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# Life After Being a Pathology Department Chair II: Lessons Learned.

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# Life After Being a Pathology Department Chair II: Lessons Learned

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## Abstract

The 2016 Association of Pathology Chairs annual meeting featured a discussion group of Association of Pathology Chairs senior fellows (former chairs of academic departments of pathology who have remained active in Association of Pathology Chairs) that focused on how they decided to transition from the chair, how they prepared for such transition, and what they did after the transition. At the 2017 annual meeting, the senior fellows (encompassing 481 years of chair service) discussed lessons they learned from service as chair. These lessons included preparation for the chairship, what they would have done differently as chair, critical factors for success as chair, factors associated with failures, stress reduction techniques for themselves and for their faculty and staff, mechanisms for dealing with and avoiding problems, and the satisfaction they derived from their service as chair. It is reasonable to assume that these lessons may be representative of those learned by chairs of other specialties as well as by higher-level academic administrators such as deans, vice presidents, and chief executive officers. Although the environment for serving as a department chair has been changing dramatically, many of the lessons learned by former chairs are still valuable for current chairs of any length of tenure.

## Keywords

health system leadership, lessons learned, medical school leadership, pathology department chairs, senior fellows

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## Introduction

There have been selected reports describing experiences, perceptions, and lessons learned by individuals who have served as academic department chairs.<sup>1–11</sup> The Association of Pathology Chairs (APC) senior fellows have been previously described and have contributed to this literature.<sup>12</sup> Some of these reports have suggested that the most challenging aspects of chairing a department are paperwork, faculty conflicts, responsibility without authority, financial concerns, sacrificing personal growth, and the relative lack of autonomy.<sup>1,5</sup> Others have emphasized the importance of seeking mentorship from other chairs and learning to delegate some chair responsibilities to others.<sup>7,10</sup> Such findings exemplify the importance of lessons of the past, particularly since the position of department chair is becoming more complicated and difficult with the rapidly changing environment of funding, technology, and regulations.

The 2016 APC annual meeting featured a discussion group of senior fellows that focused on how they decided to transition from the chair, how they prepared for the transition, and what they did after the transition.<sup>12</sup> At the 2017 annual meeting, the

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senior fellows conducted a follow-up discussion group that assembled the lessons learned during their nearly half a millennium of combined chair service. This report of those findings is somewhat unique in the literature since it is the output of a homogeneous group of relatively long-serving individuals.

## Methodology

Thirty-one senior fellows participated in the 2017 annual meeting discussion group. These 31 individuals collectively represent 481 years of department chair service. More than half of them stepped down as chair 6 to 10 years ago, were external candidates for the position, and chaired departments of more than 25 salaried full-time faculty that were based in both a medical school and hospital. More than two-thirds chaired departments in public schools. The research ranking of the departments ranged from the top 10 to the lower half of academic departments. The senior fellows had a vast array of educational, clinical, and research accomplishments throughout their careers.

Prior to the discussion group, the fellows were divided into 3 work groups based upon their years of service as chair (5-10, 11-19, and more than 20). These groups were given the opportunity to provide both written and verbal input before the annual meeting. Because the findings in this article were the output of a discussion group, the University of California, San Diego Human Research Protections Program deemed that institutional review board review was not necessary. That said, it should be emphasized that quantitative information is lacking and that the reported outcomes represent the overall general opinions of the 31 senior fellows as gathered both verbally and from written comments submitted before the discussion group occurred and from additional verbal comments during the discussion group.

## Results

### *Preparation for the Chairship*

*Preparation from prior experiences.* Many individuals reported that prior graduated responsibilities, mentorship and advice, and study of documents prepared them well for the chairship. Others reported that their prior work with professional organizations and experience from considering other chairships were important (Table 1).

*How they would have prepared differently knowing what they learned as chair.* Many senior fellows indicated that they would have taken courses on management, communication, business, leadership, financial management, and technology. They specifically mentioned courses for clinical service chiefs (eg, Harvard courses) and for new chairs (APC). Other senior fellows indicated that they would have spent more time walking through the department and talking with faculty before assuming the chairship, while several emphasized the need to learn how the institution works and how it evolved (Table 2).

