

In Children's Healthcare, the Department Chair Evolves into the Pediatrician-in-Chief

Michael Anderson, M.D., and Vineeth "Vinny" Gossain

In the post-pandemic world, integrated delivery networks and academic medical centers are returning to a focus on the fundamentals of quality, patient safety, outcomes, and the footprint expansion to grow and sustain their health systems. In the context of the pandemic's many rippling effects, one area to explore is the impact on children's health and children's hospitals' leadership models.

It has been well documented how children's hospitals have been impacted by both rural and urban facility closures, downsizings, regionalization, and reorganization of services. The pandemic exposed several critical vulnerabilities in pediatric care. Children – roughly a quarter of the U.S. population – deserve high-quality care without disruption. And yet today "we are seeing long-established norms of basic pediatric practice being discredited and ignored," writes Brown's Scott Rivkees, M.D.

The long-term results remain to be seen. In the near term, however, we are already witnessing the effects of this breakdown of norms in the form of, for example, a mental health crisis among pediatric patients and greater violence against caregivers.

The current climate in children's care calls for engaged and skilled leaders to make a lasting impact on the care model. One central leader in local and regional children's health of the Pediatric Department is the Chairperson. More than ever, children's hospitals depend on strong

Chairs to lead their departments and to advocate for their teams and their patients. In many cases more is required and expected of these leaders, resulting in an expansion of the traditional role.

This article explores the evolution of the traditional Department Chair to this more robust role. This shift is significant for those of us whose job it is to recruit pediatric leaders. In our initial conversations with clients, we spend significant time discussing how the role should be defined and titled, and what type of person can best fill this role.

One thing is certain: Today's chair must be more skilled and adept at leading others than in the past. We therefore see the role as more of a Pediatrician-in-Chief (or Physician-in-Chief) and, in fact, some of our clients are using this terminology in defining the position.

Top-flight pediatric organizations want to know how a potential hire creates value and develops processes for faculty to be retained and contribute to the organization. In today's realm, the pediatrics leader's abilities as a researcher and clinician are important, but now more than ever influencing others, exercising vision, developing followership, shaping culture, and implementing change are leadership success factors. In short, if organizations are hiring their top pediatrics executive based on a CV/resume and reputation without consideration of leadership capabilities, they jeopardize the future of their pediatrics enterprise.

Structure, Responsibilities and Clinical Alignment: Basic Credentials

The talent to inspire, motivate, and gain faculty followership is at its crossroads in the academic healthcare field. The idea of the triple-threat leader – an individual who has achieved measurable success through technical skills in the research, education, mentorship, and clinical spheres – remains important to the blueprint, but no longer the only approach. Academic achievement does not necessarily guarantee success as a Pediatrician-in-Chief.

With the obstacles and market headwinds in the children's space, a leader must bring resolve, vision, and understanding of the current organizational structure. The tactics to succeed in a role of this scale historically have been clinical credibility, research productivity, and national reputation. However, true leadership skills are vital.

"While technical skills are important, it's worthwhile to consider the personality of the leader with the culture of the organization," believes leadership and organizational culture expert Charles O'Reilly of Stanford University. In the Pediatrician-in-Chief role, it is important to discuss technical skills and accomplishments, but even more important to discuss the alignment to an organization and roles structure within the health system and children's hospital. For someone seeking this career path, the ability to describe the system and processes and approach to large scale outcomes is important. It is about the leader, a team, and the ability to carry out a vision, with calculated risks.

The Big Picture

Given the immense challenges in pediatrics, the need for leadership to step up, be creative, and pave the way for the future is imperative. The opportunity to impact regional care for children is here and allows pediatric leaders to make a much bigger impact than in previous times. The opportunities for a Pediatrician-in-Chief are vast and, as such, the ability to be authentic, listen, and provide solutions are what organizations are seeking.

In addition, the Pediatrician-in-Chief must:

- *Build relationships, trust, and culture to bring others along before they can begin to succeed to outcomes.* The ability to build programs across divisions, departments, and disciplines shows the ability to leverage an institution's strength to create larger collaborations and break down independent areas to unlock a healthcare institution's potential. The alignment of department, clinical leadership (physician and nursing), and hospital leadership is when an organization is fully connected.
- *Make connections with the organization's leadership.* This individual must understand the organization's structure to impact decisions at the Board, organizational, and department levels.
- *Be strategic in every key decision.* The Department Chair is evolving into the Pediatrician-in-Chief (or in some cases holding the dual role of Chair and Pediatrician-in-Chief) by taking on increasingly strategic responsibilities, such as expanding the clinical footprint for multiple hospitals in a market in order to secure a 24/7 children's hospital operation. The ability to build programs rests on the ability to connect care at the bedside with operational leadership of a health system: senior leadership, nursing, physicians, administrative teams, and staff.
- *Identify market trends and regional competitive forces impacting the future of care delivery and innovation.*
- *Be financially responsible for leading the Department's mission to help each child reach their fullest potential and improve children's lives.*
- *Recruit and retain an exceptional, progressive faculty.* Many candidates tell us they have experience recruiting faculty, but do not describe how they have developed a process to identify and develop talent in a replicable way. The accountability to bring people in, support them, and help them succeed sits with the Pediatrician-in-Chief.

- *Develop a large, engaged philanthropic community.*

The new Pediatrician-in-Chief will continue to focus on expanding and increasing philanthropy for the Department, grateful supporters of the program, corporate entities, and community supporters.

The ability to flourish in this environment is important for any academic department. Leaders need to take responsibility for creating their own luck in this domain as well as work with established structures in the organization. It is clear operations cannot support all needed priorities annually. The ability to work across departments, divisions, and schools, and the ability to provide organizations with the "how," is an important facet of this domain.

Final Thoughts for Would-Be Pediatricians-in-Chief (and Those Who Hire Them)

There is no calling higher than providing excellent healthcare for kids, but it must be done with attention to timely access, clinical excellence, and coordination of care to complement the tenets of the academic mission – cutting-edge research and developing the future of the field. The Pediatrician-in-Chief is a much different role than the traditional leader of a children's hospital or pediatric unit. With an expanded scope and authority, the physician leader who holds this role has the power to make an even greater impact upon children and families.

Mike Anderson, M.D. is a Principal and Vinny Gossain is a Consultant in WittKieffer's Academic Medicine and Healthcare practices.