

A Guide to Family Medicine Departmental Consultations and Reviews
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Overview

Medical school departments and their chairs are under increasing pressures and tensions. Schools of medicine, hospitals, and practice plans face declining reimbursement and increasing expectations and public scrutiny, requiring greater skill from those who lead our academic and clinical programs. The increased awareness of the pivotal role of chairs and other institutional leaders has led to descriptions of characteristics needed in department chairs¹ and to a variety of programs to train institutional leaders². One universal method of helping chairs and departments lies in the long-standing practice of reviews of academic departments. This paper will describe a method of conducting departmental reviews which was developed by the Association of Departments of Family Medicine, with the goal of strengthening departments and chairs as critical elements of the institutional structure. While the paper is intended to help orient new reviewers, it should also serve as a reorientation to those who are experienced with the review process, and bring a greater degree of clarity to what is often a mysterious process.

Variety of Academic Health Centers and Departments

Academic health centers are highly variable. Some commonly used differentiators are public or private, and research intense or not. However, these dichotomies do not capture the effects of owning a hospital, nor the extent to which the practice plan is integrated with the medical center. A more complex but also more robust analysis divides health centers into four groups, by the extent of academic control, from high to low, and whether the system is self-contained or open.³ Even more complex and precise models have been described.⁴ While medical schools have medical students in common, their goals, scope, and size vary enormously.

Similarly, the most salient characteristic of family medicine departments is their variability. Unlike medical schools and residency training programs, which exist with a national and discipline-based system for accreditation, departments exist at the will of the school and/or university. As a result, they do not have a common set of goals, structure, or methods of support. While almost every department will have programs to train medical students and residents, plus some research and clinical activities, emphasis can and does vary. Family Medicine departments range in size from quite small to 100 or more full time faculty, and from a singular focus on family medicine, to a broad charge that encompasses public and allied health. The result is that rather than reviewing a department against national standards, as happens in reviews of medical schools or residency programs, departments must be evaluated in light of their mission and the support they are provided.

Departmental Reviews

Department reviews are a common aspect of academic life.⁵ Reviews are generally requested by the dean, with the goal of assessing the performance and leadership of the department. Reviews have two major components: an internal review, generally conducted by the department faculty with variable involvement of the chair, and an external review. The incumbent chair often nominates external reviewers, who are selected by the dean. A single individual can complete external reviews, but teams of three are more common, of which one may be designated as the chair. Reviewers are expected to be familiar with the discipline, and be able to advise the dean on the success of the department and the options for further development. The dean is the 'customer' of the review, unlike medical school and residency reviews, where an external committee has oversight. The School defines the process of external reviews, which generally begins with a careful reading of an internal self-study. External reviewers can and should seek additional information when the material appears incomplete or unclear.

Besides requests to the dean's office, other sources of information include the medical school web pages, and web searches on the names of individuals. A surprising amount of information is available on line, sometimes including organizational goals, long range plans and annual updates, and even minutes of faculty meetings. A comparison of how the department and school portrays itself, versus the departmental self study, can identify issues that need clarification during the site visit. In addition, comparison of data on faculty size, composition, and productivity to Association of American Medical Colleges and Medical Group Management Association data sets can reveal patterns that need probing. A list of useful data for departmental reviews has been compiled by the American Academy of Family Physicians, and is shown in Table 1.

The Review Process

The review itself is commonly organized by the Dean's staff, is generally 1 ½ to 2 days in length, and is held on the School campus, often in the offices of the Dean. External reviewers meet with an extensive list of departmental and institutional leaders, including the dean, head of the hospital(s), head of the practice plan, chair of the department, chairs of other key departments, key members of the departmental faculty, plus selected students and residents. A preliminary agenda is circulated in advance, and reviewers can request modifications. The absence of any of the key participants should lead to discussion about the reason for the absence, reconsideration of their presence, and/or identification of other methods of communication with those who will be absent.

External reviews are both busy and complex. They generally begin with a briefing by the dean about the charge to the department and the issues to be dealt with by the reviewers, and are followed by multiple individual and group meetings. The rapidity of the meetings mandates careful advance preparation, including a list of issues to be clarified in each meeting and a list of documents to be discussed.

Interviews visit primarily serve as opportunities for the reviewers to better understand the department, its challenges, successes, and opportunities. They allow participants the opportunity to share viewpoints and concerns which may not be acceptable or safe to share publicly. At times, that leads to little more than axe grinding. Such attempts are obvious and, while annoying, are not otherwise dangerous. Subtler are incomplete versions of events and issues, in which self-service and institutional loyalties are hard to separate. Comparing different versions of key issues can be helpful, but often distracting from the more important task of assessing how the department can be more successful in the future.

Another major purpose of interviews is the opportunity of the reviewers to probe and clarify, and to offer alternative ways of framing issues. Institutions can have strongly held beliefs about the 'proper' role of departments and chairs, and an outside perspective on alternatives can open new opportunities for exploration.

Reviewers can assist the process by clarifying in each meeting the confidential nature of the review process, that comments may be shared without attribution, but also that absolute confidentiality can not be guaranteed, as the list of those with whom the reviewers have met is frequently common knowledge.

