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# Life After Being a Pathology Department Chair III: Reflections on the “Afterlife”

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## Abstract

The Association of Pathology Chairs Senior Fellows Group provided reflections on activities that have kept them engaged and inspired after stepping down as chair. They offered advice to current chairs who were considering leaving their positions and also to individuals contemplating becoming pathology chairs. A majority (35/41) responded: 60% maintained teaching/mentoring activities; 43% engaged in hobbies; 40% took other administrative positions including deans, medical center chief executive officers, and residency program directors; 31% continued research; 28% wrote books; 20% performed community service; 14% led professional organizations; 14% developed specialized programs; 11% engaged in clinical service; and 11% performed entrepreneurial activities. Most individuals had several of these activities. One-third indicated that those considering becoming chair should be able to place faculty and department needs before their own. One-fourth emphasized the need to know why one wants to become chair, the need to develop clear goals, and the need to know what one wants to accomplish as chair before applying for and accepting the position. More than half (57%) indicated that before stepping down as chair, one should have a clear plan and/or professional goals that can be served by stepping down. Some even suggested that this be in place before applying for the chair. Almost two-thirds (63%) indicated they had no regrets stepping down as chair. These findings may be valuable to those contemplating stepping down from or stepping into any department chair position or other academic leadership role.

## Keywords

advice, career trajectory, pathology chairs, postchair activities, reflections

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## Introduction

Members of the Association of Pathology Chairs (APC) Senior Fellows Group (former department chairs who have chosen to remain active in APC) have previously contributed to the literature on lessons learned while serving as chair.<sup>1,2</sup> Although there is a considerable literature on elements for success as a chair including publications from the Association of American Medical Colleges,<sup>3,4</sup> it is relatively scanty on how former chairs find fulfillment after stepping down from the position and how they prepare for it.<sup>5-10</sup> Accordingly, in order to address this subject, the APC senior fellows provided information about what has kept them engaged and inspired after stepping down as chair, what advice they would give to those contemplating a position as chair, what advice they would offer to

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**Table 1.** Categories of Postchair Activities (% of Participants).\*

Teaching/mentoring (60%)
Hobbies (43%)
Administration (40%)
Research (31%)
Writing books (28%)
Community service (20%)
Leadership of professional organizations (17%)
Development of special programs (14%)
Clinical service (11%)
Entrepreneurial activities (11%)

\*Percentages total more than 100% since most respondents participated in multiple activities.

those considering leaving the chair, and whether or not they had misgivings about stepping down as chair.

## Methodology

All APC senior fellows ( $n = 41$ ) were asked to provide input based upon questions provided to them by e-mail with a participation rate of 85% ( $n = 35$ ). The questions were open-ended, each requiring a narrative response, and the answers were abstracted and anonymized by one of us (D.N.B.). The assembled information was reviewed and discussed by a work group of senior fellows (authors of this report), who provided further input in addition to having responded to the questions themselves. Because the collective findings in this report were the output of an informed work group, the University of California, San Diego Human Research Protections Program does not require institutional review board review.

## Results

### Demographics

The years of service as chair for the 35 respondents totaled 551 (range, 1-34; mean/standard deviation [SD] = 15.7/7.9). The time elapsing since these individuals stepped down as chair ranged from less than 1 year to 29 years (mean/SD = 9.3/7.4). Four (11%) respondents were women, which is less than half the current percent of women chairs in APC (25%) but about the same as the percent of women senior fellows (12%). Information on age was not collected. There were no distinguishing features for the group of 6 nonresponders.

### Postchair Activities

Table 1 lists the categories of postchair activities undertaken by the project participants ( $n = 35$ ), while Table 2 provides a list of administrative positions held by the 14 (40%) individuals whose postchair activities included administration. It should be noted that some former chairs ( $n = 9$ , 26%) assumed multiple successive or simultaneous administrative posts following service as chair.

