

Univ. of Pittsburgh: Dermatology residency (2 years)



National Cancer Institute/Dermatology Branch and Lab Cellular Oncology: Post-doctoral fellow (4 years)



Tufts Medical School: Asst Prof. → Prof. and Vice Chair
Dept. of Dermatology (15 years)



Univ. of Massachusetts Medical School: Vice Chair for
Research, Dept. of Medicine; Director MD/PhD
Program (9 years)



Indiana Univ. School of Medicine: Chair, Dept. of Dermatology (6 years)



MEDICAL SCHOOL AND HOSPITAL ADMINISTRATION

- Recruitment: what does the Dean want?: Research – NIH \$; no problems with students or other learners; VIPs seen quickly. Derm is a miniscule piece of medical student teaching.
- Agreement details in writing. My experience is there's more flexibility for subsequent modifications as a department chair since dealing with Deans and Hospital lead administrators.
- Hospital and Physician groups differ at each institution. IU Hospitals is a very large enterprise. Dermatology is not on USN&WR. We are not cardiology or cancer and don't fill beds. CMS penalties for Claspi and 30 day readmissions don't involve us. Harder to get on hospital radar. As volume practice, I tell leadership that we act like primary care docs.
- Regularly meet with your boss(es).
- Go to the top when necessary.
- Collaborate with other department chairs.
- Dermatopathology in Dermatology or Pathology?

CLINICAL ISSUES

- wRVU productivity model: compensation independent of collections; cosmetics/ cash business additional
- Internal cosmetics referrals
- Clinical trials vs. RVUs
- Inpatient consult service – do all faculty participate?
- Night and weekend call – do all faculty participate?
- Do hospitals pay for 24-7 coverage or inpatient consult services?
- Requested Hospital support of a Hospitalist Dermatologist for inpatient consults
- Hospital financial support for multi-disciplinary clinics

RESIDENCY PROGRAM

- Residency Program Director: started regularly scheduled meetings; can make independent decisions that I will back up even if I don't agree
- # faculty / resident; 1:1 misunderstood by GME committee; what is ideal?
- # clinics with/without residents; all faculty have clinics with residents?
- Must all faculty participate in resident and medical student teaching?
- Dealing with resident reviews of faculty and dept.
- I attend outpatient clinics and with inpatient consults with residents. I meet with them formally for Q&A twice per year. Considered more but consciously decided not to diminish the authority of the Program Director as the go to person.
- I'm rather formal. Call them Dr. Smith. Collegial but not 'friends' and social interactions are with a group and not a select few.

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FINANCE

- Transparency. Faculty don't seem to want details
- Clinical compensation= wRVU including Quality + grant salary + Service + Endowment
- Department receives 10% of wRVU income. Use to underwrite resident compensation and other educational functions
- I'm salaried with no wRVUs or Quality bonuses. Faculty appreciate and respect my willingness to pitch in and cover clinics and consults without remuneration.
- Because of the generous indirect cost return policy at IUSM, grants provide about 50% of the department's total school allocation. I tell the faculty.

COMMUNITY RELATIONS

- Volunteers teach in resident clinics
- Grand rounds: community invited
- State wide derm society and meetings
- Contributions/donors

PERSPECTIVES ON BEING A DEPT. CHAIR

- When started, announced NO mandate for change; emphasize “it’s your department” – encourage faculty to make improvements; changes will happen as the department evolves.
- Department administrator critical for our success and my sanity
- Know each faculty’s strengths and bolster these; learn their weaknesses; understand their goals and help them achieve
- Faculty recruitment: competing with large companies and venture capital; applicants for faculty positions can negotiate with multiple employers; restrictive covenant; research packages variable; is there a ‘vote’ on candidates for faculty appointment?
- Mentoring committee for new faculty

- Monthly faculty meetings with agenda circulated prior, high attendance and participation; finding a convenient time
- Professional Development Plan: reward faculty achievements in the areas of Research, Education, and Service (publications, major meeting presentations; committee participation; medical student advisor; journal and grand round attendance; Inpatient consult service; 10-15 % of indirect costs from all grants
- Encourage and support national and school committee membership; other leadership programs
- Relationships with colleagues and post-docs

How long should one be a department chair?