Avoidable Risks

A major avoidable risk is for the reviewer to have a preconceived notion of how an ideal department should be constructed and supported. Departments must be constructive components of the school, and their goals, methods of support, and standards of success are set by the school, not the discipline. Of course, little is gained by having a department so out of step with the discipline and so ill supported

that no credible faculty member is willing to lead it, so some negotiation between the dean and chair is normal and necessary.

Similarly, it is not the role of reviewers to 'sell' the discipline to the dean, nor to serve as the advocate for the incumbent chair. Rather, the role of the reviewer is to serve as an external consultant to the dean on the performance of the department, in light of its goals and resources, and to point out opportunities and alternatives that may be worth exploring.

Unavoidable Risks

Reviewers have a necessary, if unpleasant, role in setting standards within the discipline. Faculty whose volume of patients and residents taught are below standards, but whose compensation and level of complaint about excessive workload are above average, are best dealt with by summarily clarifying national expectations and norms. While few reviewers relish being the 'bad cop' during an interview, most chairs appreciate having an outsider reset expectations.

Similarly, while uncommon, reviewers must also be willing to tell a chair that a major change is needed. Institutions and chairs can become so locked in conflict that a department can not succeed without a change in leadership. The decision to retain a chair is an institutional decision, but the perspective of a colleague that the situation is unlikely to improve without a change in leadership style can allow an incumbent chair the opportunity to reflect on whether he or she has the energy and ability to make the required change.

More commonly, departments and chairs have strengths that are worthy of notice and praise, and areas of relative weakness to which additional attention may be worthwhile. The task of reviewers is to assist the dean and other members of the institutional leadership to set high but attainable goals, and to assist the chair and departmental faculty in achieving them.

Common Problems

There are a few problems that are commonly encountered during departmental reviews, for which reviewers need to have well prepared responses. The most common is the entitled department, who feels that its mission is to train students and residents, and that the job of the institution is to provide the support required. Responses that the institution is unable to provide the support requested are dismissed as signs of insensitivity on the part of the school, all too often followed by polarization of the school and the department. Frequently, this is followed by a request for an external review, sometimes preceded by the dismissal of the chair. Resolution of this situation requires helping set reasonable expectation for institutional support, and for what can be realistically achieved given such support. Similarly, departments can more gracefully hear from a colleague about the need to shift from a role of dependency on institutional support, to active participants in seeking better (and less expensive) methods of teaching, and of the need to display signs of, and preferentially results of, an entrepreneurial search for additional revenue.

A less common problem is of setting unrealistic expectations and trying too hard. New chairs, especially, want to help their departments succeed, and can set goals based on the assumption that everything will work perfectly. When goals are missed, disappointment, anger, and blaming can quickly follow. Deans, and reviewers, can assist by clarifying that change is necessary, must begin, but is slow and difficult. Transforming a department can easily require five or more years, as can forming a successful externally funded research group.

A more common problem is unclear expectations. Family Medicine is not the newest specialty, but is still new enough that many deans are not sure what to expect. This lack of clarity is exacerbated by

disagreement within the discipline as to whether departments exist primarily to train and recruit medical students into family medicine, teach residents, and/or conduct research. Here there is no ground for timidity on the part of the reviewers. The role of departments is to assist the school in achieving its objectives. While departments, like their parent schools, will vary in their emphasis and focus, every department should be an active member of its parent institution, contributing to the discussion of institutional issues, and creative in seeking solutions to institutional and larger societal problems.

The most daunting problem is the unexpected issue. Regardless of the extent of the preparation, it is rare for reviews to occur entirely as planned. The hectic pace of life in academic medical centers leads to a degree of institutional instability. The dean who arranges the review may not be the dean who receives the report. Chairs resign before visits, hospitals disengage, centers start or end, and funds for growth are found or lost. There is little reviewers can do to prepare for the unexpected, except to display the traits that hopefully lead to their own success: to be flexible and creative in the face of new challenges.

Delivering the report

In comparison to the hard work of gathering data and sorting through competing perspectives, preparing and delivering the report is relatively easy. Departmental reviews are usually given both orally and in writing. The oral report is given to the dean before the reviewers leave, and is followed by a written summary, generally within a month. Both reports must respond to the charge given to the reviewers by the dean, as well as any other major issues raised during the review process. The oral report can be the more important, as it is 'off record' and allows discussion of highly sensitive topics. Concerns about inappropriate professional behavior of members of the institutional leadership, for instance, need to be shared frankly and confidentially. Similarly, attempts by the department under review, or other departments, to demean or discredit the work of others can be highly destructive to the institution and may require the attention of the dean. Baring such unusual examples, the oral and written report should be concise descriptions of observations, assessments, and options to be considered, rather than definitive on steps to be taken.

Conclusions

Departmental reviews are not easy. They require careful preparation, active listening, the ability to respond unemotionally to issues that strike chords in oneself, and most of all, the ability to offer advice and perspective rather than answers and argument. To those who perform reviews, the reward is a sense of being appreciated (some of the time) of encountering very interesting people (most of the time), and a deepened perspective of the breadth and value of the specialty to our medical schools and our citizens (all of the time.) Rather than being reserved for a group of hoary elders, performing reviews is something to which most chairs should aspire, if only because they will gain as much as they give.