**Table 1.** Preparation for the Chairship.

Graduated responsibilities
1. Education (medical school course director, residency program director)
2. Clinical (director of clinical laboratories, chief medical officer of health system, quality officer of health system)
3. Research (managed research laboratory)
4. Administrative (division chief, vice chair, acting chair)
Mentorship/advice
1. Prior department chair (especially important for ongoing contract negotiations with health system)
2. Dean
3. Chief executive officer of health system
4. Search committee members
5. Department faculty
Study of documents
1. Formal reviews of department
2. Faculty curricula vitae
3. Medical school curriculum
4. Department and institutional financial material, bylaws, and history
Prior work with professional organizations
Experience from considering other chairships

**Table 2.** How They Would Have Prepared Differently Knowing What They Learned as Chair.

Taken more structured preparation
1. General skill development (management, communication, business, leadership)
2. Specialized courses (eg, clinical service chief courses, new chair courses)
Unstructured activities
1. More education in financial management and technology
2. More time walking through the department and talking with faculty before assuming the chairship
3. Learning how the institution works and how it evolved

### *What They Would Have Done Differently as Chair*

Senior fellows indicated that they would have made changes in both the mission-based (clinical, educational, and research) as well as the structural and cultural aspects of their departments and would have spent more time on their own personal development and on acquisition of resources (Table 3).

### *Critical Factors for Success*

Both internal and external support and collaboration were deemed to be critical factors for successful performance as a department chair as well as faculty productivity and success, personal job satisfaction, extramural financial support and fund-raising, personal values, skills, and prior experiences. Some commented that chairing is a team sport, advising that successful chairs coach/mentor and do not micromanage faculty while others noted the importance of involvement in the institution (“if you are not at the table, you will be on the menu”). Finally, the use of mentors and coaches by the

**Table 3.** What They Would Have Done Differently as Chair.

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Clinical
1. Integrated pathology into the clinical service teams
Education
1. Given more recognition and reward to volunteer faculty for effective teaching
2. Spent more time with the residents
Research
1. Promoted research in education
2. More resident research and academic career development
3. Developed stronger interdisciplinary research programs
4. Provided more protected time for clinical faculty and involved them more widely in translational and collaborative research
5. Obtained more space for growth of research
Structure and culture
1. Achieved more diversity
2. Spent less time trying to satisfy all the departmental faculty
3. Had more frequent and open communication with the new faculty
4. Invited more visiting professors
5. Focused more on developing leadership skills in junior faculty
6. Micromanaged some situations less (eg, dysfunctional divisions)
7. Appointed better leadership to resolve issues
8. Acquired more professional business input
Personal development
1. Spent more time in leadership training
2. Played a more active role in their own professional group activities
3. Improved skills in management, conflict resolution, and communication
4. Acquired more information on how hospital administration works
5. Taken a sabbatical leave
Resources
1. Clarified what support would be provided to the department before accepting the chair
2. Obtained needed resources before accepting the chair (“don’t go cheap in negotiations, especially if you are an internal candidate”)
3. Asked for more resources while chair (“ask for more than you need because inevitably your request will be downsized”)

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chair herself or himself was considered to be important (Table 4).

### **Factors Associated With Failures**

Senior fellows articulated a variety of elements that they associated with failure as chair. These ranged from issues with the recruitment package offered to them, lack of shared vision of leadership, disruptive faculty, inadequate resources, inability to resolve conflicts, poor communication skills, and cultural differences (Table 5).

