



WISDOM FROM OUR PAST LEADERS

In an effort to capture the wisdom and experience of our past Chairs, the Leadership Theme Team has compiled the following reflections and advice from alumni of the Pediatric Chairs of Canada. Whether you are new to your role, or you are a Chair with many years of experience under your belt, we hope that these pearls of wisdom resonate with you and inspire your best leadership for years to come!



Tenure on the Pediatric Chairs of Canada (PCC)

- PCC works best when everyone attends meetings regularly. A couple of the best things about the meetings include honest and safe discussions about issues that matter and commiseration with colleagues in very similar professional circumstances.
- PCC is constantly changing as Chairs move on. This is good but can be unsettling, especially when there is a lot of change in a short time or truly inspiring Chairs move on, but there is always a steady stream of strong new leaders coming in.
- The professional development sessions tend to go in cycles and if you stay around long enough as a Chair, you will participate in more than one cycle. Most of the sessions are great.
- The PCC is, and likely always will be, a low budget operation. To thrive, the members and staff must come to terms with this and focus their time and efforts sharply.

Resource Stewardship

- Understand the rules that guide the budget of your hospital and university. Learn about the collective labour agreement of your staff. This is complicated but not complex. If you are able to understand the physiology of the human, you will be able to learn the budget rules.
- It is more important to be respected than popular. Do not make compromises on the ethics, particularly for the budget. Be honest and clear with the evaluation of your staff: it is easier to make a bad evaluation of one of your professors than telling parents at 2am that their baby will not survive to the morning. It is difficult in the first year, but rapidly people will stop sending you unacceptable expense bills.
- "Sweat the details", as opposed to the common mantra "Don't sweat the details." This is particularly true of the major issues facing a department Chair/Chief, such as the financial plan of the department: university and hospital accreditation. You cannot be expected to be an accountant/controller, so be sure that this expertise is inside the department (learn to read a balance sheet, a financial plan, etc., and ask questions if you do not understand or like the answer).

Collaboration & Culture

- You will rapidly understand that the closer you are to the top of the pyramid, the more dependent you are on the work done by others. Take care of your staff as the humans they are. Take the time to listen to their problems and the important moments of their life. Take the time to talk with them about their future.
- You are not alone, don't try to do it all yourself. Create a leadership group; together you can move the department so much further ahead. I started as a Chair representing it all, but with the creation of associate chair roles we collectively accomplished so much more. Each department has its own nuances, so each will have its own organizational model. Ours was: Associate Chair Research, Associate Chair Education (not to duplicate the UME and PGME - it's to provide broad foundation and opportunities in educational scholarship), Associate Chair Clinic (liaison with the health authority), and Associate Chair Faculty Development.
- Include a person to your executive team who is sceptical about your goals. This helps you to reflect more deeply about your decisions, and often avoid confrontation at a larger assembly such as a department meetings. This can be a challenge and may lead to a feeling that things aren't moving fast enough.
- I learned about one important 2x2 table from several people. Two important characteristics for academic physicians and scientists include: temperament (pain in the ass, or not) and productivity (productive, or not). Obviously, one wants everyone to be highly productive and not a pain in the ass. Also, obviously, not everyone is in that category. Try to avoid too much time wallowing with unproductive, pain in the ass persons or situations.
- As the chair you attend so many meetings: faculty, hospital, government, financial. We "live it" but not all our colleagues have the same exposure. Open, honest internal communication is key through many venues including in-person meetings, newsletters, online "messages", group events, and a venue to celebrate and spread the word about successes! Your department members truly want to be informed to better understand the workplace environment.
- Write, and I mean hand write on a card, more thank you notes, for contributions both large and small.
- You cannot and do not know everything: LISTEN, WATCH, and discuss - involve faculty.
- "Know thy faculty:" There are two aspects to this - know what your faculty are doing (show academic interest) and also (without being intrusive/crossing lines) try to learn some personal things about the faculty.
- Learn how to delegate! If you delegate, you must let go and accept that things will not be done your way. You must set the goals clearly with your collaborators and assure yourself that things are still on track. You must stay connected.
- Have fun and do not take yourself too seriously! It is a great job - demanding - but we receive so much being able to influence our peers and our administrator's agenda. It takes great teamwork, but do not expect recognition. It should not be the reason why you do this. Take the time to create a network of people who will help you navigate in your environment. That makes it so much easier.