**Table 2.** Postchair Administrative Activities.\*

Pathology residency program director ( $n = 11$ ) (31%)
Medical school dean ( $n = 6$ , including one who was dean at 2 different schools) (17%)
Medical center chief executive officer ( $n = 3$ ) (8%)
Medical director of outreach reference laboratory
Medical director of 4 outside laboratories
Director of telemedicine program
Executive director of medical library
Executive vice president for academic affairs
Interim dean for graduate and life sciences education
Senior academic advisor to the dean
Interim vice dean for research and international relations
Deputy vice chancellor for health sciences
Deputy dean of school of pharmacy
Vice chancellor for health affairs
Vice dean for research and innovation
General pathology course director
Chief of surgical pathology
Vice chair for anatomic pathology
Vice chair for faculty development

\* $n = 1$  responder unless otherwise indicated. Most former chairs who reported postchair administrative activities engaged in more than one so that the total listed in this table is more than the 14 indicated in the text.

Community service was reported by 7 (20%) senior fellows and included an array of activities and positions: city commission member, county medical society president, local animal rescue facility volunteer, expert witness in patent litigation, hospital board member, chamber of commerce board member, barrier island land improvement board member, fraternity foundation president, and community philanthropic foundation director.

Postchair professional organization leadership ( $n = 6$ , 17%) included service as president of the College of American Pathologists, chief executive officer of the American Medical Association, chief executive officer of the American Board of Pathology, chair of the American Registry of Pathology Board of Directors, College of American Pathologists governor, and medical director of The Marcus Foundation.

Postchair special program development activities ( $n = 5$ , 14%) included a national pilot project on time-variable, competency-based medical education; a faculty leadership program; a program to introduce nonphysicians early in life science training to the research world of mechanisms of disease; a program in machine learning and artificial intelligence; and a telemedicine program. Entrepreneurial activities were reported by 4 (11%) participants, which included launching biotechnology start-up companies, starting an independent for-profit subsidiary of a major professional organization with an associated venture fund for it, and building and directing a real estate company.

A significant group ( $n = 15$ , 43%) indicated that they spent time with hobbies. It was not clear how many of these were completely new activities nor that more time was spent in these pursuits although a few did indicate learning new skills. Finally, there was no apparent correlation between the years

**Table 3.** Advice for Those Considering Becoming Chair (% of Participants).

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Put the needs of the faculty and department before your own (31%)  
 Know why you want to become chair, have clear goals, and know what you want to accomplish as chair (23%)  
 Shadow another chair and/or consult with chairs to develop experience to negotiate for the position (11%)  
 Acquire additional skills you may not already have (eg, business, management, negotiation, communication, finance) (8%)  
 Maintain your own personal skills (research, education, practice) in order to have them when you step down as chair, in order to maintain credibility with the faculty and staff, and in order to provide some "relief time" as chair (8%)  
 Study the institution before applying for chair; know where the opportunities and landmines are; be sure that the administration is sound (8%)  
 Consider serving as chair for a defined period of time and then exit whether or not a new chair is in place (6%)  
 Single comments:  
 Assure that your professional goals will be served by becoming chair  
 Be visible in the pathology community  
 Before applying for a chair, know what you want to do when you step down  
 Validate your fit to be chair by making your current job as big as possible  
 Do not rush into the decision to apply for chair prematurely  
 Avoid as much as possible getting involved in politics  
 Be careful with whom you share your ambition to become chair  
 Assure that you prepare escape hatches and landing strips before accepting a chair  
 Declare your interest in leadership so that you can begin to be groomed  
 Know whether the chair is to be a placeholder or whether the department is to grow, and, if the latter, get the dean's support in writing  
 Know what resources will be offered to accomplish the mission  
 Understand the department finances  
 Have the temperament to deal with conflict  
 Be able to balance department interests with those of the institution at large

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of service as chair and the types of activities in which respondents engaged after stepping down from the position.

### *Advice for Those Considering Becoming Chair and for New Chairs*

Almost one-third ( $n = 11$ , 31%) of respondents indicated that anyone considering a chair must understand that the needs of the faculty and the department take precedence over one's own professional interests. About one quarter ( $n = 8$ , 23%) emphasized that individuals should understand why they want to be chair, must have clear goals for the department, and know what they want to accomplish as chair. Additional recommendations as well as individual comments are included in Table 3.