### **Stress Reduction for Self**

Senior fellows described an array of stress-reduction strategies for themselves. These included networking for advice and support from professional colleagues, family, and friends; using

**Table 4.** Critical Factors for Success.

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Internal support and collaboration
1. Dean and health system
2. Other chairs and leaders in order to plan and implement programs
3. Institutional support for innovation
External support and collaboration
1. Professional organizations (eg, Association of Pathology Chairs)
2. Regional and national leaders to help plan and implement programs
3. Extramural financial support and fundraising
Faculty productivity and success
1. Nurturing the faculty, staff, and trainees to enable them to achieve their goals
2. Amount of time and energy expended by voluntary faculty in teaching
3. Growth, development, and success of the junior faculty
4. Strong clinical, teaching, and research operations in the department
Personal attributes and values
1. Honesty, integrity, transparency, humility, tolerance
2. Feeling of job satisfaction
3. Fairness, objectivity, empathy, humor
4. Curiosity, optimism, emphasis on excellence
5. Commitment, perseverance, patience, resilience
6. Being visible, affable, and available
7. Being involved in the institution
Skills and abilities
1. Leadership and vision
2. Negotiating effectively with subordinates, peers, and superiors with a focus on overall success
3. Team building with identification of key roles for all
4. Delegating appropriate authority and responsibility
5. Communicating and consensus building
6. Mentoring and coaching instead of micromanaging
7. Establishing trust with others in order to work together and face challenges
Prior experiences
Use of mentors and coaches by the chair

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escape mechanisms; delegating activities; developing more self-awareness; and others (Table 6).

### **Stress Reduction for Faculty and Staff**

In addition to reducing stress for oneself, the senior fellows emphasized the importance of stress reduction for their faculty and staff. Effective communication and engagement were deemed to be an essential component of reducing stress on others as well as being visible and accessible as the chair (Table 7).

### **Dealing With and Avoiding Problems**

The importance of consulting with others for advice was emphasized as an important element in dealing with and avoiding problems. Another important mechanism was to establish an equitable, transparent, and explicit system of reward and recognition for faculty and staff. The personal qualities and

**Table 5.** Factors Associated With Failures.

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Administration and leadership
<ol style="list-style-type: none"> <li>1. Administration failing to keep promises including the chair package</li> <li>2. Leadership (eg, dean, health system chief executive officer) that does not share values or priorities with chairs or each other</li> <li>3. Poor communication skills</li> </ol>
Limitations on chair
<ol style="list-style-type: none"> <li>1. Lack of authority or a pathway to resolve conflicts</li> <li>2. Lack of resources (eg, money, space) under the discretion of the chair</li> </ol>
Faculty
<ol style="list-style-type: none"> <li>1. Disruptive faculty who are unwilling to change or to leave</li> <li>2. Faculty with disproportionate and/or inappropriate influence due to funding, politics (whom they know), and/or rules (eg, shared governance)</li> </ol>
Culture and values
<ol style="list-style-type: none"> <li>1. Attempting to merge/integrate entities (eg, departments, institutions) that have vastly different philosophies, cultures, and values</li> </ol>

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**Table 6.** Stress Reduction for Self.

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Networking for advice and support
<ol style="list-style-type: none"> <li>1. Institutional colleagues (eg, other chairs, deans, staff, health system administrators)</li> <li>2. Extramural colleagues (eg, chairs at other institutions, colleagues at national meetings, on boards, and in professional organizations)</li> <li>3. Family, friends, mentors, advisors, coaches</li> </ol>
Escape mechanisms
<ol style="list-style-type: none"> <li>1. Remaining active in clinical, teaching, and research activities</li> <li>2. Protected time for personal scholarship; sabbatical leave</li> <li>3. Personal, nonprofessional protected time (eg, activities with family and friends, vacation, sports, hobbies, exercise, travel)</li> </ol>
Delegation
<ol style="list-style-type: none"> <li>1. Delegating appropriate responsibilities and authority to department administrators, associate/vice chairs, section chiefs, faculty</li> <li>2. Choosing the right people and helping them to navigate the challenges</li> <li>3. Avoid micromanaging in order to build trust and a high-performance team</li> </ol>
Developing self-awareness
<ol style="list-style-type: none"> <li>1. Becoming aware of one's own strengths and limitations</li> <li>2. Realizing that entrepreneurs have multiple failures or they are not trying hard enough</li> <li>3. Understanding that it is impossible to get everything optimal the first time and that some problems take time and trial and error to resolve</li> <li>4. Appreciating that challenges are puzzles to be solved and often opportunities</li> <li>5. Helping family and friends to understand the reasons for long hours</li> </ol>
Having a supportive and loving family

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characteristics of the chair, such as being pleasant, available, and engaged with faculty and staff, were also significant factors in avoiding and dealing with problems (Table 8).