Managing Workload

- One must work pretty hard, and with sustained effort. I have long thought that if only I can be more organized, or efficient, or smarter, I will accomplish more and be better. That may all be true to some extent, but none of us made it this far without being pretty competent and productive. So, while there can be some incremental gains from specific techniques or apps to better learn, manage time, organize email, etc., such gains will be small. It is also important to remember that physicians, including Pediatric Department Chairs, are not the only people who work hard.
 - Figure out the concept of differential effort. My father-in-law, who was an accomplished businessman and community leader, advised that for many things we do, 85% effort is sufficient. My own additional perspective is that this can be a hard concept for perfectionists, but to survive, one has to figure out how to prioritize one's efforts. Some things do require 95% effort while at the other end, even 70% effort may be good enough for some things. It is up to you to figure out what 70%, 85% and 98% effort look like, and how to apply this differential effort. I would add that you think a task or duty needs less than 70% effort, you should either not do it or delegate it.
 - Get the best possible administrative assistant you can. All Chairs have a leadership team (small, medium or large) that will collectively include colleagues and staff with all kinds of skills and attributes that are put to use to manage and lead the Department. But the best administrative assistant especially helps YOU to get your work done. Your assistant need not have amazing technical skills, but the perfect assistant is thoughtful, organized, loyal, reliable, and discrete.
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Conflict Resolution

- Ensure your department has well written accessible and open processes for all openings, leadership roles and hiring...even if there is only one candidate. Transparent process assists in ensuring a great workplace where there is no perception of "favourites/ inner circle". And for candidates it legitimizes their position in leadership or as a departmental member.
- Embrace the reality that conflict exists and is unavoidable – the sooner one learns that, the better. We face few, if any, conflicts that cannot be overcome or at least constructively addressed. While some conflicts can resolve pretty quickly with no specific interventions after a cooling off period, the challenge is to discern whether a new issue is a conflict that needs attention or an irritant that will resolve on its own.
- It is important to precede and/or follow-up important or difficult conversations with written documentation (generally email), to ensure that messages are clearly delivered.
- Expect faculty to suggest at least one solution when they bring a problem to you. The suggested solution often reveals a lot e.g., self-interested non-solution vs principle based and constructive solution.
- If you have a member of your department who always brings difficult issues to you, remind yourself that it is the issues that irritate you, not the person in front of you. If you can dissociate the issues from the actual individual, you will be able to keep an open mind to the interventions which can bring great ideas and avoid getting irritated by the person.
- There is less tolerance now for disruptive colleagues. This makes it easier to "take on" such colleagues (and our organizations are now better equipped to do this), but it is no easier to solve the problems. While efforts to control behavior and marginalize the impact of disruptive colleagues may be somewhat effective, the most difficult problems only go away when the person goes away.
- E-mail is a big trap! It can drive to many misinterpretations, and we get all kinds of messages that can sometimes provoke emotional responses. If you are in front of an e-mail that gets to you, close your computer, do something else (especially weekends), go for a walk. Know that when you look at it later (without emotion), it will not be as bad, and you will probably better understand the underlying message that you have to address.
- There are many sides to every issue, creating a formal wellness committee with experienced and respected members and non-departmental members. To explore all sides and resolve issues. The committee deals with learner/faculty, faculty/faculty, and doc director/faculty ect. issues. Always two trusted members meet with all sides to resolve in an informal or formal manner (as the situation requires).
- Deal with crises immediately, professionally, and confidentially (where required). Allowing things to linger/fester will just make for increasing difficulty.

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**Pediatric Chairs
of Canada**



Vision

- When you hire someone for a clinic or research, this is often a position for the next 35 years. You are building the future, not the past. You need a vision of what will be important in 15 years from now.
- Hiring a jerk to any role can lead to negative consequences lasting decades. Think of the problem faculty members you inherited. The ideal candidate for a role is often described in terms of "fit", which includes: knowledge and skills, academic potential or achievements, and temperament. I could expand on this topic at length but suffice to say that temperament should never be ignored, even when the other characteristics are exceptionally strong. The red flags related to temperament are almost always discernable and they should not be ignored.
- You must have a vision for your department! You must share it with your team and then have the wisdom to amend your vision to include what your team is dreaming about. You have the responsibility to make those wishes realistic and feasible. The vision should not be limited to short term objectives but should include long-term objectives. This must be done early in your term. This action will help to define your management style.
- Be ready to be part of this wonderful adventure but for the right reasons! If you accept this responsibility, it must be in line with the main goals you have set for yourself.