Table 1: American Academy of Family Physicians' Department Consultation Database, 2002

| Department Consultation Database | |
|---|--|
| Prior to a departmental consultation, essential information is needed by the consultant(s) in order to knowledgeably understand the department, related institutions, and address the issues identified in the consultation request. The information requested should not be extremely difficult to find and may be provided by already existing documents such as an annual report, pre-doctoral curriculum, faculty database, budget roll-up etc. This database should be completed and reach the consultant(s) not less than two weeks prior to the actual consultation visit dates. | |
| Organization | |
| 1. | Please outline the chair's experiences that are relevant to leadership of a department, the length of chair's tenure and major accomplishments since becoming the chair. |
| 2. | Append the departmental vision, mission, and strategic plan statements. Outline briefly when these were developed, how they are used and how often they are re- evaluated. |
| 3. | List major institutional committees and responsibilities of the chair. (Append an organizational chart of the AMC) |
| 4. | Provide a departmental organizational chart. |
| 5. | Outline the major administrative roles in the department, who fulfills them, and what time is allotted for each role. (FTE) |
| 6. | List the administrative support positions and their individual and cumulative FTEs plus the FTE/faculty. |
| 7. | Describe the Information Systems needs and functions of the department. How are they supported? |
| Curriculum | |
| 1. | List the medical school courses/electives that the department is involved in, who is responsible, number of students/faculty, and teaching time per course. |
| 2. | Outline the third year clerkship in family medicine -curriculum, duration, and evaluations. |
| Finance | |
| 1. | List all revenue sources and amount: clinical, college, hospital, state, grants, other, and total |
| 2. | List all expenses for the last fiscal year: faculty/staff salary and benefits, rent, equipment, travel/dues, taxes, Dean/practice plan, other, and total. |
| 3. | List reserves: Where are they held or invested? What is the annual return? |
| 4. | Is a portion of faculty compensation designated 'clinical'? How is this determined? Is this at risk relative to productivity? |
| 5. | List the mean faculty salaries by rank and in comparison to AAMC means: assistant professor, associate professor, full professor, PhD, and Chair. |
| 6. | Describe the budget process: How is it developed, reviewed, and finally, approved? |
| Advocacy | |
| 1. | Describe faculty/departmental roles in state and national organizations. |
| 2. | Describe the department's relationships with elected officials. |
| 3. | Describe the chair's relationships with institutional leaders and other chairs. |
| Clinical Effort | |
| 1. | List the clinical site(s), the aggregate FTE of faculty time/site, patient visits/site and aggregate support staff/site. |
| 2. | List the net clinical income versus expenses of each clinical site. |
| 3. | Describe the quality assessments and quality improvement projects in the clinical practices over the last 2 years. |
| 4. | What level of hospital privileges do most faculty obtain and are there any credentialing problems? (OB and ICU/CCU privileging) |
| Scholarly Effort | |
| 1. | Describe the priority level of research in this department, the goals and objectives research and how research is encouraged. |
| 2. | List research support in terms of staff and space. |
| 3. | List the national presentations and publications of the faculty for the last completed fiscal year. |
| 4. | List current grant funding providing title, funding source, PI, & dollar amount. |
| Faculty Development | |
| 1. | Describe faculty development programs for both junior and senior faculty. |
| 2. | Describe any fellowships, their fill rate and funding source. |
| Residency Program(s) | |
| 1. | Briefly describe the mission of the program(s), location, and relationship to the rest of the department. |
| 2. | List the revenue/expense stream for the program including sources of funding. |
| 3. | What is the fill rate in the NRMP for the last three years? How far down the rank list does the program typically go to fill? |
| 4. | Where do your residents typically go after graduation- location, type of practice, fellowships? |
| 5. | What is the resident graduate pass rate and average %tile score on the ABFP certification rate? |
| 6. | Please append a copy of your last RRC accreditation letter. |

¹ Michener, J. Lloyd et al. *Chairs Objectives Panel Report: Attributes of a Successful Department Chair*. Council of Academic Societies, 2002.

² Biebuyck, Julien and Mallon, William. *The Successful Medical School Department Chair: A Guide to Good Institutional Practice, Module I: Search, Selection, Appointment, Transition*. Washington, DC: Association of American Medical Colleges, 2002.

³ Culbertson, Richard; Good, Leslie; and Dickler, Robert. "Organizational Models of Medical School Relationships to the Clinical Enterprise." *Academic Medicine*, November 1996: Vol. 71, No. 11, pp. 1258-1274.

⁴ Weiner, Bryan; Culbertson, Richard; Jones, Robert; and Dickler, Robert. "Organizational Models for Medical School-Clinical Relationships." *Academic Medicine*, February 2001: Vol. 76, No. 2, pp. 113-124.

⁵ Tucker, Allan. *Chairing the Academic Department: Leadership among Peers*. 3rd ed. Phoenix, AZ: The Oryx Press, 1993.