**Table 7.** Stress Reduction for Faculty and Staff.

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Communication
<ol style="list-style-type: none"> <li>1. Attend to both individual and general communications</li> <li>2. Clarify and communicate often about departmental goals, vision, and the strategy to achieve them</li> <li>3. Have regularly recurring faculty meetings and staff "town hall" meetings, mini-retreats, and social gatherings</li> <li>4. Be visible and accessible with an "open-door" policy for faculty and staff</li> </ol>
Faculty and staff engagement
<ol style="list-style-type: none"> <li>1. Create strong support systems to help faculty and staff define and achieve their personal goals</li> <li>2. Emphasize available support in one-on-one meetings with faculty and staff</li> <li>3. Engage faculty and staff in planning efforts and decision-making processes</li> <li>4. Provide individualized expectations of roles, responsibilities, and performance</li> <li>5. Indicate that well-intentioned, well-informed mistakes are welcomed</li> </ol>

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**Table 8.** Dealing With and Avoiding Problems.

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Consulting with others for advice
<ol style="list-style-type: none"> <li>1. Pathology organizations (eg, Association of Pathology Chairs, American Society for Investigative Pathology, College of American Pathologists)</li> <li>2. Other medical and professional societies (eg, Association of American Medical Colleges, American Medical Association)</li> <li>3. Former pathology chairs, immediate former chair of the department</li> <li>4. Pathology chairs from their previous departments as student, trainee, faculty</li> <li>5. Institutional leaders: other chairs, dean's office personnel, health system leadership</li> <li>6. Senior faculty both within and outside the department</li> </ol>
Reward and recognition
<ol style="list-style-type: none"> <li>1. Develop a transparent and explicit financial reward/incentive system with input from faculty, staff, and institutional leadership that may be in the form of compensation, discretionary funds, and/or mission support (research, education, clinical activities)</li> <li>2. Develop recognition and nonfinancial reward for incentivizing performance (eg, titles; perks such as parking, tickets to events, awards)</li> </ol>
Personal qualities and factors
<ol style="list-style-type: none"> <li>1. Be pleasant with faculty and staff</li> <li>2. Listen carefully</li> <li>3. Try not to be intimidating and overbearing</li> <li>4. Be available and transparent</li> <li>5. Keep your word and commitments</li> </ol>

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### *Dealing With Problem Faculty*

Dealing with problem faculty was a major focus of discussion by the senior fellows. A key to resolving problems with faculty was felt to be in communications, in trying to both understand the issues and resolve them. Evaluating potential underlying medical and behavioral causes was mentioned by several. Providing explicit expectations for performance and discussing other

**Table 9.** Dealing With Problem Faculty.

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Communications
<ol style="list-style-type: none"> <li>1. Try to understand the perspective of the faculty member, listen to their points of view</li> <li>2. Offer alternatives and compromises</li> <li>3. Consider and evaluate potential medical and behavioral issues (eg, substance abuse, mental illness)</li> <li>4. Establish explicit expectations for performance and consequences for nonperformance</li> <li>5. Provide general career advice and, when appropriate, identify other career opportunities that may be a better fit for the faculty member</li> </ol>
Active interventions
<ol style="list-style-type: none"> <li>1. Follow institutional guidelines</li> <li>2. Document details of interactions, actions, performance, and response</li> <li>3. Engage at least one other departmental leader (eg, division chief, vice chair)</li> <li>4. Provide options and advice (eg, other positions, buyout, or reduced compensation if available)</li> </ol>
Involve administrative hierarchy
<ol style="list-style-type: none"> <li>1. Dean and associate deans, hospital leadership</li> <li>2. Human resource department</li> <li>3. Department administrators and vice chairs</li> <li>4. Departmental and institutional committees</li> </ol>
Observations
<ol style="list-style-type: none"> <li>1. Realize that all chairs have problem faculty from time to time</li> <li>2. Recognize that being empathetic and a good listener may ultimately make it more difficult to deal with struggling faculty who are trying hard but just not making it</li> </ol>

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career opportunities were often helpful. When active intervention was needed, following institutional policies and procedures was essential, along with engaging appropriate institutional leadership. It was observed that all chairs have problem faculty from time to time and that being empathetic often makes it more difficult to deal with struggling faculty who are trying hard but just cannot make it (Table 9).

