

# Can a Plastic Surgeon be a Department Chairman?.... Really?

## Kann der Plastische Chirurg Leiter des Departments für Chirurgie an einer Universitätsklinik sein?.....Das funktioniert wirklich?

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- department
- division
- general surgery
- independence

### Schlüsselwörter

- Plastische Chirurgie
- akademischer Status
- Abteilung
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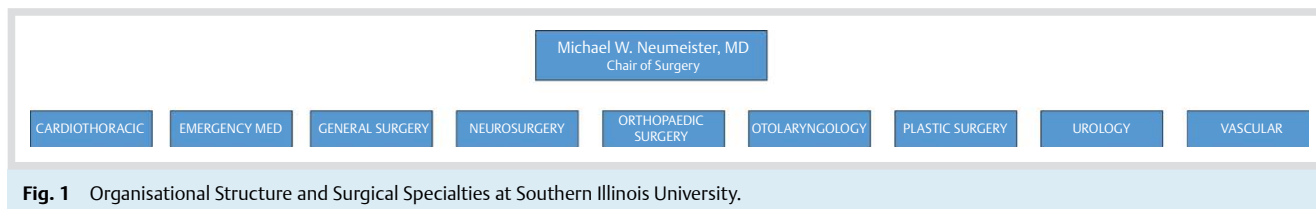
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### Abstract

There is significant responsibility in being a Department of Surgery Chairman within a medical school. The Chairman is appointed by the Dean of Medicine to lead surgery in a path that serves the mission of the school. The Department of Surgery Chairman is charged with facilitating the academic, operational, and programmatic surgical initiatives of the School of Medicine. Traditionally the Chairman of Surgery has been a general surgeon but now our educational and clinical experiences have changed making traditional leadership less intuitive. Plastic surgeons appointed as current Chairman of the Department of Surgery are rare in the United States. Whereas, general surgeons may have less interaction with other surgical sub-specialties today, Plastic surgeons have more interaction crossing all disciplines of surgery. Innovation and creativity that defines our discipline, seems to fit well with Department leadership where strategic planning, vision and curriculum development, and the pursuit of academic and clinical quality remain core essentials to plastic surgery. This article is an editorial of my philosophy as a plastic surgeon leading a Department of Surgery.

### Zusammenfassung

Als Leiter der Chirurgie in einem Department an einer Universitätsklinik trägt man eine erhebliche Verantwortung. Der Departmentleiter wird vom Dekan der Medizinischen Fakultät ernannt, um die Gesamtchirurgie mit allen chirurgischen Fachgebieten im Sinne der Universität weiter zu entwickeln. Der Leiter des Departments für Chirurgie hat die Aufgabe, den Weg für die chirurgische, akademische und programmatische Weiterentwicklung der einzelnen Fachgebiete zu ebnet. Aus historischer Sicht ist der Leiter des Departments ein Allgemein- und Viszeralchirurg. Heutzutage haben sich unsere klinischen und akademischen Erfahrungen gewandelt und unser Verständnis von „Leadership“ verändert. Plastische Chirurgen als Leiter des Departments für Chirurgie sind selten in den Vereinigten Staaten. Dennoch haben Allgemein- und Viszeralchirurgen heute weniger Interaktionen mit anderen chirurgischen Fachgebieten als Plastische Chirurgen, die mit fast jedem chirurgischen Fachgebiet eine Schnittstelle haben. Innovation und Kreativität, die unser chirurgisches Fachgebiet Plastische Chirurgie mit definieren, scheint sehr gut mit „Leadership“ zu harmonisieren. Gefragt sind Talente in strategischer Planung, Visionen und Konzepte zur Weiterentwicklungen der chirurgischen Fachgebiete und der Lehre. Diese sind gleichzeitig mit dem Streben nach akademischer und klinischer Qualität Kernkompetenz der Plastischen Chirurgie. Dieser Beitrag fasst meine Erfahrungen und meine Philosophie als Plastischer Chirurg in der Rolle des Leiters eines Departments für Chirurgie mit allen chirurgischen Fachgebieten an einer amerikanischen Universitätsklinik zusammen.



