

# Performance Review of Chairpersons

## **Introduction**

A comprehensive performance review of all chairpersons and heads of academic departments is to be conducted periodically at intervals not to exceed five years from the date of initial appointment or the date of last review. It aims at offering the leadership of the department an objective mechanism for in-depth evaluation of its goals, programs and accomplishments.

The review shall critically examine the success of the department's strategic plan, leadership, programs, and performance improvement in teaching, research, service, administration, fund raising, external programs, quality of care, quality improvement initiatives.

## **Procedures for Reviews:**

The Dean initiates the review by notifying the department head/chair and by appointing an ad-hoc Review Committee.

The head/chair of the department to be evaluated should submit to the Review Committee the department's portfolio over the period of his/her tenure. This should include objective demonstration of accomplishments in the areas of teaching, research, service, administration, fund raising, external programs, patient care and quality improvement.

The Review Committee should scrutinize and critically examine the department strategic planning, including the bylaws, policies, vision, mission, objectives, marketing plan, faculty recruits, retention, availability of faculty development and career plans, research funding and productivity, performance appraisal, financial management (costing, pricing, budgeting, and financial planning), quality management (accreditation, safety, and performance improvement), and come up with recommendations to the Dean regarding the strengths, weaknesses, opportunities and threats of the department under review.

## **Conclusions and Recommendations**

The Review Committee should conclude its work and submit the final report and recommendations to the Dean within three months after its appointment. The Dean shall discuss the final decision regarding the leadership of the concerned department with the Advisory Committee, the department head/chair, and the department faculty as well.

Confidentiality of meetings, discussions, decisions, recommendations, and documents generated through this process shall be respected at all times.

## **Guidelines for Performance Review by the Ad-hoc Committee**

- Composition of the Ad-hoc Review Committee
  - Review Committee composed of full professors. If need be, Associate Professors may be appointed to the membership of this committee.

- External reviewer(s) will be included to ensure objective evaluation by peers. This is especially useful in evaluating departments where expertise is limited within the Faculty of Medicine.
- General Administrative and Leadership Skills
  - Decision making ability
  - Delegation of responsibility and authority
  - Dealing with conflicts and problem solving
  - Communication style
  - Chairing regular meetings with divisions and faculty
  - Conducting operational aspect of the department
  - Availability to faculty and trainees
  - Assuming ownership of clinical services e.g. MPP, group practice
  - Ensuring that professional practices do not carry conflict of interest
  - Participating in and supporting the hospital wide multidisciplinary performance improvement initiatives
  - Supporting the peer review process
  - Assuming ownership of the quality of clinical care delivered by the department
- Professional and Staff Development and Management
  - Efforts in faculty recruitment and retention in keeping with department size and direction
  - Mentoring and supporting faculty in career development and promotion
  - Supervision of faculty credentialing, continuous education and professional growth
  - Annual individual performance appraisal of faculty, in compliance with FM/AUBMC guidelines for effort and outcome analysis
  - Faculty achievements, awards and recognition
- Financial Management
  - Utilization of departmental funds
  - Management of clinical business plans for physicians
  - Involvement of physicians in setting budget, capital equipment and space priorities
  - Utilization of space (adequacy, cost-effectiveness)
  - Fund raising
  - Coordinating with the hospital administration in business planning and development
- Academic Leadership
  - Quality assurance of educational programs
  - Overseeing residency training program—compliance with ACGME guidelines
  - Ensuring mentorship of new faculty
  - Performance evaluation of faculty and trainees
  - Developing with the faculty the research direction of the department
  - Fostering research and innovation
  - Maintaining record of continuing scholarship (publications, chapters, principal investigator...)
  - Quality of departmental publications and clinical innovation
- Clinical leadership
  - Collaboration with hospital administration to facilitate quality patient care
  - Clinical role model for faculty and trainees

- Involvement and success in developing group practices and skill development
- Appointment and maintenance of effective Division Directors
- Promotion of cost-effective care, cutting edge medicine and performance improvement pathways
- Insuring financial viability and sustainability of all departmental and multidisciplinary programs
- Supporting the administration in multidisciplinary initiatives that include nursing and ancillary services
- Citizenship
  - Inclusion of institution's objectives within department's programs
  - Advancement of interdisciplinary approach in education, research, patient care and service
  - Stimulation of positive interaction between physicians and trainees
  - Participation of appropriate faculty in the governance of the department.
  - Support the vision and core values of the organization