Specific advice for new chairs included being prepared to delegate responsibility and authority as well as consulting others frequently, including other chairs. Additional suggestions are included in Table 4.

**Table 4.** Advice for New Chairs (% of Participants).

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Prepare to delegate responsibility and appropriate authority (6%)  
 Consult others frequently, including other chairs (6%)  
 Single comments:  
 Have a mentorship structure in place  
 Deal with faculty face-to-face  
 Get complaints in writing before acting on them  
 Determine how to align faculty and your own personal interests with departmental and institutional interests  
 Have a communication style that is forthright and honest  
 Develop good relationships with your superiors  
 Develop an advisory group of faculty and staff that you trust  
 Do not hire based upon curricula vitae alone  
 Garner the support of the dean and at least most of the faculty  
 Become familiar with those aspects of professional life with which you may have had less exposure (eg, basic science, clinical service)

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**Table 5.** Advice for Chairs Considering Stepping Down (% of Participants).\*

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Have a plan and/or professional goals that can be served by stepping down and that include an exit strategy and a process to follow: assess motivation for stepping down, what you have learned, and how that will fit into next career move; determine what you will do and what your salary needs will be; and negotiate timing (57%)  
 Step down while you still have energy, ideas, and a plan to work on something engaging either inside or outside of pathology and when the department is still strong and on an upward trajectory (23%)  
 Don't interfere with department decision-making after you step down (14%)  
 Don't despair or feel sorry for yourself; instead reinvent yourself (14%)

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\*Percentages total more than 100% since individuals usually offered recommendations in more than one area.

### *Advice for Chairs Considering Stepping Down*

More than half ( $n = 20$ , 57%) of respondents emphasized the need to have a plan and/or professional goals that can be served by stepping down as chair which includes a process to follow: assessing one's motivation, what one has learned, how those lessons fit into the next career move, assessing one's readiness to give up power and autonomy (unless moving to a higher level position), determining what things to do to remain engaged and inspired, determining salary needs and sources, and negotiating the timing of the departure (Table 5). Some even advised developing a plan before applying for the chair. About one quarter ( $n = 8$ , 23%) emphasized the importance of timing when stepping down. The consensus was that one should step down when the department is strong, still moving upward, and when the chair is not tired and exhausted but when he/she still has energy, ideas, and a plan to work on something engaging either inside or outside pathology. Some ( $n = 5$ , 14%) advised that the former chair must not try to remain as department decision maker or surrogate chair. If the former chair remains in the department, he/she should work out the role with the new chair and might start by taking a sabbatical leave to

**Table 6.** Regrets After Stepping Down as Chair.

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Missing interacting with students
Missing regular contact with faculty and students as well as being on top of programs in all faculty members' areas
Missing the authority that accompanies the chair
Missing the staff assistance
Having concern with the new direction of the department after stepping down
No longer being in the "information loop"

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**Table 7.** Coping Strategies for "Chair Withdrawal."

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Teaching part time
Meeting with faculty and section heads
Finding other activities in which to engage
Seeking information through other contacts

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allow the new chair time to become established on his/her own. Several individuals ( $n = 5$ , 14%) noted that one should separate who one is from what one did and should not define oneself in terms of work or perceived stature (Table 5).

### *Regrets and Coping Strategies After Stepping Down ("Chair Withdrawal")*

Almost two-thirds ( $n = 22$ , 63%) of respondents indicated that they had no regrets ("chair withdrawal") after stepping down as chair, although a few indicated that they indeed had some regrets (Table 6). These included missing interactions with students and other faculty, missing staff assistance, not being in the "loop" for information, and having concern for the new direction of the department. Coping strategies included teaching part time, meeting with faculty and section heads periodically, finding other activities in which to engage, and by keeping eyes and ears open and developing new information flow sources (Table 7).