**Fig. 1** Organisational Structure and Surgical Specialties at Southern Illinois University.

I love to come to work every day..... I love to go home every day (evening actually). Love what you do, be happy, surround yourself with people better than you, help faculty obtain their goals, and build your vision. This makes being the Chairman of Surgery a great job.

I have been the Chair of Surgery at Southern Illinois University School of Medicine for almost 4 years now. Before that I was the Division Chief of plastic surgery for 8 years. In the Department, we currently have 53 surgeons, 16 mid-level healthcare workers including nurse practitioners and physician assistants, and 200 staff, 8 administrators, and 22 research personal (◉ Fig. 1). It is the Department's responsibility to improve the quality of care for patients, to create leaders of faculty, to create confident competent surgeons in each residency program, and to enhance the knowledge and education of medical students. I believe that it's not your subspecialty of surgery that makes one a good Department Chair but rather the qualities you hold that allow faculty to trust you to be their chair.

My objectives for the Department of Surgery is to enhance the medical school in synergy with the other departments. The Department of Surgery must meet all academic responsibilities, follow a sound business plan, and be able to recruit and retain high-quality faculty. The Department must advance the school's mission through patient care, education, research, and service to the community. This is no different for me as it would be for a Department Chair of a different sub-specialty. My situation is slightly different though in that and I am only 1 of 2 current Department Chairs in the United States that is a Plastic Surgeon. The credentials of a Department Chair are none-the-less the same; one must have the track record of leadership, clinical ability, academic productivity, and quality of patient care.

Through a strategic planning process, I organized 7 plans within Department of Surgery (◉ Fig. 2). These plans are communicated to the faculty on a regular basis so that the vision of the Department remains a focus for the faculty and Divisions. I update the faculty once a week on an email that highlights where we are within each category of the strategic plans.

As plastic surgeons, we may be perceived differently from the traditional general surgeons who are more commonly Chairs of Departments. Plastic surgeons are often perceived as more interested in cosmetic surgery than reconstructive surgery which translates to a loss of credibility by some surgeons of different specialties. Knowing this, however, can help plastic surgeons as leaders because the heightened awareness leads to consummate self-reflection. Self-assessment and self-reflection of my personal strengths and weaknesses periodically allows me to learn more or perhaps delegate more to those surgeons better than I at certain activities and administrative tasks. I am constantly amazed at how plastic surgeons reflect on their work to change their practice to make the outcomes of their surgery better. That is only one quality of leadership. Indeed, leadership requires a number of qualities that faculty respect and wish to follow. Such qualities include vision, courage, integrity, humility, humor,

1. Program development
▪ Strategic and signature programs
2. People plan
▪ Recruitment and retention strategy
▪ Build talent foster excellence develop leaders
3. Technology plan
4. Market plan
▪ Brands
▪ Referrals
▪ Multi media blitz
5. Financial Plan
▪ Business committee
6. Quality plan
▪ Defined goals and objectives and targeted initiatives
▪ Measure surgical outcomes and evaluate performance to ensure the best of care
▪ Quality curriculum within education and research training
7. Facility plan
▪ Medical office buildings
▪ New surgical suites
▪ Ancillaries

**Fig. 2** Strategic Planning in the Department of Surgery.

strategic planning, focus, and cooperation. Innovation and creativity, which are essentials of our discipline, now come into play as we become leaders. Plastic surgeons are often faced with novel problems that need to be solved. Through creativity and innovation, solutions are formulated, translated, executed, and monitored and reviewed. This is the same process that is used in strategic planning for larger organizations. It would, therefore, makes sense for many more plastic surgeons to become department chairs as they have been specifically trained in this type of problem solving. Another modern consideration to think about is that for many surgery sub-specialties, the surgical training of our residents and the scope of practice of current surgeons has changed over the years. Many programs in the United States are now "integrated" meaning the resident is selected straight from medical school. The integrated programs have a much contracted experience in "general" surgery and spend more time on the "plastic" surgery related rotations. The general surgery programs do not have any supervisory role over the plastic surgery residents. This means that plastic surgery programs are more independent and less reliant on general surgery. Similarly, general surgery programs have less impact on other surgical disciplines. In fact, the scope of procedures that general surgeons perform has contracted as well being heavily weighted to intra-abdominal surgery. General surgery has minimal cross-over with the other surgical sub-specialties. Plastic surgeons, on the other hand, operate on the entire body. Our organ of plastic surgery is

