original faculty role. The Interim Chair’s relationship with peers will have been enhanced if he or she functioned as a positive leader who did not let having authority lead to draconian behavior. At the end of this stage, it is important for the Interim Chair to provide a report to the dean regarding what was accomplished during his or her term and make recommendations for the future. It is also critical to give clear messages of support for the new Chair and actively avoid being drawn by other faculty into conflicts with him or her.

If the Interim Chair is selected to be the permanent Chair, he or she should negotiate any final resources needed to be successful that were not apparent at the onset of the interim position. While organizing the permanent administration, the former Interim Chair should carefully consider the departmental leadership roles of any internal candidates who were not selected. By clearly signaling to the other faculty that he or she values these individuals, the former Interim Chair can avoid an exodus of highly-qualified senior faculty and can gain their support.

**Conclusion**

Being a successful Interim Chair involves preparation long before a position is offered, so that an individual has the requisite skills to rapidly provide the needed leadership. When offered the position, the potential Interim Chair needs to honestly determine whether he or she has the administrative and leadership skills needed to be successful. The candidate needs to be ready to decline the offer if the needed support is not offered. Once the position is accepted, the Interim Chair must work to establish a vision for the department and build a consensus to move that vision forward. With strong leadership, the Interim Chair can have a significant effect on the department that will last long after the interim term.

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**References**

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