### *Satisfaction From Serving as Chair*

Reflecting upon their years of service as pathology department chairs, the senior fellows especially noted the satisfaction they derived from recruiting and mentoring faculty, staff, and trainees and from supporting them in defining and achieving their goals. They also stressed the satisfaction obtained from creating innovative educational, research, and clinical programs and from finding new sources of revenue and creating financial stability in their departments. They valued working with faculty and staff to improve the status and sustainability of the department and working with fellow chairs (pathology and nonpathology) as well as deans and other health system leadership to define and achieve institutional goals. A number of senior fellows mentioned their satisfaction from working with other institutions and organizations as chair representatives to help develop programs and activities that enhance the missions of pathology and medicine (Table 10).

**Table 10.** Satisfaction Derived From Serving as Chair.

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Professional departmental interactions
<ol style="list-style-type: none"> <li>1. Recruiting and mentoring faculty, staff, and trainees</li> <li>2. Supporting faculty, staff, and trainees in defining and achieving their goals</li> <li>3. Working with faculty and staff to improve the status and sustainability of the department</li> </ol>
Department development
<ol style="list-style-type: none"> <li>1. Creating innovative educational, research, and clinical programs</li> <li>2. Finding new revenue sources and creating financial stability</li> </ol>
Institutional and external activities
<ol style="list-style-type: none"> <li>1. Working with fellow chairs (pathology and nonpathology) as well as deans and health system leadership to define and achieve institutional goals</li> <li>2. Working with other institutions and organizations to help develop programs and activities that advance the missions of pathology and medicine</li> </ol>

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### **Discussion**

Although the population size involved in the discussion group was small (31 senior fellows) and the information was not based on a formal survey, the total number of years served as chair by the group was large (481 years), and there was general concurrence on the lessons learned by this homogenous group of people. These lessons included preparation for assuming the chair, reflections on what they would have done differently as chair, identification of critical factors for success and factors associated with failures, stress reduction techniques for themselves and for their faculty and staff, methods for dealing with and avoiding problems in general and with problem faculty, and the satisfaction derived from serving as chair. Interestingly, despite the fact that the 3 work groups engaged in preliminary discussions prior to the annual meeting were divided by years of service as chair (5-10, 11-19, and more than 20), there were no apparent differences in the views expressed by each group. Furthermore, it was not possible to determine when in the course of one's chairship (early, midterm, late) certain lessons were learned.

We speculate that the lessons articulated in this study may be representative of those from disciplines other than pathology and may even be applicable to higher-level academic administrators (eg, deans, vice presidents, health system chief executive officers). Indeed, a few of the lessons described have been previously reported by others. The work of Mets et al<sup>9</sup> indicated the value of serving as a vice chair prior to assuming the chair, while Fisher<sup>8</sup> noted the importance of chair interactions with the prior chair. Keith and Buckley<sup>5</sup> noted the significance of the chair's personal attributes and skills as a factor for success in the role of chair. Ness and Samet<sup>7</sup> corroborated the value of the chair's delegation of selected responsibilities, and Roediger<sup>6</sup> highlighted the importance of walking around the department and being visible. The study of Lee<sup>1</sup> emphasized the satisfaction derived from improving departments and programs and developing the faculty. Similarly, while the APC senior fellows concluded that service as a pathology

department chair was far from easy, they also felt that the satisfaction derived from it was most rewarding.

Becoming a department chair can be a life-changing experience for people who assume this role. Informal discussions with APC members over the past several years have indicated concerns in handling difficult faculty, balancing work life with personal life, coping with stress, and the feeling that perhaps they did not prepare adequately for becoming chair. Review of lessons learned by this homogeneous group of relatively long-serving former chairs can be of potential help to current chairs in facing these challenges, regardless of the length of service as chair.

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