the “skin and all the contents within it”. We overlap and interact with every other surgical discipline. We are called upon as the last bastion to close wounds, or create normalcy in the face of tissue ablation or dysfunction anywhere in the body. One could argue, then, that Plastic surgeons are now the true “general” surgeons having more cross-over and more surgical collaborations than any of the other surgical sub-specialties. It makes sense, therefore, that plastic surgeons would be able to maintain a cohesive faculty as a Department perhaps in ways that other surgeons could not. Times have changed!

Times have changed in many ways. Pressure from many healthcare stake holders such as patients, hospital administrators, insurance companies, medical workers, and the general public have changed the way medicine is practiced (• Fig. 3). Paradigm shifts have moved from individual surgeons in an authoritarian environment to more system based and team healthcare delivery. The intent is to provide high quality coordinated care that results in the best surgical outcomes and limited errors and complications. In the United States, this has led to a “pay-for-performance” concept rather than pay as you operate.

It may not be easy. There are many difficult issues that may arise either within various divisions or between various divisions. Conflict management remains one of the more difficult issues that can confront the Department Chair. It is important to keep the division chiefs as happy as possible. Many of the specific issues that may lead to conflicts include scope of practice, hospital funding, base salaries, productivity, residency requirements, and research funding. Within the department of surgery, most divisions have some element of overlap in the types of surgical procedures they perform that other divisions perform as well. (• Fig. 4). The scope of practice within plastic surgery in North America has even more overlap than most surgical sub-specialties (• Fig. 5). Fairness is a key principle of managing potential areas of conflict like this that may lead to competition, tenuous relationships, or animosity toward others. It’s important to fend off a hostile environment. A hostile environment could lead to compromised patient care and harm to good surgeon’s reputation.

During any conflict that arises within the department of surgery, it is important to understand when to manage the conflict rather than solve the conflict. Managing conflict is usually done for thoughtful well motivated personnel on both sides of an issue, or when the basis of the conflict is more cultural or systems-based rather than value or mission-based. It may also be prudent to manage conflict when solving may really need a significant constituency. Managing conflict is part of the role as department chair with open transparent dialogue. The major objective of conflict management is making sure that all constituents of the conflict are aware of the values, concerns, and pragmatic issues within each party. This may lead to share program management for giving back strategies to help each party.

When I was a child my mother used to say that “loitering leads to trouble”. I therefore held multiple jobs at any one time while going through high school and university. The same is true within the department of surgery. Surgeons want to be busy. There is some merit then, in giving every faculty a specific role within the Department with a specific goal in mind. Some of these roles have been directorships of various medical units. Others have been specific projects in quality improvement. The quality projects are well-defined problems with clear objectives and involve both hospital administrative leadership as well as physician leadership. Morale boosters are important to keep all members of the Department happy (• Fig. 6).

Individual Practitioner	➔	System Based Practice
Authoritarian Leadership	➔	Empowered Teams
Fragmented Care	➔	Coordinated Care
Accepted Error Rate	➔	Error Free
Reacting to Events	➔	Changing Processes
Payment for Utilization	➔	Pay for quality

Fig. 3 Fundamental Changes in Surgery in the last Decades.

- Spine
  - Orthopedics and Neurosurgery
- Peripheral Vascular
  - Vascular and Cardiovascular / Cardiothoracic
  - Cardiology
- Thyroid / parathyroid
  - General surgery and Otolaryngology
- Pediatric hernias, vericoele
  - Peds surgery and Peds Urology

Fig. 4 Examples of interdisciplinary Overlaps.

Scope of Practice:  
As it Relates to Plastic Surgery

- Hand surgery
  - Plastic surgery and Orthopedics
- Cleft lips / palate
  - Plastic surgery and Otolaryngology
- Facial fractures
  - Plastic surgery and Otolaryngology and OMFS
- Head and Neck Reconstruction
  - Plastic surgery and Otolaryngology
- Aesthetic surgery
  - Plastic surgery and Otolaryngology and Dermatology
- Oncoplastics
  - Plastic surgery and General surgery
- Fillers
  - Everyone

Fig. 5 Interdisciplinary Overlaps of Plastic Surgery.