## **Discussion**

Leaving an administrative position either voluntarily or involuntarily is a momentous, life-altering decision for most individuals, regardless of whether they "step down" to retirement, return to active faculty status, "step up" to a different administrative post, or perhaps even start a career in another field.<sup>11</sup> Unfortunately, the literature on this topic is limited. The APC Senior Fellows Group provided a good opportunity to investigate what a relatively homogenous group of individuals (all former pathology chairs) have done after leaving the position as well as how they would advise those who were considering seeking or leaving the position. Although this group has previously addressed some issues of postchair life,<sup>1</sup> the present project focused more broadly on what has kept them engaged and invigorated following their service as chair.

The majority of 35 former chairs who participated in this effort remained connected with academia, either teaching or

mentoring, engaging in academic administrative activities, continuing research, writing books, developing special academic programs, or combinations of these. A smaller number engaged in community service, leading major professional organizations, focusing on entrepreneurial activities, and performing clinical service. As one respondent put it: "You can take the chair out of the office, but you cannot take the office out of the chair. The same qualities that created a successful chair are now channeled in different directions both academic and nonacademic."

In his review, Gmelch<sup>10</sup> reports that about 20% of department chairs move upward in academic administration compared with 40% reported by respondents in the current study (Table 1). The report by Gmelch, however, appeared to focus on department chairs outside the health sciences, while this report is from a group of former health sciences chairs who have chosen to remain active in their academic professional society.

Although immersing themselves in these activities, almost half of respondents specifically mentioned a wide range of hobbies, including some less conventional activities such as building wood kayaks, collection and restoration of vintage fountain pens, orchid hybrid development and maintenance, planting olive trees, changing a vineyard from pinot noir to sauvignon blanc production, and teaching high-performance driving. It is not clear how many of these activities represent new hobbies or ones in which the former chair had been previously engaged.

The advice provided to individuals contemplating a position as chair and to new chairs emphasizes having the ability to put the needs of faculty and the department before one's own, understanding why one wants to become chair, and knowing what one hopes to accomplish as chair. The relative lack of consensus regarding advice specific to new chairs (Table 4) might reflect the fact that there was wide variation in time elapsed since the senior fellows had stepped down as chair (<1 year to 29 years), during which time circumstances such as reimbursement, research expectations for the chair, and healthcare delivery had changed. In some instances, a perceived leadership vacuum or other serious problems may make individuals aspire to become chair at their home institution. The importance of being transparent was also stressed as essential because it helps to build confidence with the faculty. Additional advice included the preservation of one's own personal skills in research, education, and practice so that one can return to them after the chair. Admittedly, this is a difficult balancing act for many. Although commenting from the perspective of a former graduate school dean rather than department chair, June<sup>12</sup> emphasized the importance of "looking like a faculty member" while in administration, and the continuation of these activities helps to achieve that end.

Of note is that only 11% of respondents in this study indicated that they engaged in clinical work after stepping down from the chair, perhaps suggesting that fewer chairs continue clinical practice while serving as chair. Justice<sup>13</sup> notes the difficulty in returning to and/or continuing these activities, particularly research,<sup>14</sup> if one is recruited to an administrative post

from outside the institution instead of from within the institution in which these activities are already ongoing. A sabbatical leave immediately upon stepping down may be very helpful in reestablishing these skills.<sup>15</sup> The importance of considering early on what one will do after serving as chair was also mentioned by the respondents. As one past chair noted: “listen to your heart first and your mind second; you must be happy in whatever you pursue, and the heart is a better indicator of happiness than the mind.” It is likely that these recommendations from former chairs reflected factors that contributed to their own success as chair.

The work group evaluating the responses noted that in some institutions chair term limits are imposed and that in a few institutions age limits on leadership positions are in place. Advantages of such limitations may include the fact that the department is forced to “refresh” itself periodically with new leadership and that the incumbent chair can better plan with the knowledge that an established end date is approaching. Disadvantages may include difficulty in recruiting chairs, especially from outside the institution; forcing a “lame-duck” period for the incumbent chair, which may weaken his/her authority; and having less time to make big changes. It was also noted that the length of service as chair (mean/SD = 15.7/7.9) in this cohort greatly exceeded the term of most medical school deans (5 years or less),<sup>16</sup> suggesting that the search for new chairs in institutions with term limits may be impacted from time to time by the lack of a permanent dean. The work group emphasized that incoming chairs should know whether or not the institution to which they are recruited has term limits and that they should also know the criteria by which they will be evaluated.