As a Department Chair, I am an advocate for all of the faculty. Many times this is done through the guidance and leadership of division chiefs. Other times I take the primary role as a junior faculty advocate or a Division chief advocate. Direct interaction is always welcomed. Wright et al. wrote on the definition of advocacy as “the application of learned skills, information, resources, and action to speak in favor of causes, ideas, or policy for

- Keep people busy
- Pay them well
- Communicate
  - How are you
  - How can I help
  - What do you need
- Give them responsibility
- Reward
- Show them where they are compared to others

**Fig. 6** Morale boosters.

- Intellect
- Curiosity
- Work Ethic
- Honesty
- Commitment
- Good Humor
- Empathy
- Professionalism
- Communication and Interpersonal Skills
- Technical Skills

**Fig. 7** Characteristics of high quality faculty members.

serving improve quality-of-life, often for those who cannot effectively speak out for themselves”.

In general to keep faculty content and engaged, the Chairman's responsibility is to keep people busy, treat them well, communicate well with them, give them responsibility, reward good work and give them feedback as to where they stand compared to others. Giving accolades for faculty reaching or surpassing goals is often enough to keep surgeons happy. Most surgeons are competitive and therefore enjoy being rewarded for superb accomplishments. Examples of rewards I use are; giving out research awards, teaching awards, clinical awards, and acknowledging extraordinary productivity for community work. Another more subtle reward is to use the extraordinary individual as a positive example for others at the monthly faculty meeting.

There are other specific challenges in dealing with other surgeons who may have difficult personalities or may not share the same values or vision as I do. Some of the difficult personalities are those that try to dominate conversations at meetings, those that are always negative, or those that ramble off topic. One way

that I've learned to deal with those types of personalities is to call them out at certain times during meetings to seek their opinion or ideas to any given problem. Giving them time within meetings shows fairness and allows me to keep the discussion on focus.

One of my major roles is to recruit and retain high-quality productive faculty members. There are many characteristics that I look for in what I believe would make high quality faculty members (Fig. 7).

As a very productive clinical surgeon, I made many friends in leadership of the local hospital. This permitted me to secure significant funding for the various divisions for their operational and pragmatic needs. I still believe that my role as department chair cannot be solely administrative. If I expect high productivity, good quality, strong teaching skills, ethical and professional behavior from my faculty, then I must expect the same from myself. I believe a Chairman should be a surgeon's surgeon being accomplished and busy in their surgical discipline. They must know how to operate and have good clinical outcomes. The chairman must have a positive outlook and communicate often with the faculty.

I must once again state what I said at the beginning of this article, “I love to come to work every day, but I love to go home as well. Love what you do, be happy, surround yourself with people better than you, help faculty obtain their goals, and build your vision. This makes being the Chairman of surgery a great job.” Can a Plastic surgeon be a Department Chair?.....absolutely!



**Dr. Michael W. Neumeister** is Professor and Chairman of the Department of Surgery and the Institute for Plastic Surgery at Southern Illinois University (SIU) School of Medicine. He joined the SIU faculty in 1997, specializing in hand surgery and microsurgery. He is director of the hand surgery fellowship program, microsurgery/research lab director, and director of the Wound Care Center,

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Prior to joining SIU, Dr. Neumeister completed a year fellowship in hand and microsurgery at SIU School of Medicine's Division Plastic Surgery and a 3 month microsurgery fellowship at Harvard University's Brigham & Women's Hospital in Boston. He completed his residency in plastic surgery at Manitoba University in Winnipeg, Manitoba and his general surgery residency at Dalhousie University in Halifax, Nova Scotia. Dr. Neumeister received his medical degree from the University of Toronto and bachelor's in Physiology/Pharmacology from the University of Western Ontario in London, Ontario. A native of Vancouver, British Columbia, Dr. Neumeister grew up in Toronto, Ontario. He and his wife, Nadine, are the parents of 3 daughters.

**Conflict of Interest:** None