The work group also noted the importance of diversity, inclusion, and equity as well as mentoring in being a successful chair.<sup>17</sup> In fact, 60% of respondents noted that they continued teaching and mentoring. Importantly, although the recommendation of putting the needs of department and faculty before one’s own is critically important, the chair should not ignore his/her own welfare. A chair with “burnout” simply cannot be successful.

The circumstances leading to the decision to step down as chair could include the desire to have more time to cultivate other activities, health-related issues, and conflicts with leadership. However, the specific reasons were not determinable in this group of former chairs. In offering advice to chairs considering leaving the position, the senior fellows overarching recommendation is to have a plan and to carefully consider the timing. This is consistent with the report of Dodds et al<sup>18</sup> who stressed the importance of developing a retirement plan. Whenever possible, one should step down while one still has energy and ideas to work on something else and while the department is still strong and on an upward trajectory. If one is staying on in the department, it is important to have the terms (position, resources, space) clearly defined. Then, having stepped down, one should not look back and second-guess the decision. If one remains chair too long, he/she cannot take advantage of other personal and professional opportunities. Some respondents felt it is hard to rationalize that staying on as chair for more than 10

years or so is good for the department, the institution, and the individual, although it was acknowledged that in some circumstances there may be exceptions. This is consistent with the observation of Dunn and Halonen,<sup>9</sup> who note that prolonged terms as chair can lead to waning enthusiasm for the position as well as harm to one’s personal scholarship.

When stepping down, the “lame-duck” period should be short, and a safe haven and soft landing should be assured. One should not feel guilty about stepping down. As one respondent suggested: “build a robust culture that will survive you and not a cult that will die as you fade,” and as another one put it: “realize that being a chair is only a chapter, albeit an important one, of living your life to its potential; take time to do fun things you never had time to do before; the second best thing is becoming chair while the best thing is when you stop being chair.” Finally, one individual boldly stated: “if you are contemplating it, then it is time to put the plan together and do it.” One respondent recalled advice provided decades ago by a past chair to new chairs: “it is time to step down when you stop feeling appreciated by either those who report to you or those to whom you report; either you’re not doing as good a job as you think or the value of your efforts are not engaging others to the extent they should.”

Most of the respondents said that they had no regrets about stepping down as chair because they found many other stimulating things to keep them busy. While many indicated that the department chair is probably the most rewarding position in academic administration, they advised that one should not look back but should enjoy having had the opportunity as chair to do great things and to make a difference. They also emphasized the importance of staying in touch with colleagues.

One former chair wisely concluded that these individuals fall into 2 groups: (1) those for whom the chair position was an end in itself and (2) those for whom it was simply one phase in their professional career and personal life with many rewards before, during, and after serving as chair, noting that the first group tends to be more disappointed after stepping down.

In coping with “life after the chair,” several respondents observed the problems of past chairs remaining in the department who try to “hang on” by operating as a “shadow” chair. This could be as subtle as becoming a focus for faculty and staff to discuss department issues, especially with those who are dissatisfied with changes occurring with the new chair. Another problem can be encouraging ongoing relationships with institutional leaders that could interfere with those leaders’ developing their relationships with the new chair. Developing a good relationship with the new chair is important for both the department and the past chair, especially in following the new chair’s direction on how and when to become involved in departmental matters. A good rule of thumb suggested for past chairs is to behave the way you wished a former chair in your department would have behaved when you became chair and to strive to be a cheerleader for the new chair.

This study yielded many important findings. Interestingly, we were not able to distinguish differences in advice provided by short-term and long-term chairs, at least with the approach

we used to gathering input. Additionally, it should be noted that this work may be biased due to the fact that, by definition, the APC senior fellows are a group of former chairs who have chosen to remain engaged in their academic chair society and therefore not representative of former pathology chairs overall. Nevertheless, the findings are both interesting and important and may be translatable to individuals who have left chairs in other academic disciplines as well as to those departing from other administrative positions, both higher and lower than the chair. Further studies are needed in this area.

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